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Special Issue

Bridging the Gap: Eliminating Mental Health Disparities

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Bridging the Gap: Advancing Equity in Mental Health Counseling

Introduction to the Special Issue

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Michael Jones, Stacey Diane Arañez Litam, Latoya Haynes-Thoby

This special issue of *The Professional Counselor* (*TPC*) honors the NBCC Foundation's 2024 Bridging the Gap Symposium: Eliminating Mental Health Disparities. The theme for the symposium emphasized the need for a shift from simply acknowledging disparities to actively working toward equitable mental health care for historically underserved populations. The symposium provided a space for counselors, educators, and advocates to engage in discussions on how to dismantle systemic barriers that disproportionately affect Black, Indigenous, and people of color (BIPOC); lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other sexual identities (LGBTQIA+) individuals; and other marginalized groups. The selected articles in this issue reflect this ongoing effort by offering research, critical perspectives, and strategies for fostering more inclusive counseling practices.

The articles in this issue address the complexities of eliminating mental health disparities by examining issues related to mental health care access, strengthening cultural competence, and the importance of integrating social justice frameworks into counseling practice. Each article brings a unique perspective, yet they collectively emphasize the need for action to challenge outdated models and create meaningful change. The contributions in this issue reinforce the responsibility of mental health professionals to engage in advocacy, ensure culturally responsive care, and elevate the voices of those who have historically been excluded from mainstream mental health discourse.

The first article, "The Power of Decolonizing Research Practices," by Pham, Perry-Wilson, Holmes, Schroeder, Reyes, and Pollok, focuses on the role of decolonized research methodologies in advancing mental health equity. Traditional research practices have historically marginalized non-White communities by reinforcing Eurocentric perspectives and deficit-based narratives. This article highlights the use of photovoice methodology to amplify the experiences of queer womxn of color (QWoC), shifting the focus from pathology to resilience and community-driven healing. The authors argue that by engaging in decolonized research approaches, scholars and practitioners can challenge oppressive structures within academia and mental health care. The article serves as a call to action for counselors and researchers to adopt ethical, culturally affirming scholarship that prioritizes community engagement and self-determination.

"Applying the Multicultural and Social Justice Counseling Competencies to Eating Disorder Treatment," by Labarta, Demezier, and Vazquez, challenges the widely held misconception that eating disorders primarily affect White, affluent individuals. This stereotype has contributed to treatment models that often overlook the diverse racial, socioeconomic, and gender identities of those experiencing eating disorders. The authors apply the Multicultural and Social Justice Counseling Competencies (MSJCC) to demonstrate how counselors can challenge biases and implement culturally affirming interventions to address disparities in eating disorder diagnosis and treatment. Through case vignettes, the article illustrates practical applications for creating more inclusive approaches to care and highlights the responsibility of counselors, educators, and supervisors to actively engage in advocacy efforts that promote equitable treatment for all individuals affected by eating disorders.

In the third article, "Operationalizing Microaffirmations for Queer and Transgender People of Color," Paul, Isadore, Ravi, Lewis, Qisti, Hietpas, Hermanson, and Su examine the role of microaffirmations in reducing the mental health disparities experienced by queer and transgender people of color (QTPOC). Discrimination and systemic oppression continue to impact QTPOC individuals at higher rates, contributing to increased mental health concerns such as depression, anxiety, and suicidal ideation. This article explores how microaffirmations—small but meaningful acts of validation and support—can serve as protective factors, fostering a greater sense of belonging and emotional well-being. The study offers practical guidance for integrating affirming practices into counseling settings at both the individual and systemic levels. By emphasizing the importance of intentional, identity-affirming interactions, this article underscores how counselors can create safer and more inclusive spaces for QTPOC clients.

"'You Good, Bruh?': An Exploration of Socially Constructed Barriers to Counseling for Millennial Black Men," by Cofield, highlights the ongoing challenges Black men face when seeking mental health support. Although there has been a growing awareness of the mental health issues faced within the Black community, millennial Black men remain one of the most underserved groups in counseling. Using critical race theory (CRT), Black critical theory (BlackCrit), and Black masculinity theory, this study identifies three major barriers to counseling engagement: Black masculine fragility, racial distrust, and invisibility. The findings reveal how cultural norms surrounding masculinity, experiences of racial trauma, and systemic biases within mental health services deter Black men from seeking counseling. The article calls for a shift in the field of mental health to better engage and retain Black male clients by implementing culturally responsive strategies, promoting representation, and addressing the deep-rooted historical and societal factors that contribute to counseling avoidance.

The final article, "Shifting Paradigms: Exploring Multicultural Approaches to Psychedelic-Assisted Therapy in Counseling," by Prioleau and Panjwani, examines the emergence of psychedelic-assisted therapy (PAT) through a multicultural and social justice lens. Although PAT has gained recognition as a promising intervention for various mental health concerns, BIPOC communities remain largely underrepresented in research and clinical practice. The article critiques the Eurocentric framing of psychedelics in Western medicine and highlights the longstanding history of plant medicine within Indigenous healing traditions. By acknowledging the systemic barriers that prevent equitable access to PAT, the authors explore ways to integrate cultural competence, ethical frameworks, and advocacy into psychedelic therapy training and implementation. The article also discusses issues such as cultural appropriation, disparities in research participation, and the need for more inclusive clinical approaches that respect traditional healing practices.

Together, these articles reflect a collective effort to eliminate mental health disparities by addressing critical issues related to access, representation, and culturally responsive care. Each contribution challenges traditional paradigms and offers actionable steps for creating more inclusive and equitable mental health services. The theme of eliminating mental health disparities is not just an abstract ideal; it is a necessary call to action that requires sustained commitment from the counseling profession.

As counselors, counselor educators, and researchers, we must move beyond awareness and take intentional steps toward dismantling systemic barriers that prevent marginalized communities from receiving the mental health support they need. This means integrating social justice frameworks into clinical practice, expanding research methodologies to center diverse perspectives, and advocating for policies that promote accessibility and inclusivity in mental health care. It also requires a willingness to engage in critical self-reflection, challenge biases, and amplify the voices of those who have been historically excluded from conversations about mental health.

As you engage with this special issue, we encourage you to consider how these perspectives can inform your work. How can you integrate the insights from these articles into your own practice, teaching, or advocacy efforts? What steps can you take to ensure that your work actively contributes to the elimination of mental health disparities rather than simply acknowledging their existence? Our hope is that this collection of articles serves as both an educational resource and an inspiration for continued action toward equity in mental health counseling.

Michael Jones (he/him), PhD, NCC, BC-TMH, LPC-S, is a counselor educator, clinician, and author specializing in clinical supervision and multicultural counseling. Dr. Jones is committed to training ethical and culturally competent counselors and integrating innovative instructional methods, including AI, into graduate education. His research and professional interests include telehealth, Black male mental health, and assessing the effectiveness of clinical supervisors. Dr. Jones has trained over 9,000 clinicians in telemental health, published extensively, and presented at national and international conferences. He is a co-editor of the upcoming book *Mental Health and the Black Man: A Mixtape Experience of Hardship and Harmony* and is actively involved in professional service, including serving on ethics committees and advisory councils. Dr. Jones was a 2013 NBCC Doctoral Minority Fellowship Program recipient and a member of the *Dream Team* cohort.

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Latoya Haynes-Thoby (she/her), PhD, NCC, ACS, LPC, is an assistant professor in the Neag School of Education at the University of Connecticut. Her work explores the benefits of culturally responsive and trauma-informed care that promotes resilience and thriving, especially for marginalized children, adults, families, and communities. Using a critical lens, her research focuses on issues such as individual and community healing from trauma, trauma resilience, and trauma-informed counseling and supervision. Dr. Haynes-Thoby is passionate about counselor training and the operationalization of practices that promote thriving after trauma. She recently co-edited a counselor training textbook, *Foundations in Becoming a Professional Counselor: Advocacy, Social Justice, and Intersectionality*. Dr. Haynes-Thoby is both a 2015 Master's Minority Fellow and a 2018 Doctoral Minority Fellow with the NBCC Foundation's Minority Fellowship Program.

The Power of Decolonizing Research Practices

Jessi Pham, Tiffany Perry-Wilson, Kevlyn Holmes, Grace Schroeder, Ana Reyes, Michelle Pollok

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Decolonial research helps us move away from extractive research methodologies that maintain the *wounded subject position* and legitimize oppressive practices. Additionally, decolonial research challenges dominant Eurocentric paradigms that have historically shaped the counseling profession. Thus, we offer this article to demonstrate an approach to decolonizing research practices. This article discusses (a) the limits of traditional research approaches, (b) a demonstration of decolonized research methods in action, and (c) considerations for counselor educators and researchers. In alignment with our goal of shifting the research paradigm away from dominant and often oppressive practices, we use a collective and relatable voice that speaks to both our personal identities and our unity as a team working toward the decolonialization of academic research.

Keywords: **decolonizing research, research paradigm, oppressive practices, wounded subject position, counselor educators**

Research, particularly within the counseling profession, has historically perpetuated oppressive structures, contributing to the pathologization and marginalization of non-White communities (American Psychological Association [APA], 2021; Singh et al., 2021). Traditional research methodologies often reinforce these power imbalances, reducing marginalized individuals to their experiences of trauma and oppression. In response, there is a growing movement toward decolonial and liberatory research practices that aim to center the voices and experiences of marginalized communities, fostering empowerment and healing (Goodman et al., 2015; Neville et al., 2024; Shin, 2016).

As an example of this, we presented and discussed a photovoice exhibit at the 2024 National Board for Certified Counselors Foundation (NBCCF) Bridging the Gap Symposium, which sought to share the healing experiences of nine queer womxn of color (QWoC). Grounded in intersectionality theory and photovoice methodology, our presentation aimed to highlight the strengths and resilience of QWoC, moving away from deficit-based narratives. This article will discuss the background of our decolonial research approach, the overview and positionality statements of our presentation, the reflections of presenters and attendees, and important considerations for counselor educators and researchers committed to decolonizing their practices.

History of Harm Caused by Research

Mental health research has, directly and indirectly, contributed to hegemonic science, harming marginalized communities by pathologizing anything that has strayed from White, Eurocentric standards (APA, 2021; Singh et al., 2021). Examples of this pathologizing range from the inclusion of homosexuality as a mental disorder in the first edition of the *Diagnostic and Statistical Manual of Mental Disorders* to the fictitious diagnosis of *drapteomania*, a type of "mania" that drove enslaved persons to run from their oppressors (Auguste et al., 2023; Ginicola et al., 2017). Mental health professionals used

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psychological research to support the segregation of Black, Indigenous, and people of color (BIPOC) and the "civilizing programs" that attempted to eradicate Indigenous people's culture (APA, 2021; Auguste et al., 2023). The mental health field continues to use psychological assessments formulated by and for White cisgender heterosexual men, which in turn contributes to the pathologization and oppression of BIPOC communities and other marginalized groups (Auguste et al., 2023; Lee & Boykins, 2022). All research operates within oppressive structures, some of which include the influences of White supremacy and heterosexism, which impact how we design, conceptualize, analyze, and disseminate research that often informs our clinical and teaching practices (Goodman et al., 2015).

Moving Away From the Wounded Subject Position

Similarly, most of the existing literature on LGBTQ BIPOC solely focuses on the pain and trauma of discrimination and oppression—inadvertently keeping research attendees in the *wounded subject position* (Brown, 1995). The wounded subject position reduces LGBTQ BIPOC to their experiences of discrimination and oppression. Furthermore, the wounded subject position promotes oppression by reinforcing existing power relations (Hudson & Romanelli, 2020) and deficit-based narratives. Consequently, our work moves away from deficit-based research questions and methodologies that reinforce oppressive and extractive research practices. Our work infuses the work of various Indigenous, anti-racist, anti-oppressive, liberatory, and decolonial scholars (e.g., Audrey Lorde, Dr. Jennifer Mullan, Paulo Freire, Dr. Zuri Tau) to intentionally move away from extractive research methodologies.

Decolonizing Research

Colonization is foundational to many existing research practices that extract from marginalized communities to systemically stratify the value of knowledge based on dominant narratives and structures such as White supremacy. These colonial practices are highlighted by research that benefits from exerting authority and enacting an expert position to extract knowledge from marginalized communities without reciprocity and advocacy (Tau, 2023). Further examples of colonization in research and academia include the use of diagnostic criteria, normality, and baseline behaviors informed by White cisgender heterosexual men to pathologize BIPOC communities; there is also the issue of the predominance of Whiteness in academic spaces, including editorial staff in publication journals (Mullan, 2023). Research and academia also play a role in maintaining colonial and oppressive structures by legitimizing oppressive practices under the guise of various savior narratives (Smith, 2021).

A decolonized research approach may include many practices and values, such as critical reflexivity, dialogue, and catalytic validity (Lather, 1986). One example of critical reflexivity is writing a positionality statement, which involves critical reflection on the various domains of our lives in which we have or lack privilege. Dialogue includes conversing on how our identities impact our work and interactions with community members; in doing so, researchers recognize the power dynamic between researcher and co-researcher and try to centralize consent, mutuality, autonomy, respect, care, and relationships. Additionally, catalytic validity refers to the degree to which collaboration with community members energizes, revitalizes, and fosters the development of critical consciousness. This sociopolitical concept involves the ability to identify and analyze oppressive social, economic, and political forces, and to take action to address them (Freire, 1972; Lather, 1986). By emphasizing catalytic validity, researchers are held accountable to the underlying goals of decolonial and liberatory work.

Further examples of decolonial practices in research include advocacy, power sharing, and rituals (Keikelame & Swartz, 2019; Reyes et al., 2024; Zavala, 2013). Research has the potential to serve as a platform to elevate advocacy and support existing grassroots efforts, creating spaces for and by the

community (Zavala, 2013). Researchers can also share their findings with stakeholders and others with the power to make systemic changes to create more equitable conditions for marginalized communities. Researchers who intend to work with marginalized communities must also examine the power differentials between researchers and the populations they hope to learn from. Power sharing is an important practice in decolonial research, in which researchers involve community members in various points of the research process and continually consult and check for their consent while encouraging and honoring autonomy (Keikelame & Swartz, 2019). Decolonial research and advocacy efforts can often be very draining; thus, Reyes et al. (2024) recommend engaging in rituals to remain attuned and grounded and to help connect to material more deeply.

The Liberatory Research Collective

We are an innovative and collaborative research collective, dedicated to pushing the bounds of traditional research methodologies by advancing liberatory, anti-oppressive, and decolonial research in the counseling profession. We started as a university research lab, but chose to honor our growth as a collective of folks dedicated to decolonial and anti-oppressive work by operating independently of any institution that might uphold or be influenced by oppressive and colonial structures. We evolved into the Liberatory Research Collective, comprised of scholars, educators, counselors, and community members from across the country. We aim to co-create a space where anyone interested in research, particularly with marginalized communities, can develop the skills needed to engage in transformative and decolonial research. We challenge the status quo and ask critical questions like: 1) Who has the power to design and conduct research? 2) Who are the researchers? and 3) What qualifies them to engage with marginalized and targeted communities?

Demonstration of Decolonized Research Methods in Action

Our dedication to decolonizing the counseling profession through clinical and research practices is a profound testament to our integrity and purpose. It is a beacon of hope and inspiration, demonstrating how research can be a powerful tool for healing and resistance. One notable example of our impact was a photovoice exhibit, "Through Our Lens: Queer Womxn of Color's Experiences of Healing and Liberation," which we curated and hosted in honor of National Coming Out Day (October 11, 2023). This exhibit was part of a photovoice project where we partnered with nine QWoC to explore and celebrate their experiences of healing inside and outside of counseling. The exhibit highlighted and celebrated the diverse ways in which QWoC find healing and resist dominant narratives, both within and beyond the realm of counseling, through the lens of QWoC who beautifully captured their personal stories of resilience and healing, illustrating a narrative often overlooked—a narrative that celebrates their strength and wisdom. We believe this exhibition touched the hearts of all 169 guests and broadened our collective understanding and appreciation for the experiences of QWoC.

This exhibit is an example of our work as researchers committed to pushing the bounds of traditional research methods that have historically oppressed, weaponized, and erased the experiences of marginalized communities. Our work is our love letter to all marginalized communities and an invitation for counselors and counselor educators to practice decolonial and liberatory approaches.

Photovoice Methodology

Photovoice, introduced by Wang and Burris (1997) and grounded in critical consciousness, feminist theory, and documentary photography, extends Paulo Freire's (1972) notion that visual images can foster critical community reflection. The objectives of photovoice are to showcase the strengths and concerns

of marginalized communities, stimulate dialogue about community issues and strength through group discussions of photographs, and spur engagement in advocacy by reaching policymakers and other key stakeholders (Wang & Burris, 1997). Photovoice invites marginalized groups to articulate their perspectives through photography, fostering autonomy and enabling self-advocacy for political and social reforms that address their communal priorities.

Following this philosophy, our research collective advocates for collaborative partnerships with co-researchers to define and address salient identities and issues affecting them. The term "co-researcher" is used here as an indicator for the individuals or community members who are conducting the research with us. The use of this term is a liberatory and decolonial approach, where the power is held not solely by the researcher but also by the community. We continue to define and redefine the terms queer and womxn of color to connect varying perspectives of these terms that are central to our work. Queer is a term with a harmful history that many within the LGBTQIA2S+ community have reclaimed to define someone who lives outside the margins of the socially constructed confines of romantic, sexual, and gender identity, as well as gender expression (The LGBTQ Community Center of the Desert, n.d.). Some members of the LGBTQIA2S+ community also use the term queer as a political stance. Womxn of color refers to people of the global majority who identify with the socially constructed womxn identity; the "e" in "women" is replaced by an "x" to include transgender, genderqueer, non-binary, genderfluid, gender non-conforming, and/or gender expansive people (Kendall, 2008; McConnell et al., 2016).

Through Our Lens Photovoice Project

In June 2023, we started recruitment for the photovoice project to find between eight and 15 self-identified QWoC who were willing to actively participate in this project by 1) meeting with researchers to build rapport, discuss their participation in the project, and obtain verbal consent; 2) taking between eight and 15 pictures that represent their experience(s) of healing inside and outside of counseling as a QWoC; 3) completing the Photovoice Reflection Form and Interview Reflection Form, and participating in three meetings (two of which were required and a third which was optional if they were interested in providing researchers with additional feedback); and 4) actively identifying and listing ways to take action and/or advocate and support with the exploration of how we shared the research findings.

2024 Bridging the Gap Symposium Presentation Overview

Our presentation at the 2024 Bridging the Gap Symposium, titled "Through Our Lens: Exhibiting Decolonized Research and Clinical Practice in Action," was created as a means to bring our photovoice exhibit to the 2024 NBCCF Symposium while allowing attendees to explore the healing practices of QWoC inside and outside of counseling from a decolonial perspective. By encouraging attendees to explore the experiences of QWoC in our exhibit, we hoped to shed light on how taking a decolonized and liberatory approach to research fosters healing and empowerment for BIPOC co-researchers and researchers. This presentation was intended to showcase the transformative power of decolonized research and provide tangible insights for integrating these practices into counseling. Attendees had the opportunity to engage in a gallery experience and discussions surrounding decolonized research and positionality, as well as how insights gleaned from our partnership with QWoC can be applied to counseling and research practices.

Our Rationale

Traditional counseling methods often fail to address the unique tapestry of cultural, societal, and personal challenges faced by BIPOC individuals, particularly QWoC (Reyes et al., 2022). By integrating a decolonial framework, counselors can create more inclusive and effective healing environments.

Our presentation explored various strategies used by QWoC to navigate their healing journeys, emphasizing the importance of cultural sensitivity, community support, and personal empowerment.

Preparing for Our Presentation

In preparation for our presentation, our group met in one of our hotel rooms to assemble easels while reflecting on our salient identities, emotions, concerns, and hopes for the session. During this meeting, we practiced our positionality statements and reflected deeply on what it meant to present the healing experiences of nine QWoC when members of our research team had insider and outsider identities related to the QWoC label. We discussed what it meant for some of our White and cisgender male identities to influence the presentation material and potentially impact presentation attendees. For example, my (sixth author Michelle Pollok) reflective process included dialogue with my colleagues on what our privileges mean and how they can serve or harm the communities we work with. Much of this dialogue focused on the process of being a vessel for QWoC to share their creative methods, showcasing their experiences of healing. For me, this was a crucial piece of this project, as I was cognizant of speaking for, or over, our co-researchers, knowing that I do not understand their experience as BIPOC. I spoke with my colleague (fourth author Grace Schroeder) about our Whiteness in relation to this project and our goals of de-centering it while also sharing our queer identities with our co-researchers and reflecting on what that connection means to us.

We also took the time to acknowledge and explore our insider (shared) identities, some of which are Queer, womxn, and BIPOC, through positionality statements, identity work, and dialogue. For example, I (second author Tiffany Perry-Wilson) consist of multiple minoritized, intersecting identities, such as being a Queer cis-woman within the African Diaspora. I share commonalities with our co-researchers who identify as QWoC themselves, but it is important for me to keep in mind that we are not a monolithic group; we are a beautiful mix of diverse beings. This shared identity is undeniable, but our interpretations or the meaning that we provide to our experiences will forever be uniquely ours as individuals. Maintaining this awareness was part of my reflective process to be sure that my understanding did not override the experiences of our co-researchers.

Our conversation also included how our areas of mixed privilege intersect with our work. Although I (first author Jessi Pham) may share identities such as bisexual and Asian American, I often reflect on how my cisgender male identity impacts my interpretation and influence on our work. I question what it means for a cisgender man to present material created alongside QWoC and find it important to draw from shared commonalities while acknowledging when my privilege may stand in the way. I recognize that even with shared and unshared identities, there are experiences that I can only hope to understand through listening and empathy. As my colleagues state above, the identities I share in common with co-researchers are not monoliths, and I am also merely a vessel through which we share our collective and unique experiences.

Additionally, from a mentoring standpoint, I (fifth author and faculty lead Ana Reyes) encouraged us to explore and release colonial and White supremacist ideals regarding how we should "present as professionals" by asking how and from whom we learned to present and how to dress for "conferences, symposiums, or professional events." The invitation to release internalized colonial and White supremacist ideals empowered us to present in a way that felt authentic to who we are and the co-researchers whose stories and wisdom we were sharing. We stressed the importance of taking a non-expert role, emphasizing that we are merely the vessels of knowledge and information shared by co-researchers.

Materials Used

Our presentation materials consisted of several poster boards and easels set up in various areas around the room. Each poster board displayed a physical print of a co-researcher's name, photo, caption, title, and image description. Other materials included pride flag stickers, mini bubble wands, letter-writing materials and envelopes, various crystals and stones, and burlap sacks for attendees to create and take home a blend of herbs with myriad healing properties, including lavender, rose, rosemary, and eucalyptus.

Our Symposium Presentation

We began our session by sharing our positionality statements, broaching our intersecting identities, and centering our relationships with ourselves, each other, and as presenters in academia. We engaged in dialogue with attendees regarding our intentions as researchers, the presence of Whiteness in decolonized research, and our varying queer identities. Opening our presentation with positionality statements allowed us to set the tone for a conversational presentation style that encouraged people in the room to voice their thoughts, experiences, and takeaways.

Moving further into our session, we presented a set of slides to discuss the origins and rationale of photovoice methodology, provide an overview of our study, share the definitions of various key constructs, and give our recommendations for decolonizing counseling research and practices with QWoC. Although the slides served as a guide for our presentation, the core of our session derived from attendees' feedback, reflections, and observations. Attendees were given time to explore the exhibit and engage with the poster boards thoughtfully and intentionally. We then opened the floor for further reflections and observations connected to their experience engaging with the exhibit. Overall, attendees discussed their feelings, connections, and impressions of the photos that resonated with them. The debrief also included feedback on our process and approach to research, with many attendees expressing their excitement about decolonized research in action.

Our Positionality

Because of the nature of how our identities interact with our work, we decided to start our presentation with positionality statements to demonstrate our reflexive process. Having attended presentations at other conferences with introductions very focused on academic and professional achievements, we decided to stray from that structure in hopes of introducing ourselves in a way that felt more authentic, personal, and related to our work. Here are deeply personal positionality statements with which we center our experiences contextualized through our lineal histories and some of the identities that influence our work as researchers, clinicians, and educators.

Jessi Pham. I am a descendant of ancestors who continue to pass down rich cultural values and guidance accompanied by rituals, incense, and offerings. I dedicate my educational privileges to their sacrifices and perseverance. My experiences as a queer/bisexual, second-generation Chinese/Vietnamese cisgender man underscore my research approach.

Tiffany Perry-Wilson. I am a descendant of powerful and resilient peoples stolen from their lands consisting of wealth, melanated skin tones, and storytelling. Their sacrifice then and now is the foundation of my existence. My experiences as a QWoC within the African Diaspora roots and guides my comprehension and approach to research and clinical work.

Kevlyn Holmes. I am descended from people I do not know and because of this, I often feel unmoored. In my journey to connect to the parts of myself that have been lost to White supremacy culture, I've found I am making peace with and understanding words such as White, genderqueer, White woman, disabled, and demisexual. These parts and the desire to learn from the harm of my White ancestors drive my work. I strive to listen and honor every story I witness.

Grace Schroeder. I am the descendant of fierce and strong-headed advocates. I am also a mound of clay, shaped by the hands of my colleagues, co-researchers, and the various folx who share their stories and perspectives with me. My experiences as a White queer womxn underscore the need for me to serve as a platform in which I uplift BIPOC, providing context to how I approach my research and counseling theories.

Ana Reyes. I am a descendant of wise ones who, against all odds, survived and passed down their wisdom. My experiences as a queer, non-binary femme and a child of [un]documented immigrants of Afro-Latinx and Indigenous roots underscore my anti-oppressive and decolonial approach to research, counseling, and teaching.

Michelle Pollok. I am a descendant of strong womxn who walked against the grain, paving the path before me and instilling a sense of justice. As a White, cisgender researcher, I serve solely as a vessel for these unique stories of reclamation and healing.

In sharing these individualized positionality statements, we seek to honor the progression of our lineages and how they interact with the colonial and oppressive systems around us. These declarations are not just personal narratives but also critical reflections that guide our work. They illuminate the diverse perspectives and experiences that shape our collective approach, fostering a deeper understanding and commitment to anti-oppressive and decolonial methodologies. Through this practice, we aimed to co-create a space at the 2024 Bridging the Gap Symposium that acknowledged and respected the complexities of our identities, encouraging others to reflect on their own positionalities and the impact these have on their work and interactions.

The Healing Experiences and Responses of Our Attendees

Our attendees shared many insights with us, ranging from their connection with the material to the impact of our session. We are grateful that our intention behind various aspects of our presentation (i.e., introducing ourselves with our positionality statement and then leading with the exhibit) created an environment where attendees were willing to share their thoughts and critiques. One participant shared their hesitation toward attending our presentation on QWoC because the main presenters were White individuals who would be speaking about the experiences of QWoC; after hearing our introductions, they noted feeling more comfortable openly sharing their hesitation because of how we positioned ourselves in this work. This comment reified the importance of our critical reflexivity and our ongoing commitment to exploring how our identities impact our work. Another participant shared their connection to the first author, who introduced himself as a bisexual person—she revealed that, as someone who has experienced biphobia and bi-erasure, she felt seen and validated by the representation of the bisexual identity. Our introductions, one simple (yet powerful) portion of our presentation, impacted the flow of the presentation in a way that highlighted the importance of reflection and identity work in the realm of research, academia, and professional spaces. Coming into this symposium, we intended to build community and encourage collaboration, and by the end of our presentation, we felt very connected to the people in the room with us.

In discussing our presentation, we reflect with profound gratitude on the opportunity to present research we are passionate about with receptive and introspective attendees. Bearing witness to how attendees opened up and engaged with our presentation and research was incredibly rewarding for all of us. The way attendees embraced our decolonial approach and committed to engaging in vulnerable discussions underscored the importance of co-creating spaces where diverse voices are not only heard but celebrated. This experience reaffirmed that community is everything; it is the cornerstone of healing, growth, and social transformation. The interactions and connections formed left us feeling deeply nourished and inspired, reminding us of the transformative power of collective engagement and support.

We were reaffirmed that positioning ourselves authentically helps create a genuine connection with session attendees. The feedback we received highlighted the importance of showing up authentically and continually questioning how we show up in historically White spaces, reinforcing our commitment to decolonial work. Our experience is a testament to the critical role of introspection, camaraderie, and humility in the way we navigate academic, counseling, and healing spaces. There is significant power in showing up as we are and engaging in vulnerable conversations in academic settings such as presentations, knowing that someone in the audience will resonate with our authentic selves. These lessons will guide us in our ongoing journey to foster inclusive and transformative spaces.

Throughout this journey, we experienced a whirlwind of emotions—fright and excitement intertwined as we prepared and presented our work—yet the love and support we provided each other created a foundation of strength and dependability, allowing us to face our fears with courage. The process was filled with joy, gratitude, and excitement, moments of laughter and even tears, as we shared our feelings and experiences, allowing us to connect on a deep level. We were inspired by the courage to challenge existing systems, driven by our shared commitment to decolonial work and the belief that our authentic presence could inspire change. These feelings collectively enriched our experience and solidified our bond as a team. We hope that session attendees left feeling as enriched and nourished as we did and that, as a reader, you are inspired by this article to engage in critical reflection and decolonial practices.

Considerations for Counselor Educators and Researchers

Implementing decolonial practices in research can be challenging because of existing structures and systems that perpetuate colonized, oppressive, and racist ideologies. These norms have inevitably penetrated academia, clinical practice, and research methodologies, making the task daunting (Goodman et al., 2015). However, with commitment, intentionality, and a willingness to alter internalized theoretical and methodological frameworks, counselor educators (CEs) and researchers can integrate decolonial practices into their respective fields. Applying decolonial practices within academia and research involves significant challenges, necessitating unwavering dedication. This practice requires replacing previously used colonized methods, systems, and structures with decolonial ideologies and practices (Castañeda-Sound et al., 2024; Fish & Gone, 2024; Neville et al., 2024; Quinless, 2022; Tate et al., 2016).

Although this process involves de-centering the self and stepping away from traditional pedagogical approaches, CEs and researchers should build self-awareness through critical reflexivity. This lifelong commitment pairs well with the radical decolonization of oneself, academia, and research approaches. Critical reflexivity is a collaborative practice that involves internal work by

CEs and participation from students and colleagues. For instance, Goodman et al. (2015) discussed that providing mentorship and supervision to incoming and current CEs assists in fostering a collaborative approach to critical reflexivity or critical consciousness. This could involve weekly and monthly required meetings to provide support and communal engagement in the self-reflective process. Collective commitment to decolonialize shifts from individualism to collectivism, prioritizing community, and holding each CE accountable within their critical reflexivity process.

Critical reflexivity is best done with an intentional approach. Purposeful selection of course materials, construction of syllabi, and application of research methodologies embedded with decolonized approaches, ideologies, and concepts exemplify intentionality (Castañeda-Sound et al., 2024; Fish & Gone, 2024; Goodman et al., 2015; Neville et al., 2024; Quinless, 2022; Tate et al., 2016). Intentional application of critical reflexivity was evident in our collaborative discussions while preparing for our presentation, where we practiced vulnerability by discussing our fears and worries and how our positionalities inevitably influence how we show up in academic spaces. Challenging inherently colonized frameworks requires commitment and intentionality in dismantling oppressive norms perpetuated in the counseling profession.

Counseling and counselor education programs are part of power structures and systems that contribute to continued inequities, oppression, and colonialism (Castañeda-Sound et al., 2024; Goodman et al., 2015; Shin, 2016). Goodman et al. (2015) emphasized the value of decolonizing traditional pedagogies within counselor education by applying tenets of liberation psychology, such as critical consciousness. They discussed how practices like the banking concept perpetuate colonialism in counselor education programs. This concept positions educators as the sole source of knowledge, depositing it into students, thus maintaining power imbalances and stifling independent thinking and questioning. Consequently, students are not empowered and are forced to rely on the professor, with their perspectives viewed as inadequate if they do not align with Westernized frameworks. The banking concept also applies to research settings, where researchers are seen as the sole providers of knowledge and considered experts on the lived experiences of the populations they study, which can be problematic (Goodman et al., 2015) and often supports the continued use of extractive research methodologies.

Cultivating a space of community and shared learning can nourish not only the students and co-researchers but also the CEs and researchers themselves. By approaching education and research with humility and openness to learning without assuming expertise, the likelihood of causing harm to the communities that we serve significantly diminishes.

Conclusion

Our photovoice exhibit and presentation at the 2024 NBCCF Bridging the Gap Symposium provided session attendees and us with a unique platform to share and reflect on the healing experiences of nine QWoC. By utilizing photovoice methodology in our research and grounding our approach in decolonial and liberatory principles, we were able to conduct and present research in a way that represented the diverse narratives of our co-researchers authentically.

Our work moves away from traditional deficit-based research that often reduces minoritized communities to the wounded subject position (Brown, 1995), thus diminishing queer people of color to their experiences of trauma and oppression. Instead, we focus on the strengths, resilience, and healing

processes of QWoC. This shift is informed by intersectionality theory, decolonial scholarship, and participatory action research, inviting us to center the voices and experiences of our co-researchers in a meaningful, empathetic, and socially just manner.

Our presentation at the Bridging the Gap Symposium was not just a display of research findings but a call to action for counselors, researchers, and CEs alike to integrate decolonial practices into counseling and academia. Through an interactive gallery experience and open dialogue, we demonstrated how decolonial and liberatory research methodologies can foster empowerment and healing for all involved in the research process, including those who witness or read the findings. The feedback and reflections from attendees brought focus to the importance of co-creating spaces where diverse voices are heard, honored, and celebrated.

Implementing decolonial practices in research and counseling requires a commitment to self-examination, camaraderie, and humility. It involves challenging existing power structures and embracing authentic connections with the communities we interact with as counseling scholars and fellow human beings. As CEs and researchers, we must continually question how our identities and positionalities influence our work and strive to create inclusive, validating, and supportive environments for all. Our experience at the symposium reaffirmed the transformative power of community and collective engagement. The support and courage we found in each other allowed us to face our fears and present our work with pride.

In conclusion, this photovoice project and our subsequent presentation have not only enriched our understanding of healing experiences but also strengthened our resolve to continue engaging in decolonial and liberatory research. We hope that our work inspires others to embrace these methodologies, challenge oppressive systems, and support the healing and empowerment of minoritized communities.

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Appendix

Recommendations for Self-Directed Learning

Counselor educators can familiarize themselves with liberatory, decolonial, participatory, and action-focused research methodologies that intentionally decentralize their role as researchers and encourage students to do the same. We suggest the following resources to support counselor educators on their journey:

- Books
  - *Decolonizing Epistemologies: Latina/o Theology and Philosophy* (1st ed.) by Ada Maria Isasi-Dias and Eduardo Mendieta
  - *Decolonizing Methodologies: Research and Indigenous Peoples* by Linda Tuhiwai Smith
  - *Photovoice Research in Education and Beyond: A Practice Guide from Theory to Exhibition* by Amanda O. Latz
  - *Research is Ceremony: Indigenous Research Methods* by Shawn Wilson
  - *Research as Resistance: Revisiting Critical, Indigenous, and Anti-oppressive Approaches* (2nd ed.) by Leslie Brown

- Websites
  - Power Shift Network Resource Bank: https://www.powershift.org/resources/intro-research-justice-toolkit
  - Liberatory Research & Evaluation Intensive through Liberatory Research: https://www.liberatoryresearch.com/e-course

Applying the Multicultural and Social Justice Counseling Competencies to Eating Disorder Treatment

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Scholars, practitioners, and clients in the eating disorder (ED) treatment field emphasize the need for more culturally responsive approaches to improve care for marginalized communities. Treatment barriers, such as counselor biases, lack of access to care, and disempowering approaches, perpetuate these gaps across diverse groups with EDs. We propose that Ratts et al.'s (2016) Multicultural and Social Justice Counseling Competencies (MSJCC) can bridge these gaps by assisting counselors and other helping professionals working in ED treatment settings in deconstructing biases and implementing empowering treatment approaches for marginalized individuals with EDs. Using case vignettes, we illustrate how counselors can apply the MSJCC across counseling settings and engage in advocacy with the broader ED recovery community. We conclude by presenting implications for counselors, counselor educators, and supervisors, who all play a role in empowering clients and improving access to ED treatment for diverse populations.

Keywords: **eating disorder, multicultural, social justice, marginalized, advocacy**

The SWAG myth has long persisted within the eating disorder (ED) treatment field, informing research and practice and centering the experiences of "skinny, White, affluent, girls" (Sonneville & Lipson, 2018). Abundant evidence highlighting the presence and impact of EDs across diverse cultural identities now discredits this stereotype (Halbeisen et al., 2022; Huryk et al., 2021; Schaumberg et al., 2017; Sonneville & Lipson, 2018). Nonetheless, scholars, practitioners, and clients alike point to prevailing gaps impacting minoritized populations with EDs and call for more inclusive, culturally informed practice (Burke et al., 2020; Hartman-Munick et al., 2021; Labarta et al., 2023). The American Counseling Association (ACA; 2014) *Code of Ethics* preamble highlights the importance of "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (p. 3). Thus, multicultural competence is essential for the counseling profession to continue addressing the needs of culturally diverse clients, including social justice concerns that shape and contextualize mental health and wellness. The purpose of this article is to illuminate EDs as multicultural concerns that require counselors to challenge common, harmful stereotypes about EDs and to move toward more inclusive, culturally responsive treatment frameworks.

Multicultural Concerns Within Eating Disorders

Culturally responsive counseling requires counselors to understand clients' diverse cultural and social identities as well as their mental health experiences (Ratts et al., 2016). Similarly, awareness of the intersection between EDs and multicultural concerns is imperative to culturally sensitive treatment. We begin with an overview of ED literature on underserved populations with particular attention to various aspects of cultural identity, including race and ethnicity, sexual orientation,

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gender identity, socioeconomic status and food insecurity, ability status, body size, and religion and spirituality. We conclude with a brief overview of intersectionality and ED literature.

Race and Ethnicity

Although racial and ethnic minorities experience EDs at similar rates as non-Hispanic, White individuals (Marques et al., 2011), there is a lack of ED research using racial and ethnic minority samples (Burke et al., 2020; Egbert et al., 2022; Mikhail & Klump, 2021). For instance, Egbert et al. (2022) discovered that across 377 peer-reviewed manuscripts published between 2000 and 2020 in the *International Journal for Eating Disorders*, only 45.2% reported demographic information related to participants' racial/ethnic identity. In studies that reported racial/ethnic demographic data, White participants comprised about 70% of the samples. Greater representation of racial and ethnic minorities in research is imperative in order to gain insight into the etiological and maintaining factors of EDs in diverse communities (Egbert et al., 2022), particularly because counselors may hold biases that contribute to significant disparities in ED diagnosis for people of color compared to White individuals (Sonneville & Lipson, 2018). Thus, researchers underscore the importance of exploring culturally and contextually relevant factors, such as sociocultural factors and acculturative stress (Kalantzis et al., 2023; Talleyrand, 2012; Warren & Akoury, 2020) and adopting therapeutic approaches that are collaborative and culturally sensitive (Acle et al., 2021).

Sexual Orientation

Sexual minority populations experience increased risk for ED pathology and may present with higher ED pathology at admission to ED treatment compared to their cisgender, heterosexual peers (Mensinger et al., 2020). However, a recent systematic review examining ED literature from 2002 to 2022 revealed that ED risk varies across sexual minority groups (O'Flynn et al., 2023). Therefore, studies that combine sexual minority groups into one sample may provide an incomplete understanding of ED patterns across distinct identities (e.g., bisexual, gay, lesbian, pansexual). Counselors and researchers should assess sociocultural factors that influence ED risk (Engeln-Maddox et al., 2011) and minority stress experiences (Mason & Lewis, 2015; Meyer, 2003), as well as protective factors that serve as buffers against ED pathology, such as social support. It is important to move "away from heteronormative frameworks and toward more liberatory ones" (O'Flynn et al., 2023, p. 13). It is essential for counselors to recognize the expansiveness of sexuality and attraction, as well as how clients' identities and experiences inform ED assessment and treatment approaches.

Gender Identity

EDs impact people across diverse gender identities, including gender expansive and nonbinary individuals, transgender men and women, and cisgender men and women (Hartman-Munick et al., 2021; Nagata et al., 2020). However, because of assumptions surrounding EDs as female disorders, men may delay seeking treatment (Räisänen & Hunt, 2014) and feel like "the odd one out" (Kinnaird et al., 2019, p. 848). Nonbinary and transgender individuals with EDs also experience barriers to receiving inclusive care because of gender-based stereotypes (Hartman-Munick et al., 2021). Therefore, it is important for counselors to consider gender norms, ideals, and expressions (e.g., masculinity, femininity, androgyny) that may influence ED pathology and related body image concerns. For example, although EDs are typically associated with femininity and the thin ideal, research has shown that masculinity and muscularity ideals are also risk factors (Griffiths et al., 2015). Counselors should also avoid gender binary assumptions, as individuals who adhere to androgynous ideals are often overlooked in ED assessment and treatment (Cusack & Galupo, 2021). Gender-affirming ED treatment requires deconstructing traditional female-oriented approaches and considering the varied experiences of gender-diverse individuals.

Socioeconomic Status and Food Insecurity

Another common harmful stereotype is that EDs primarily impact individuals of higher socioeconomic status (SES). A recent systematic review debunked this myth when it illustrated that EDs present across varied socioeconomic backgrounds (Huryk et al., 2021). Given that the cost of ED treatment is a significant barrier to care (Ali et al., 2017), individuals of lower SES may be less likely to seek treatment or may have limited access to specialized treatment (Huryk et al., 2021; Sonneville & Lipson, 2018). Relatedly, emerging research has drawn connections between food insecurity and EDs. Existing ED assessment tools often conceptualize food restriction as driven by weight or shape concerns (Hazzard et al., 2020; Middlemass et al., 2021). Individuals experiencing food insecurity, however, may engage in periodic dietary restriction because of fluctuations in food availability, which can lead to bingeing or overeating when food is more accessible (Rasmusson et al., 2019). Given the importance of addressing nutrition in ED treatment, counselors should broach the topic of food insecurity with clients in order to understand patterns of restriction and availability of food (Hazzard et al., 2020; Middlemass et al., 2021). Overall, scholars recommend that practitioners conceptualize SES as a multidimensional construct (e.g., income, occupation, wealth) during the assessment process to determine clients' barriers and improve access to resources (Huryk et al., 2021).

Ability Status

Individuals with disabilities are largely underrepresented in ED literature even though they are at increased risk of disordered eating behaviors (Cobbaert & Rose, 2023; Gesi et al., 2017; Nazar et al., 2016). Recent research has shown that autistic individuals experience more negative outcomes and barriers in ED treatment than neurotypical individuals (Babb et al., 2021). Cobbaert and Rose (2023) issued a call to action for ED health care professionals to engage in neurodiversity-affirming practices, specifically by rethinking the implementation and practice of ED treatment, which has historically centered the medical model and neurotypical experiences. Current recommendations include using strengths-based, trauma-informed approaches, challenging ableist expectations and treatments, and centering human rights and autonomy (Cobbaert & Rose, 2023). Research also suggests that individuals with physical disabilities have nuanced experiences with body image, which in turn can impact the development of EDs (Cicmil & Eli, 2014; Gross et al., 2000). For example, individuals may develop EDs as a means to cope with the psychological and social difficulties they experience related to living with a disability and navigating societal body image ideals and pressures (Cicmil & Eli, 2014). Ultimately, more research that examines the intersection of EDs and ability status is needed.

Body Size

People of size, or larger-bodied individuals, often experience barriers to receiving quality care, including weight bias from clinicians and delays in being referred to ED treatment (Harrop et al., 2021; McEntee et al., 2023; Puhl et al., 2014). Because of fear of experiencing weight stigma in health care settings, people of size are less likely to seek treatment for health concerns, including EDs (Mensinger et al., 2018). Counselors may perpetuate weight loss–related treatment recommendations that can negatively impact clients' long-term well-being (Chen & Gonzales, 2022; Puhl et al., 2014). Although larger-bodied individuals may experience significant psychosocial and medical consequences as a result of an ED, research demonstrates that fewer patients are referred to appropriate treatment because of assumptions of severity based on body size (Harrop et al., 2021). Scholars and advocates recognize the need for more research among this population (Ralph et al., 2022) and recommend increased training in the use of weight-inclusive and fat liberation frameworks when working with larger-bodied clients (Matacin & Simone, 2019; McEntee et al., 2023; Tylka et al., 2014).

Religion and Spirituality

Religion and spirituality are critical sociocultural factors that can influence EDs and their treatment. Research has shown that religion and spirituality can serve positive, negative, or non-significant roles in ED recovery based on the individual's lived experience (Akrawi et al., 2015; Buser et al., 2014; Richards et al., 2018). For example, Akrawi et al.'s (2015) systematic literature review revealed that a secure relationship with God was linked to decreased levels of disordered eating, while a doubtful or anxious relationship with God correlated with greater levels of disordered eating. Religious and spiritual coping strategies (e.g., prayer, meditation, meaning-making, and connecting with nature) can be protective in ED recovery (Buser et al., 2014; Richards et al., 2018). On the other hand, some individuals experience feelings of shame and guilt related to religious beliefs and bullying from members of their religious communities because of their ED (Richards et al., 2018). Because religion and spirituality are often personal and unique to the individual, Mintert et al. (2020) recommend that counselors explore their complex roles and potential relationship to clients' presenting concerns and integrate evidence-based interventions affirming diverse religious and spiritual identities.

Intersecting Identities

Intersectionality theory, which originates from Black feminist scholarship, describes how multiple marginalized social identities interact and impact mental health (Crenshaw, 1989). Because individuals with marginalized social identities experience inequities related to their ED presentation, counselors must consider the intersection of such identities in order to address specific concerns that impact underserved clients' risk, treatment process, and outcomes (Burke et al., 2020; Burke et al., 2023). An intersectional approach considers the impact of one identity on another, including how several identities work to either place individuals at risk or support their resilience (Burke et al., 2023). Although more research is needed on EDs across diverse intersecting identities (Burke et al., 2020), scholars have started to explore intersectionality (Burke et al., 2023; Calzo et al., 2017; Diemer et al., 2015). Overall, the higher rates of EDs in marginalized individuals with intersecting identities imply a need for interventions that consider the inequities faced by these individuals and the impact on their risk for EDs (Burke et al., 2023).

Applying the MSJCC to Eating Disorder Treatment

Across ED literature, scholars have advocated for the development of culturally responsive models to address ongoing treatment disparities. We believe that the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016) can serve as a powerful framework for counselors and related helping professionals who work with clients with EDs. The MSJCC, centered on the values of multiculturalism and social justice, attend to essential constructs like intersectionality, including privileged and marginalized statuses within the counseling relationship. Four developmental domains outline essential areas for counselors to explore when working with clients with cultural sensitivity: Counselor Self-Awareness, Client Worldview, Counseling Relationship, and Advocacy Interventions. The first three domains are further organized into four aspirational competencies, namely attitudes and beliefs, knowledge, skills, and action. In the sections below, we review brief case vignettes illustrating various presentations of EDs across diverse intersecting identities, the application of the MSJCC across treatment settings, and relevant resources for counselors.

Counselor Self-Awareness

Paul is a 13-year-old Hispanic, cisgender male with autism spectrum disorder (ASD). He is an only child and lives with his parents and paternal grandmother. Paul's parents have described him

as a picky eater throughout his life. He has an aversion to certain smells and/or textures in food and exhibits rigidity around mealtimes. For example, Paul rarely deviates from his comfort foods and often has the same daily meals, such as plain pasta that his mother prepares for lunch. One day at school, Paul realized that he had forgotten his lunchbox. When his teacher offered to assist him with getting food from the cafeteria, Paul became visibly distressed and began to panic. Paul's teacher was concerned and contacted the school counselor to check in. Mrs. Walker, the school counselor, called Paul into her office and assessed his concerns, discovering his disordered eating behaviors.

Although Mrs. Walker had experience working with students with ASD, she found herself initially dismissing concerns related to his eating behaviors. After further reflection, Mrs. Walker recognized that her own cultural beliefs and biases related to gender were impacting her ability to fully assess his presenting ED symptoms. For example, she noticed that she held the erroneous belief that males don't struggle with food. She consulted a colleague on next steps, as she did not want to violate any ethical codes or unintentionally harm Paul. Mrs. Walker began adjusting her attitudes and beliefs. She was surprised to find literature on EDs in males and learned about the unique experiences of those with ASD. Mrs. Walker reflected on internalized stereotypes of gender, disability, and mental health. She was challenged to consider Paul's unique experience as a young Hispanic male with ASD and the cultural implications of ASD and EDs. To do so, she practiced cultural humility and reflected on her own cultural identities and biases and how they shaped her worldview.

Mrs. Walker sought to learn specific information about the intersection of ASD and EDs, such as their common comorbidity and clinical presentations like sensory sensitivities that may lead to food avoidance (Bourne et al., 2022). Mrs. Walker also used various resources to increase her knowledge of the risk factors of EDs in males, recognizing that risk factors often differ in females. She identified a need to take an individualized approach and developed skills to work with Paul through a culturally responsive lens. Specifically, Mrs. Walker implemented a tailored intervention to empower him and his family to connect with community referrals in order to support his recovery.

Mrs. Walker took action to support her work with Paul by sharing her newly attained knowledge about the intersection of disability and EDs. She initiated a campaign in her school to raise awareness of EDs and gender and disability biases, as well as the challenges that individuals with ASD face during their recovery process. These interventions allowed Mrs. Walker to work toward systemic change surrounding stigma on EDs, males, and people with ASD. She shared a list of local and national organizations that specialize in ASD or EDs (specifically, avoidant/restrictive food intake disorder, or ARFID) with Paul and his family to ensure that they had access to therapeutic support. Examples included Different Brains (https://differentbrains.org) for ASD and the National Alliance for Eating Disorders (https://www.allianceforeatingdisorders.com). Mrs. Walker remains in contact with Paul's community mental health counselor to understand how she can support him within the school setting. After this experience, Mrs. Walker reflected on the importance of developing her own self-awareness as a counselor, which allowed her to challenge her biases and cultivate more meaningful relationships with diverse students.

Client Worldview

Anita is a 19-year-old Black woman. Growing up in a low-income household, she and her family often struggled with food insecurity, leading to a scarcity mindset around food. Despite these challenges, Anita has always had a close, loving relationship with her family. About one year ago, she came out as pansexual to her parents and a few close friends. Although the experience was

positive and empowering, Anita worries about her upcoming transition to college, being away from her family and friends, and connecting with other LGBTQ+ students on her campus. During her first semester, she would binge eat when feeling lonely or stressed. This was usually followed by intense feelings of guilt and shame which led to restriction of food. Anita decided to schedule an intake appointment at her college counseling center; she is scheduled to meet with Dalton, a new counselor who started his position this semester.

Dalton's goal for the intake appointment is to gain a deeper understanding of Anita's worldview. Although Dalton has experience working with clients with eating concerns in different settings, he has maintained an assumption that EDs primarily occur in affluent, White populations. Dalton recognizes the importance of challenging his attitudes and beliefs about EDs that could negatively interfere with the treatment process. As Anita shared her story, Dalton intentionally bracketed his biases and remained open to learning about her lived experience. After the session, he engaged in reflective practice by processing his reactions with a colleague at the center with expertise in EDs.

Pulling from his knowledge of culturally responsive theories, Dalton identified the role of intersectionality in Anita's presenting concerns. As a pansexual woman of color raised in a low-income household, Anita's experiences may be understood by considering her multiple minority identities. Anita faced significant challenges throughout her life (e.g., food insecurity, the coming out process, and recent transition to college), which may have led to an increased risk of developing an ED. Despite these risk factors, Dalton recognized that an intersectional approach also considers Anita's strengths and protective factors (Chan et al., 2019), such as strong family support and willingness to seek counseling. Dalton used these insights to conceptualize Anita's concerns and treatment plan from a strengths-based, culturally responsive lens.

Building on his understanding of theory, Dalton reflected on essential skills to help Anita in counseling. Dalton understood that it may take time for Anita to feel comfortable processing her experiences and sharing parts of her identity. Anita may fear rejection or misunderstanding from Dalton, particularly if he has a different upbringing or cultural background. Dalton understood that experiences of oppression can influence clients' worldviews and experiences, potentially leading to feelings of disconnection. Given Anita's complex relationship with food throughout her life, bingeing and restriction may have served as coping mechanisms to deal with uncertainty, loneliness, and fear of rejection. Thus, Dalton remained aware of the inherent power dynamic in the counseling relationship and intentionally shared power *with* Anita as she navigated her healing process (e.g., co-constructing the therapeutic focus and remaining open to feedback from Anita).

Dalton recognized the need for ongoing commitment, or action, to education and engagement with diverse communities. He sought opportunities to attend workshops or webinars on EDs in underserved populations in order to acquire more awareness, knowledge, and skills related to culturally sensitive approaches. Dalton learned about virtual LGBTQ+ support groups offered by Fighting Eating Disorders in Underrepresented Populations (FEDUP; https://fedupcollective.org) and shared this resource with Anita to expand her social support network. Dalton also reached out to organizations on campus, such as LGBTQ+ and Black, Indigenous, and people of color (BIPOC) student groups, to learn more about their experiences and needs as college students. He consulted with his new colleagues to familiarize himself with student resources, such as on-campus food pantries for food-insecure students. These action-based efforts allowed Dalton to deepen his understanding of Anita's worldview, immerse himself in the campus community, and advocate for diverse students' needs.

Counseling Relationship

Jenna is a 40-year-old Jewish Orthodox, heterosexual, cisgender woman who identifies as having a larger body. She experienced significant trauma from her father as a teenager and is now estranged from her immediate family. This has impacted her body image and overall sense of self. Since being estranged, she has struggled with her religious and spiritual identity. Growing up, she learned to cope with difficult emotions with food. She experienced periods of bingeing to help soothe and numb her feelings, as well as periods of significant restriction stemming from attempts to control her body shape. She has reported significant shame regarding her body size and ED symptoms and has avoided seeking counseling because of perceived stigma. Jenna has decided to seek outpatient treatment to help manage ED behaviors after the urging of a friend. When beginning counseling, she realized that she may need to unpack some of her past trauma as well as how religious beliefs have shaped her relationship with food. Jenna began seeing Emily, an agnostic, gay, cisgender female counselor who identifies as "straight-sized," or a person in a smaller body (Ashwell, 2020). Emily has been working in the field of ED for over 10 years.

While completing the intake assessment with Jenna, Emily asked questions to understand Jenna's multicultural background. Emily reflected upon her own intersectional identities and how the differences in marginalized and privileged identities may impact the client–counselor relationship. Emily realized that Jenna holds more privilege as a heterosexual woman yet experiences more marginalization because of her Jewish Orthodox identity and larger body size. After the intake session, Emily reflected upon her own attitudes and beliefs about Jenna's identities, critically evaluating her biases and assumptions, and considered how being in a straight-sized body may impact her client's comfort or discomfort in the counseling relationship. Emily used curiosity and open communication to strengthen the counseling relationship.

After reflecting on her own attitudes and beliefs, Emily recognized that it was essential to increase her knowledge of her client's experiences as a Jewish Orthodox woman. Emily learned about Jewish Orthodox beliefs and customs as well as the oppression and discrimination these communities may face. This knowledge was integral to establishing a connection with Jenna and preventing possible microaggressions (Mintert et al., 2020). Because of Jenna's reported experience with her religious and ethnic background impacting her relationship with food, Emily also focused on exploring intersections between food, body image, and her cultural background.

Emily then explored skills for cultivating an open space for dialogue, particularly those related to addressing how different worldviews between the counselor and client could impact the counseling relationship. Emily demonstrated curiosity and avoided making assumptive statements regarding Jenna's experiences, understanding the importance of broaching cultural differences in the client–counselor relationship (Day-Vines et al., 2007). Emily's experience in the ED field prepared her to support clients in challenging diet culture in multiple ways, including discussing the impact of fat-oppressive culture on emotional health, being mindful of her language regarding body size, and creating an inclusive office space for clients in different bodies (Kinavey & Cool, 2019). When Jenna shared discomfort in working on body image issues with an individual in a "straight-sized" body, Emily utilized validation and reflecting skills to process these differences in lived body experiences, which helped Jenna feel safe to further process her body image experiences despite their differences.

Emily took action by holding more conversations with other professionals, joining online communities, and continuing her research to understand how to continue supporting clients

of different religious and spiritual backgrounds and body sizes. Emily also supported Jenna in becoming more involved in advocacy, which Jenna found to be empowering and liberating and helped her to improve her relationship with her body. Emily provided resources for Jenna to learn about fat liberation through the Association for Size Diversity and Health (https://asdah.org) and the National Association to Advance Fat Acceptance (https://naafa.org). Emily also connected Jenna to an ED support group, the Larger Bodied Individuals Support Group offered by the National Alliance for Eating Disorders. Emily found that the counseling relationship was strengthened by advocating and taking action with and on behalf of her client.

Advocacy Interventions

Ratts et al. (2016) indicated that counseling and advocacy interventions can occur at several levels (i.e., intrapersonal, interpersonal, institutional, community, public policy, international or global) on behalf of clients or counselors. Counselors are encouraged to consider contextual factors, such as client identities and counseling settings, and to determine the most appropriate and responsive advocacy interventions. The sections above covered several examples of intrapersonal and interpersonal advocacy efforts for counseling clients with diverse intersecting identities. Regarding counselor advocacy, another important intrapersonal consideration is the role of self-care in sustaining social justice and advocacy efforts (Mitchell & Binkley, 2021). The intensive nature of ED treatment (e.g., high mortality and relapse rates; Graham et al., 2020; Warren et al., 2013) emphasizes the need for self-care to maintain vitality and ensure ethical, culturally responsive care. Counselors can also reinforce the significance of wellness practices within their interdisciplinary collaborations that foster interpersonal advocacy within the ED treatment environment.

Counselors can critically evaluate the practices and policies within their institutions and counseling settings to foster inclusion beyond the counseling room. For example, Akoury et al.'s (2019) qualitative study discovered that some women of size experienced physical barriers in therapy waiting rooms, such as unaccommodating furniture. Ensuring that waiting areas and clinical settings accommodate clients of all sizes and abilities is essential to cultivating an affirming environment. It is also worth noting that there are institutional training gaps related to ED education, including within counseling programs (Labarta et al., 2023). Counselor educators and supervisors can address these gaps by adopting a culturally responsive approach to teaching about EDs, improving students' awareness of EDs across populations, and advocating for the inclusion of ED education across curricula.

Counselors play an essential role in addressing their communities' mental health needs. The majority of EDs go untreated, especially in minoritized populations (Bryant et al., 2022); thus, community-based advocacy is crucial. One method to more deeply assess these needs is community-based participatory research (CBPR). Because of its strengths-based, collaborative approach, CBPR presents an opportunity for culturally responsive research to address health inequities and disparities impacting underserved groups (Rodriguez Espinosa & Verney, 2021). The core tenets of CBPR involve research with communities, implying shared power in the research process and giving marginalized communities a voice to express their perceptions on gaps and immediate needs (Hays, 2020). CBPR can be a powerful alternative to traditional methods in ED research, which have historically excluded the perspectives and experiences of marginalized groups. Action research methods allow researchers, practitioners, clients, and other stakeholders to collaborate and bridge research–practice gaps, which can improve access to ED and mental health treatment (Rodriguez Espinosa & Verney, 2021).

In addition to CBPR, counselors and other practitioners interested in community-based advocacy for EDs may partner with organizations to raise awareness regarding treatment barriers and challenges. Counselors can support underserved clients with accessing care through organizations like Project HEAL, with its mission to improve equitable treatment access (https://www.theprojectheal.org). Counselors may engage in targeted initiatives (e.g., mental health literacy) to reduce barriers that impact individuals who have an ED that is not yet diagnosed (Griffiths et al., 2018). Culturally responsive awareness campaigns can be initiated and situated within the community to reach individuals who may otherwise not have access to such information. In addition to settings like schools and community agencies, counselors may reflect on specific community venues to support marginalized individuals impacted by EDs, such as barbershops, hair salons, churches, and afterschool centers. Treatment recovery is sustained through early intervention, and increasing awareness may support treatment initiation (Griffiths et al., 2018).

On a larger scale, counselors can engage in public policy initiatives that advocate for improvements in health insurance coverage for ED treatment and research funding (Streatfeild et al., 2021), particularly because ED research remains underfunded compared to other mental health conditions (Austin et al., 2019). Further, remaining up to date on legislation impacting clients with advocacy organizations, such as the National Eating Disorders Coalition (https://www.eatingdisorderscoalition.org), can assist with advancing public policy efforts. Given that EDs are also global issues, international collaborations across disciplines may enhance ED prevention and intervention efforts, allowing for diverse cultural perspectives, deepening our understanding of sociocultural contexts, and extending the impact and reach of social justice and advocacy initiatives.

Implications for Counseling and Counselor Education

Counselors have an ethical responsibility to address the pervasive gaps impacting minoritized clients with EDs (ACA, 2014). The MSJCC are a comprehensive framework that assists counselors with exploring the client's unique lived experience in addition to relational, systemic, and contextual factors influencing the treatment process (Ratts et al., 2016). The MSJCC can be easily integrated into a counselor's theoretical approach, leading to a more robust, culturally responsive conceptualization and treatment plan. However, it is essential to note that nuances exist across ED treatment settings, particularly depending on the treatment approach used (e.g., manualized protocols versus individualized treatments). Thus, more extensive conversations within organizations may be necessary, including ways to make the treatment more accessible and inclusive to diverse clients. The MSJCC can serve as a resource to guide these discussions, allowing for a deeper understanding of issues at several levels of treatment (e.g., clients' experiences, clinicians' experiences, agency policies and procedures, community issues). For example, FEDUP (formerly Trans Folx Fighting Eating Disorders, 2020) presented a call to action in an open letter to ED organizations, providing essential recommendations, including, but not limited to, the following: hiring more diverse staff at treatment centers, moving away from gender-specific treatment, including inclusive language in handouts and resources (e.g., not defaulting to "she"), establishing scholarships for BIPOC and gender-diverse clients, and developing safe spaces for marginalized clients to connect.

Counselor educators and supervisors also play a role in bridging ED graduate training gaps by utilizing culturally responsive approaches when teaching and supervising ED concerns (Labarta et al., 2023). Suggested pedagogical strategies include applying deliberate practice, addressing

countertransference issues, offering specialized coursework, infusing ED education across the curriculum, and collaborating with interdisciplinary professionals to serve as guest lecturers or speakers (Irvine & Labarta, 2024; Labarta et al., 2023; Levitt, 2006). Integrating the MSJCC into the counseling curriculum can assist educators and supervisors in enhancing ED training through a social justice lens. For example, a counselor educator teaching a psychopathology course can encourage counseling trainees to explore how diagnoses can perpetuate weight bias, such as with atypical anorexia nervosa (Harrop et al., 2021), a specified presentation of other specified feeding or eating disorder (OSFED). Counselor educators and supervisors can facilitate discussions on the historical and cultural context of idealized appearance norms, introduce weight-inclusive terminology, explore the limits of research related to weight and health, consider emerging research on fat scholarship, and help trainees remain accountable to their own weight bias and stigmas when working with clients of size (Muzacz et al., 2024; Rothblum & Gartell, 2019). In this way, educators and supervisors encourage trainees to remain critically reflexive of prevalent ED treatment practices and empower their diverse clients with EDs across the lifespan.

Future Research Directions

Scholars have offered several recommendations to enhance culturally informed ED research by creating more inclusive demographic questionnaires and improving reporting in manuscripts (Burnette et al., 2022; Egbert et al., 2022), developing more inclusive assessment tools (Alexander et al., 2024), and designing outcomes-based studies with underrepresented samples (Emelianchik-Key et al., 2023). ED researchers can also use the MSJCC framework to ground their research. For example, counseling researchers have called for more research partnerships between academics and practitioners that can bridge existing research–practice gaps (Barrio Minton et al., 2021; Hays et al., 2019). Related research methods, such as CBPR, can meet this need and incorporate participant perspectives into the research process. Within ED research, this has important implications for marginalized populations who experience barriers to accessing treatment and are often underrepresented in treatment settings. Therefore, moving beyond clinical settings is critical to understanding the unmet needs of community members who may benefit from prevention-based interventions.

Conclusion

In this article, we presented the integration of the MSJCC (Ratts et al., 2016) into the treatment of EDs with marginalized clients. We believe that the MSJCC's flexibility and social justice lens can assist counselors with bridging the existing gaps and empowering underserved clients across treatment settings. Furthermore, counselor educators and supervisors can utilize the MSJCC as a framework to reconceptualize ED training across counseling curricula, which will play a role in deconstructing dominant narratives on EDs and potentially improving the quality of care for marginalized communities.

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Operationalizing Microaffirmations for Queer and Transgender People of Color

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Queer and transgender people of color (QTPOC) face unique mental health challenges because of intersecting forms of discrimination that place them at higher risk for adverse mental health outcomes. Emerging research has begun to explore the concept of microaffirmations—small verbal or nonverbal forms of communication that signal support, encouragement, or validation—as a protective factor for marginalized populations. This study highlights how QTPOC experience and perceive microaffirmations and explores the role microaffirmations play in their mental health and well-being. Utilizing an interpretive phenomenological analysis, qualitative data were obtained from 14 QTPOC participants through semi-structured interviews. Analyses identified five superordinate themes: influence of identity development, safety with others, envisioning policy changes, representation, and internalization of perceived worth. This study demonstrates the role microaffirmations play in mitigating the negative impacts of discrimination and enhancing the well-being of QTPOC. Implications for counselors include suggestions for providing QTPOC clients with more affirming care on the micro and macro levels.

Keywords: **microaffirmations, queer, transgender, people of color, mental health**

The number of queer and transgender people of color (QTPOC) in the United States is increasing (Jones, 2024), leading to a greater focus on their unique experiences and mental health needs. In recent years, the visibility of QTPOC has grown, and with it, awareness of the specific challenges they face. These challenges are compounded by intersecting forms of discrimination related to both their racial/ethnic identities and their sexual and gender identities (Cyrus, 2017). Despite this increased visibility, QTPOC continue to experience significant mental health disparities, which are often overlooked in broader discussions about mental health and well-being. These mental health concerns include higher rates of depression, anxiety, and trauma, as well as increased risk of suicidal ideation compared to their White cisgender or heterosexual counterparts (Bostwick et al., 2014; Horne et al., 2022; Meyer, 2003; White Hughto et al., 2015).

Based on the existing mental health disparities among QTPOC, the need exists for enhanced awareness and education about how to promote safe and affirming therapeutic environments for QTPOC clients. Recent research indicates that QTPOC's mental health outcomes, sense of belonging, and overall well-being are dependent on interactions with others both on the micro and macro levels. For example, how QTPOC are referred to by counselors or administrative staff and how welcomed they feel as members of their community significantly impact their overall mental health and well-being (Pflum et al., 2015). At the same time, QTPOC often experience stressors related to state and federal anti-LGBTQIA+ legislation and lack of competency from non-QTPOC counselors and other

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health care professionals, possibly leading to feelings of exclusion (Dispenza & O'Hara, 2016; Horne et al., 2022). Counselors and researchers have emphasized the need for addressing issues of racism, homophobia, and transphobia in clinical practices, counselor education programs, and broader societal contexts (Dispenza & O'Hara, 2016; Miller et al., 2018; Mizock & Lundquist, 2016).

Mental Health Concerns for Queer and Transgender People of Color

In recent decades, there has been an increase in research examining the social experiences of minoritized groups, including queer adults, transgender individuals, and people of color (Brooks, 1981; Flanders et al., 2019; Meyer, 2003; Testa et al., 2015). These studies have highlighted substantial disparities in mental health and well-being among these populations, often linked to experiences of discrimination and marginalization. Research indicates that QTPOC are particularly vulnerable to mental health issues because of the intersecting impacts of racism, heterosexism, and transphobia. For instance, a study examining factors related to depression and anxiety for lesbian, gay, and bisexual people of color found that both distal and proximal minority stressors accounted for 33% of the variance in participants' mental health outcomes (Ramirez & Galupo, 2019). This dual marginalization often leads to cumulative forms of discrimination, including social exclusion from both larger society and within their own communities. QTPOC may face racism within the LGBTQIA+ community and heterosexism or transphobia within their racial and ethnic groups (Cyrus, 2017). Despite these challenges, social support and community connectedness have been identified as critical resources that can buffer the effects of stigma and promote resilience among QTPOC. For example, social support from individuals who are empathetic toward discriminatory experiences can shield young African American LGBTQIA+ youth from the distress associated with intersectional discrimination, fostering a sense of affirmation for their identities and enhancing their autonomy in help-seeking behaviors (Hailey et al., 2020).

Community connectedness has also been linked to positive outcomes among QTPOC (Roberts & Christens, 2020). Roberts and Christens (2020) found that being open about one's sexual or gender identity (i.e., outness) is beneficial to the well-being of White participants, but not directly for Black and Latinx participants. Instead, the positive effects of outness on well-being for these groups are mediated by their connectedness to the LGBTQIA+ community (Roberts & Christens, 2020). However, the effectiveness of community connectedness can vary. For example, McConnell and colleagues (2018) reported that community connectedness had a weaker mediating effect on the relationship between stigma and stress in sexually minoritized men of color compared to their White counterparts, suggesting that racial stigma may diminish the protective effects of community connectedness. Establishing community connectedness with other QTPOC may foster positive within-community relationships that extend beyond discrete identity groups, enabling members to feel acknowledged and accepted, and leading to positive reappraisals about their identities (Ghabrial & Andersen, 2021; G. Smith et al., 2022). Despite the potential utility gained by understanding factors that promote coping and resilience, there is still a lack of research examining their impact on the mental health and well-being of QTPOC. Emerging research has begun to explore potential sources of everyday coping and resilience, such as the study of microaffirmations.

Microaffirmations

Microaffirmations are defined as small verbal or nonverbal communications that signal support, encouragement, or validation (Ellis et al., 2019; Rowe, 2008). Despite their subtle nature, microaffirmations can be intentional or unintentional, with some occurring as deliberate acts of affirmation while others emerge naturally in everyday interactions (Rowe, 2008). Rowe (2008), who first introduced the concept, posited that for underrepresented groups, daily occurrences of marginalization may go overlooked or be diminished within hierarchical power structures. As members of these groups often struggle with feeling

appreciated and accepted within disempowering environments, microaffirmations may effectively counter these negative experiences by disrupting processes that promote social exclusion and oppression (Ellis et al., 2019). Microaffirmations normalize and acknowledge the contributions of marginalized individuals, offer individuals support during times of distress, and empower disenfranchised group members to leverage their strengths to maximize their potential (Rowe, 2008). In general, microaffirmations function as a tool of social reinforcement to bolster productivity by engendering a sense of belonging, fostering inclusion, and enhancing well-being (Topor et al., 2018).

Over the past decade, microaffirmations have emerged as a potential protective factor against the detrimental impact of prejudice and discrimination (Pérez Huber et al., 2021; Rolón-Dow & Davison, 2021). In particular, the underlying behavioral mechanisms of microaffirmations are implicated in reducing intergroup conflict stemming from social stratification and stigma (Jones & Rolón-Dow, 2018; Rolón-Dow & Davison, 2021). Although microaffirmations were initially developed within the workplace literature to address the experiences of cisgender women, recent work has extended the concept's application to further marginalized groups, including people of color and the LGBTQIA+ community. Microaffirmations can play an important role in the lives of LGBTQIA+ individuals by communicating acceptance, extending social support, and affirming their identity (Flanders et al., 2019). For example, in a cross-sectional study with LGBTQIA+ adolescents, Sterzing and Gartner (2020) found that receiving microaffirmations from family members was associated with a reduction in symptoms of depression, distress, emotional dysregulation, and suicidality. Similarly, interpersonal microaffirmations have also been associated with fewer symptoms of anxiety and stress (Flanders, 2015) and are frequently referred to as impactful experiences of affirmation among bisexual people (Flanders et al., 2019). However, some studies suggest that the effects of microaffirmations may be limited or context-dependent. For example, DeLucia and Smith (2021) found that microaffirmations from mental health providers had no impact on bisexual people's intentions to seek mental health treatment, whereas experiences of biphobia negatively influenced these intentions. Similarly, Salim et al. (2019) found no association between microaffirmations and happiness among bisexual women. These findings suggest that the effects of microaffirmations may be context-dependent, influencing some aspects of well-being while having little impact on others. Although microaffirmations may foster a sense of validation and support, they may not necessarily translate into behavioral changes, such as help-seeking. These varying results highlight the need for further research on microaffirmations to understand their impact on well-being within different social contexts and systems of power and privilege.

In contrast, research with transgender adults has shown relatively consistent and positive outcomes associated with microaffirmations. Using thematic analysis, Anzani and colleagues (2019) found that microaffirmations may strengthen the therapeutic alliance and enhance perceived treatment satisfaction and efficacy for transgender clients. Scholars have also investigated racial-specific microaffirmations, conceptualized as acts, cues, or verbal utterances that validate racial identities, acknowledge lived experiences, and promote racial justice norms (Rolón-Dow & Davison, 2021). While microaffirmations may have a lesser psychological impact, incidence rate, and intensity than microaggressions (Jones & Rolón-Dow, 2018), they may function to counteract and partially repair the cumulative effects of insidious everyday acts of racism (Pérez Huber et al., 2021). Racial microaffirmations can promote healing through shared cultural intimacy, enabling supportive community members to engage in a cumulative and responsive process of acknowledgment and support that can be both protective and restorative in the context of structural racism (Pérez Huber et al., 2021).

The Current Study

The theoretical framework for this study is grounded in Minority Stress Theory (MST; Brooks, 1981; Meyer, 2003) and Rolón-Dow and Davison's (2021) typology of microaffirmations. MST posits that the stress experienced by individuals with stigmatized identities is not due to the identity itself but arises from external prejudice and discrimination, as well as internalized stigma (Brooks, 1981; Meyer, 2003). For QTPOC, these stressors are compounded by intersecting forms of racism, heterosexism, and transphobia. This framework highlights the unique stressors faced by QTPOC and underscores the need to understand the multifaceted nature of their experiences. In addition to MST, this study draws on the typology of racial microaffirmations from a critical race/LatCrit approach developed by Rolón-Dow and Davison (2021), which includes four forms: microrecognitions, microprotections, microtransformations, and microvalidations. Each type can be understood as different feelings arising from behaviors, verbal statements, or environmental cues. *Microrecognitions* involve feeling acknowledged and included (e.g., Pride flags, signage), *microprotections* offer a sense of being shielded from disparagement (e.g., support and advocacy from others), *microtransformations* foster a deep sense of belonging and capability (e.g., individuals or institutions advocating for federal and state policies that protect LGBTQ+ rights), and *microvalidations* affirm that one's thoughts, feelings, and behaviors are accepted and valued (e.g., QTPOC-specific spaces). While MST has provided a valuable framework for understanding QTPOC mental health disparities, there remains a need to explore how protective factors, such as microaffirmations, can mitigate the negative impact of discrimination on QTPOC. Microaffirmations, though subtle, normalize marginalized communities' existence and place in society and may counterbalance the pervasive negative experiences of marginalization. Despite the promising research on microaffirmations for individual marginalized groups, research specifically focusing on the impact of microaffirmations on QTPOC is still limited. Given the significant mental health disparities faced by QTPOC and the potential of microaffirmations as a protective factor, this study aimed to deepen the understanding of these dynamics and identify effective strategies for fostering resilience and improving mental health outcomes among QTPOC. The purpose of this study was to 1) explore how QTPOC describe and understand microaffirmations and 2) investigate the specific types of microaffirmations in relation to the mental health and well-being of QTPOC.

Method

The current study employed an interpretive phenomenological design. Interpretive phenomenology is a rigorous qualitative methodology that seeks to uncover participants' meaning-making processes—comprising their understandings, perceptions, and experiences—related to their lived experiences with a particular phenomenon (J. A. Smith et al., 2009). Interpretive phenomenological analysis (IPA) focuses analytically on the personal meaning-making of participants within specific contexts (J. A. Smith et al., 2009). Through this method, themes are systematically identified and leveraged to construct interpretive descriptions of participants' narratives, providing insight into the meanings and essences of their lived experiences with the phenomenon.

Participants and Procedures

Institutional review board approval was secured prior to participant recruitment or data collection, and all participants gave consent via the online survey. Data was collected during the summer of 2023 and participants were recruited through recruitment flyers and emails via social media, LGBTQIA+ listservs, snowball sampling, and national listservs and interest networks. Eligible participants were asked to respond to an online survey to complete a brief demographic survey and were then contacted by the researchers to schedule a virtual interview. Eligibility criteria included: 18 years of age or older

and capable of providing informed consent, identifying as a person of color with a marginalized sexual and/or gender identity, and currently living in the United States or U.S. territories. Interviews took place privately on a video-conferencing platform and were recorded and transcribed for data collection purposes. Participants who completed the interview were provided with a $25 e-gift card as an incentive for participation in the study. Participant demographics are presented in Table 1. All participants (*N* = 14) identified as a person of color; ages 22–46; sexual identities included queer, bisexual, asexual, demisexual, and gay/lesbian; gender identities included cisgender man, cisgender woman, and non-binary/gender-expansive. Racially and ethnically, participants identified as Filipino, Black/African American, Afro-Caribbean, Chinese American, Latino/a/x, Vietnamese, and Chinese. All participants held a postsecondary degree including bachelor's, master's, or doctorate degrees.

All participants engaged in one 60-minute semi-structured interview, which consisted of 19 open-ended questions and prompts aimed at exploring participants' lived experiences with microaffirmations and the utility of microaffirmations in their daily lives. Drawing from Rolón-Dow & Davison's (2021) typology of microaffirmations, the interview protocol (see Appendix) was designed to explore participants' experiences with the four forms of microaffirmations: microrecognitions, microprotections, microtransformations, and microvalidations. For example, the question "Could you describe everyday experiences that made you feel that your thoughts, feelings, sensations, and/or behaviors associated with your lived experience as [insert identity] are accepted, legitimized, or given value?" was formulated to invite participants to reflect on whether they experienced microvalidations. This open-ended question was followed up with questions such as "If you haven't experienced that, what do you think positive acknowledgment and understanding of your identity and lived experience would look like?" and "In what ways do you think more positive acknowledgment and understanding would impact you directly?" Audio files were recorded using a secure device and stored in a restricted access folder on the researcher's university department server. Files were used for transcription purposes only and destroyed after the transcription process was complete.

Data Analysis

The data analysis process adhered to the established analytic procedures of IPA outlined by J. A. Smith and colleagues (2009). IPA is characterized by its interactive and inductive approach, focusing on how individuals make sense of their specific lived experiences. The interpretive nature of IPA allows for interpretations that may diverge from the participant's original text, provided these interpretations are rooted in a close examination of the participant's words (J. A. Smith et al., 2009).

Initially, the interviews were transcribed verbatim and meticulously reviewed by the research team to understand their context. During this preliminary phase, bracketing and initial coding were performed to describe the interview content. Each interview was individually analyzed to identify central concepts before finding commonalities across interviews (J. A. Smith et al., 2009). The researchers then utilized these initial codes and the original transcripts to identify emergent themes and patterns, employing techniques like abstraction and subsumption to develop superordinate themes. These steps were repeated for each of the participants individually to allow for new themes to emerge by case before superordinate themes were compared across participant cases corresponding to the central research questions.

Table 1

Participant Demographic Information

Participant (pronouns)	Age	Gender Identity	Sexual Identity	Race/Ethnicity	Highest Degree
April (she/her)	29	Cisgender woman	Asexual, Demisexual	Chinese American	Master's degree
Baohua (not disclosed)	36	Cisgender man	Gay	Asian or Asian American	Master's degree
D (she/her)	28	Cisgender woman	Lesbian, Demisexual	Black or African American	Master's degree
Didi (not disclosed)	27	Cisgender woman	Bisexual	Latino/a/x or Hispanic	Bachelor's degree
Dwayne (he/him)	46	Cisgender man	Gay	Black or African American	Master's degree
Faith (she/her)	23	Cisgender woman	Lesbian, Bisexual, Questioning	Filipino	Bachelor's degree
J (he/him)	31	Cisgender man	Bisexual	Filipino	Doctorate degree
Jane (she/her)	36	Cisgender woman	Queer	Black or African American	Doctorate degree
Kay (she/her)	27	Cisgender woman	Bisexual, Queer	Black/Afro-Caribbean	Master's degree
Lucia (they/them)	26	Gender-expansive	Queer	Filipino	Master's degree
Nick (he/him)	27	Cisgender man	Gay	Black or African American	Bachelor's degree
Oliver (he/him/any)	22	Cisgender man	Gay, Queer	Vietnamese	Bachelor's degree
QL (not disclosed)	29	Gender-expansive	Queer	Chinese	Master's degree
Stacey (she/her)	29	Cisgender woman	Bisexual	African American & Caribbean American	Doctorate degree

Trustworthiness and Researcher Positionality

Our research team consisted of one Black bisexual/queer cisgender female faculty member, one Black queer genderfluid faculty member, four doctoral counseling students, and two master's counseling students. The students on the research team identify as members of various races/ethnicities, genders, and sexual orientations. All members of the research team either work in or are enrolled in CACREP-accredited counselor education or APA-accredited counseling psychology programs, and all researchers have clinical experience working with diverse populations. To increase opportunities for candid conversations about the role of race/ethnicity, gender, sexuality, and intersectionality with participants throughout the interview process, interviews were conducted by members of the research team who identify as racially/ethnically minoritized, gender-expansive, and/or queer.

Several well-established methodological strategies were employed throughout data collection and analysis to enhance the credibility and trustworthiness of the findings. Multiple coders and peer audits of codes and themes were used to further explore themes, patterns, and interpretations; challenge assumptions; and provide additional insights. This approach is a recognized strategy for enhancing credibility in qualitative research (Yardley, 2008). The involvement of multiple coders and peer audits also served as a check against normative assumptions, prompting researchers to consider how systemic biases might influence their interpretations. Additionally, the research team conducted member checks with participants to verify the accuracy of themes and interpretations. Following the example of Lincoln and Guba (1985), the research team conducted member checks to allow participants to react to the data and the research team's interpretations before their feedback was incorporated into the presentation of the findings. Participants who engaged in the member check process were provided with a $10 e-gift card as a token of appreciation. The participants' feedback was not merely a validation step but also a critical engagement with their lived experiences, contributing to a more comprehensive representation of their narratives. The research team met weekly to engage in reflexive discussions about our assumptions, biases, personal worldviews, questions, and concerns related to our research processes, analyses, interpretations, and conclusions.

Results

An in-depth phenomenological analysis of the 14 participant interviews resulted in identification of five superordinate themes related to understanding the role of microaffirmations among QTPOC. Superordinate themes include influence of identity development, safety with others, envisioning policy changes, representation, and internalization of perceived worth.

Influence of Identity Development

The theme influence of identity development reflected how participants understood the utility of microaffirmations in relation to their racial, gender, and sexual identity development. Participants at earlier stages of identity development emphasized the importance of microvalidations and microrecognitions, which provided support and validation as they navigated internal conflict, such as questioning their identity or experiencing self-doubt. For example, April, a 29-year-old asexual/demisexual Chinese American woman, shared that she was still discovering her identity and sometimes felt "a little bit ambiguous about where I'm located on the map." She highlighted how microvalidations—subtle signs of being recognized and valued—helped her feel seen and supported during this uncertain time:

> The other person listening to me or asking me questions that make me feel seen . . . I would say people noticing the pieces that are authentic to who I am and people being willing to spend time listening to me and asking follow-up questions. That is affirming.

Similarly, Faith, a 23-year-old lesbian/bisexual Filipino woman, described herself as “either bisexual or gay, not sure which one yet,” and reflected on how microrecognitions, such as being acknowledged in conversations or within social settings, validated her evolving identity. These early-stage participants frequently described microvalidations and microrecognitions as pivotal in affirming their personal experiences and alleviating internal struggles with identity. In contrast, participants who were more secure and confident in their identities—representing a later stage in their identity development—emphasized a need for microprotections and microtransformations—types of microaffirmations that extend beyond individual validation to encompass broader social change. These participants valued microprotections, which offer safeguarding measures for the QTPOC community against discrimination and prejudice, and microtransformations, which focus on creating systemic changes to improve the quality of life for all QTPOC. For example, Jane, a 36-year-old queer Black woman, discussed how educators can implement microtransformations by using their influence to normalize queer identities within the classroom:

> I feel like if we were to learn about [QTPOC] as historical figures and learn about them, like in health class for example, it would help us in other interpersonal contexts and making relationships. It would also normalize treating [QTPOC] as people and with kindness.

Jane’s reflection illustrates the potential for microtransformations to contribute to systemic shifts in how QTPOC are viewed and treated in society. Participants at this later stage of identity development sought microaffirmations that not only validated their personal identities but also fostered more inclusive environments through microprotections and broader societal shifts. These microprotections, such as inclusive policies in schools or workplaces, safeguard QTPOC from harmful discrimination, while microtransformations create opportunities for long-term structural changes that challenge structural inequities and create more affirming environments for QTPOC.

Safety with Others

The theme safety with others represented participants’ experiences of how microaffirmations, particularly microvalidations and microrecognitions, signaled safety in their external environments, indicating that they could express their identities without fear or discrimination. Many participants spoke about the importance of microaffirmations being a way to subtly indicate that an area or person in their external environment is less likely to discriminate, alienate, or be violent toward them. Lucia, a 26-year-old gender-expansive queer Filipino, highlighted the role of microrecognitions in fostering a sense of security: “Microaffirmations communicate safety to me, like, say, from my external environment, that I can then disclose, fully disclose, who I actually am to people . . . So [microaffirmations] are definitely an aspect of safety and being out or not.” For Lucia, small but significant acts of recognition, such as visual cues or verbal affirmations from others, provided reassurance that their identity would be accepted and protected in that space. Similarly, D, a 28-year-old lesbian/demisexual Black woman, shared that microvalidations, such as seeing the Pride flag displayed in public spaces, gave her a sense of immediate comfort and safety: “I can breathe and relax and like, oh, I can exist in this space.” These microvalidations, subtle yet powerful, signaled that the space was affirming and protective of her identity.

Beyond personal safety, participants also reflected on the protective role of microprotections. Some participants, like Jane, described how microprotections in her environment gave her confidence that she would not be alone if a negative situation occurred: "[Microaffirmations] were a sign that there was some kind of protection and backup, that if something goes wrong, that I'm not in it by myself . . . I'm not going to be piled on . . . or outwardly rejected." This sentiment highlights how microprotections create a sense of communal support, with which participants know that others will ally with them in moments of potential conflict or discrimination. Stacey, a 29-year-old bisexual African American and Caribbean American woman, elaborated on how the cumulative effect of microaffirmations contributed to her overall sense of safety: "When you have more microaffirmations than aggressions . . . you, I, tend to feel safer." In this instance, Stacey underscored the idea that frequent experiences of affirmation—whether through microvalidations or microrecognitions—help mitigate the impact of microaggressions, allowing her to feel more secure in her identity. Oliver, a gay/queer Vietnamese man, further reflected on how the absence of microaffirmations could leave him feeling vulnerable: "If I didn't have the experiences of microaffirmations that I did today, I would just feel . . . less mentally secure generally." Oliver's observation emphasizes the protective nature of microaffirmations, in that their presence contributed not only to a sense of physical safety but also to psychological security.

Envisioning Policy Changes

The theme envisioning policy changes captured participants' reflections on the broader implications of microaffirmations, specifically their potential to influence policy and create systemic change. Participants shared their views on both the immediate benefits of microaffirmations and their limitations in addressing larger structural issues. The role of microaffirmations was seen as a necessary component of personal healing from the often-daily trauma of microaggressions but was not sufficient to address systemic inequities. Instead, participants stated that microaffirmations should serve as stepping stones toward inclusive laws and policies. Microprotections, such as individuals expressing their support for policies that provide legal safeguards and affirming spaces, were seen as critical for improving the well-being of QTPOC. Lucia advocated for increased health and gender-affirming care protections: "We need increased protections for health and gender-affirming care, and not just in certain states but nationally." Lucia's desire for more inclusive policies highlights the role of microprotections in safeguarding the rights and well-being of QTPOC at a systemic level. Similarly, Stacey emphasized the need for broader legal changes to contend with book bans and the censorship of LGBTQIA+ content in public schools:

> I find book bans and the banning of specific conversations in public schools to be very harmful. I primarily work with adolescents and their families, and I believe a lot of stuff starts in childhood, and if we are sending the message to children that queer people shouldn't exist or that we can't talk about it, it creates generations of harm.

Stacey's reflection illustrates how microprotections can counteract systemic exclusion and ensure that QTPOC youth are represented and affirmed in public education.

Microtransformations, on the other hand, were described as the support for far-reaching changes in policies and societal norms that would fundamentally improve the daily lives of QTPOC. Kay, a bisexual/queer Black/Afro-Caribbean woman, noted that while microaffirmations were helpful in buffering the effects of daily microaggressions, they were not enough to dismantle deeply embedded systemic oppression:

> So, I think microaffirmations are a buffer to all the aggressions, violence, harm, and trauma that's happening consistently, but it doesn't necessarily erase the harm and the violence. But it does provide, at least for me, a buffer mentally. Because I feel if I experience a microaggression, and if I internalize it, that can add to deeper trauma. And microaffirmations can help me externalize that and know that even though it hurts, that it's not me. I'm not gonna sit in that with that person. And so, I think it's a great buffer.

Kay's awareness of the limitations of microaffirmations underscores the importance of advocating for systemic reforms that extend beyond individual or community-level affirmations. There was a marked urgency in advocating for national-level policy changes, such as the expansion of health care access and "full adoption rights for same-sex parents" (Baohua, a 36-year-old gay Asian man). Baohua's comments reflect the urgent need for uniform protections and policies that support QTPOC regardless of geographic location. Dwayne, a 46-year-old Black gay man, similarly advocated for accessible and inclusive mental health care services as a form of microtransformation, stating that "Making mental health care more accessible and acceptable for all of us should be a priority." Dwayne's insight connects microtransformations to health equity, pointing out that long-term systemic improvements are needed to ensure that QTPOC have equal access to health services. Ultimately, dissatisfaction with current policies was prevalent, with participants advocating for equitable reforms that go beyond affirming language and instead target holistic care. Some found it challenging to specify exact policies but envisioned that supportive policies would enhance their well-being and enable easier connections, more energy, and fuller participation in daily life.

Representation

The theme of representation reflected participants' experiences of engaging with microaffirmations that represent their lived experiences as QTPOC from external sources through visual or vocal cues, as well as participants' creation of their own microaffirming external sources for others to feel represented through.

External Representation

Representation that was received or seen via microvalidations and microrecognitions was critical in helping participants feel affirmed in their racial/ethnic and gender/sexual identities. J, a 31-year-old bisexual Filipino man, emphasized how social media representations during Pride Month and Asian American Pacific Islander (AAPI) Heritage Month made him feel both his queer and racial identities were not only seen but celebrated:

> What comes to mind right away is just Instagram stories and just seeing most of my timeline having some sort of Pride tag or Pride sticker on their stories . . . And also last month during AAPI Heritage Month, those Instagram stories and having the little sticker—it's really nice to see a bunch of signs of like, "hey, we're celebrating you!" and "hey, I'm a part of this group too!"

For J, these microrecognitions on social media provided him with a sense of visibility and belonging, reinforcing that the community valued his intersectional identity. Participants throughout shared that visible external representation like affirming signage, Pride flags, racially and LGBTQIA+ diverse TV shows such as Heartstopper, LGBTQIA+ bumper stickers, hashtags, social media posts, and even seeing LGBTQIA+ folks being successful in a variety of different careers were viewed as affirming

of their queer identities. Having external representation through a variety of sources not only made participants feel like their identities were being celebrated, but some participants, like Kay, also believed that external representations are microprotections that are "counteracting or disrupting" people from being "harmful" and deterring discrimination.

Created Representation

Though experiencing representation was important, many found that actively creating microaffirmations and making their own representation for themselves and others was also imperative to their well-being. Many saw themselves as change agents, contributing to microtransformations by normalizing conversations about their sexual and gender identities, establishing safe spaces, and engaging in activism that benefited other QTPOC. Dwayne spoke about how his life journey recently involved stepping into a leadership role, in which he felt responsible for creating representation for others:

> I guess . . . when it comes to people who are capable of trying to help others, [they realize] that there is sometimes a shortage of people who can be that spokesperson, or be that leader, to be that example, or that exemplary person. They can be in the forefront. . . . And so, I think where I'm at now, just in my life journey, is that . . . I'm coming into that space.

By creating visibility for himself, Dwayne was actively contributing to the creation of microtransformations. Stacey shared the importance of fostering inclusivity for future generations, particularly her children. She explained how creating affirming spaces at home, such as by exposing her children to diverse representations of queer families, was a way to contribute to future microprotections: "[I want to] have them reading books and you know, expose them to other queer families and let them know that this is normal." By normalizing having conversations about the LGBTQIA+ community, not only is knowledge being shared, but the likelihood increases that youth who may resonate with identities within the community may experience less queer- and race-related microaggressions than their predecessors (Houshmand et al., 2019).

Internalization of Perceived Worth

The theme internalization of perceived worth not only highlighted participants' internalization of microaffirmations regarding their individual and collective sense of worth but also how the source of these microaffirmations influenced their impact. Microvalidations were often described as contributing to their mental and emotional well-being. For example, Didi, a 27-year-old bisexual Latina woman, shared how microaffirmations helped her feel less overwhelmed and more validated in her identity: "[Microaffirmations] really help me feel validated and, in terms of mental health, I feel like it makes me feel less overwhelmed." For Didi, these microvalidations provided emotional support that helped her manage the daily stressors associated with navigating stigma and other social barriers. Microrecognitions were also described as crucial in helping participants internalize a sense of worth. For some, like Nick, a 27-year-old gay Black man, internalized validation from microaffirmations not only makes participants feel like their identities as QTPOC are valid but may also provide QTPOC with "better mental health." QL, a 29-year-old queer gender-expansive Chinese person, also spoke about how microaffirmations helped with their mental well-being and made them feel "affirmed" and "really good," and that "in some ways it helps with the anxiety. It helps with the depression."

Another aspect of the theme internalization of perceived worth involves the source of microaffirmations, which influenced how deeply these affirmations impacted their sense of self-worth. Microaffirmations from people with shared or similar identities were particularly meaningful, as these individuals could better understand and relate to the participants' experiences. April explained that she primarily found validation for her identity within her relationship: "I feel that affirmation of my identifying as demisexual primarily only comes from my own relationship [with my partner]." For April, the microaffirmations she received from her partner were more impactful than those from others because they were rooted in a shared understanding of her identity and experiences. Similarly, Kay shared that the most meaningful microaffirmations often come from her queer friends who share similar marginalized identities: "The microaffirmations carry more weight when they come from my friends who are queer and/or genderfluid or trans . . . because I feel like we all know what we're going through and we can all support each other."

This idea that internalized perceived worth or validation comes from those with similar queer and/or trans and racial/ethnic identities was also expressed by Baohua when he described the microaffirmations he received from his friends who also identify as QTPOC, despite cultural differences:

> Or maybe they experience some challenges, and I feel like that's relatable. It's like . . . we're speaking in the same language. We're experiencing similar things. . . . That kind of gives me . . . like different validation to say, hey, we are here, right? Even though that's very old—we're here, we're queer, whatever. But it's like we are here, and we are living life despite different social or political challenges that we're facing.

Baohua's statement highlights how microrecognitions from peers with similar identities can bolster one's sense of worth and community, reinforcing the idea that they are not alone in their experiences.

Discussion

All 14 participants expressed various experiences of microaffirmations as queer and/or transgender people of color. Themes found in this study's results (i.e., influence of identity development, safety with others, envisioning policy changes, representation, and internalization of perceived worth) align with and expand on the growing body of literature on microaffirmations' role in the LGBTQIA+ community (Anzani et al., 2019; Flanders et al., 2019; Pulice-Farrow et al., 2019; Sterzing & Gartner, 2020) and marginalized racial/ethnic communities (Pérez Huber et al., 2021; Rolón-Dow & Davison, 2021). Despite the topic of microaffirmations becoming more prevalent in scholarly literature, there is still a dearth of research that looks at defining and understanding the impacts of microaffirmations for those with both marginalized gender and/or sexual identities and marginalized racial/ethnic identities. Elements of Rolón-Dow and Davison's subcategories of microaffirmations were used as a foundation for this study's current superordinate themes.

For the theme of influence of identity development, participants discussed their experiences with microaffirmations that supported and validated their individual identity and other microaffirmations that applied to the broader queer community. For those in the earlier stages of their identity development, the presence of microaffirmations seemed to mitigate any internalized conflict or discrimination related to their queer identities, compared to those in later stages of identity development. These findings aligned with various LGBTQIA+ identity development models, such as D'Augelli's (1994) Model of Lesbian, Gay, and Bisexual Identity Development and the Model of

Multiple Dimensions of Identity (Abes et al., 2007). It seemed that participants who were in the earlier stages of their queer and/or transgender identity development found microaffirmations to be more impactful when they were directed toward them as individuals versus those who were in later stages and had a more community/systemic viewpoint. The differences in identity developmental stages may also be explained by Roberts and Christens (2020), who reported that Black and Latinx participants, when "out," experienced positive outcomes when they experienced a sense of connectedness to the LGBTQIA+ community. The results of this study (Roberts & Christens, 2020) suggest that those in later stages of development based on how "out" they are may have more ties to other QTPOC. Similar findings from Ghabrial and Andersen (2021) and G. Smith and colleagues (2022) further support the positive impact of community connectedness on participants' experiences. Perhaps participants in later stages of their identity development are more likely to be out and intentional about finding QTPOC spaces, therefore feeling more validated by microaffirmations directed at the broader queer community instead of those targeting them individually.

For the theme safety with others, participants emphasized their experiences with microaffirmations that signaled safe spaces, individuals, and organizations. This theme aligns with Rolón-Dow and Davison's (2021) subcategories of microaffirmations, specifically microvalidations and microprotections. Hudson and Romanelli's (2020) findings, which highlight the fostering of safety and acceptance by the LGBTQ community as a strength and health-promoting factor for LGBTQ adults of color, align with this theme. Participants mentioned that being around other QTPOC allowed them to fully disclose their sexual and gender identities and authentically be themselves. Though participants primarily focused on feelings of safety regarding their marginalized sexual and/or gender identities, many, like Baohua, also mentioned examples of microaffirmations that validated and instilled feelings of safety for both these identities and their racial/ethnic identities. The microaffirmations could potentially reduce the negative mental health–related issues experienced by the participants in this study (Topor et al., 2018).

Regarding the theme envisioning policy changes, participants reflected on the broader implications of microaffirmations and their potential to influence policy and create systemic change. They shared that these microaffirmations also provided immediate benefits, supporting previous literature which reported that gender-affirming policies are associated with positive mental health outcomes among transgender individuals (Horne et al., 2022). However, many of our participants discussed the impact of current anti-LGBTQIA+ legislation and the potential effects of future legislation at both the federal and local levels on the LGBTQIA+ community. Similar to the theme influence on identity development, the centrality of community connectedness and protection was evident when participants talked about both current and future policy changes. This is supported by Hudson and Romanelli (2020), who proposed that QTPOC have a future orientation focused on investing in and improving opportunities for health and well-being for current and future community members. The fourth theme, microaffirmations as representation, was shared by participants as external representations from outside sources, as well as how participants themselves created microaffirmations for others. While previous literature (McInroy & Craig, 2017) also identified external representations of QTPOC, many participants also underlined the importance of being the provider of various forms of microaffirmations. Participants emphasized the importance of actively generating microaffirmations that provided representation for other QTPOC folks. These examples included conducting affirmative research on QTPOC, compiling resources with positive QTPOC representation, and stepping into leadership roles in the LGBTQIA+ community. Hudson and Romanelli (2020) noted that QTPOC involved in activism and advocacy were more likely to be aware of structural and social injustices that can negatively impact the well-being of individuals in the LGBTQIA+ community.

The final theme, internalization of perceived worth focuses on how microaffirmations are internalized and shape participants' sense of self and collective worth, as well as the impact of microaffirmations based on participants' relationship with the giver of the microaffirmations. Ghabrial (2019) suggests that for marginalized individuals, feeling that one's marginalized identity can be viewed as a positive aspect can foster resilience and resolve when experiencing discrimination. This may explain why participants such as Didi felt less overwhelmed and participants like Stacey felt hope when receiving microaffirmations. For these two participants, their positive viewpoints on their sexual identities encouraged them not only in their identities but also in advocating for themselves and other QTPOC. Microaffirmations may therefore be one reason why QTPOC feel motivated to participate in advocacy efforts. Another element of this theme that participants discussed is the impact of internalizing perceived worth depending on the source of the microaffirmation. While microaffirmations from anyone were appreciated, some participants emphasized the positive impact of microaffirmations received from those within the LGBTQIA+ community or from close relationships, whether platonic, familial, or romantic. In a study focusing on transgender individuals and their romantic relationships, Pulice-Farrow and colleagues (2019) reported that participants found microaffirmations more meaningful when they came from romantic partners rather than strangers, as it affirmed the importance of the relationship. This idea also expands on the work by Delston (2021), who suggested that individuals from vulnerable groups seek environments where they feel valued, appreciated, and included. Delston also warns that microaffirmation recipients should be aware of where and from whom they receive microaffirmations, as they may be influenced to make life decisions based on biased external influences, such as a QTPOC only having their identity affirmed by limiting White LGBTQIA+ sources. This study's findings indicate that microaffirmations from those in close relationships with QTPOC may have a greater impact than those from strangers or large organizations, highlighting the necessity for QTPOC to be cautious of the giver of microaffirmations and the importance of QTPOC to create intentional and affirming support systems.

Implications for Counselors

Given the nuanced understanding of microaffirmations and their profound impact on QTPOC, counselors working with this population can draw several practice implications to foster resilience and improve mental health outcomes. First, it is essential for counselors to recognize the various stages of identity development their QTPOC clients may be undergoing. Clients in the early stages of identity development may benefit significantly from microvalidations and microrecognitions that affirm their identities and experiences, helping them navigate internalized discrimination. Engaging in active listening, providing reflections and follow-up questions, and validating clients' feelings and identities are vital strategies for those still exploring their sexual and gender identities.

Counselors must also establish environments where QTPOC clients feel safe and affirmed. This can be achieved by incorporating visible signs of support, such as Pride flags or inclusive posters, and using affirming language that communicates safety. Counselors must also check their biases, assumptions, and competencies around QTPOC identities and how they intersect (e.g., continuing education, LGBTQ+/QTPOC affirming supervision/consultation). As Delston (2021) proposed, microaffirmations may influence a person's decisions based on who and where they came from. Well-intentioned counselors may further perpetuate harmful stereotypes or affirm QTPOC clients from a narrow White, Western perspective that limits influence from these clients' racial/ethnic background, thereby creating an unsafe environment.

Furthermore, counselors should understand the importance of advocating for inclusive policies. Outside of sessions, counselors can educate themselves and advocate for pro-LGBTQIA+ legislation that would benefit QTPOC. By engaging in advocacy and policy work, counselors can help create a

safe and supportive environment that extends beyond the counseling office. Counselors can also seek out positive representations of QTPOC in media, which may allow them to be better able to connect with clients in session by demonstrating their understanding of social and cultural references. However, non-QTPOC counselors should engage with those materials in good faith and avoid performative advocacy with clients, such as having Pride flags hanging in their office but not having resources specific to the needs of QTPOC clients. Moreover, in session, counselors can help clients outline close relationships and safe spaces affirming QTPOC clients' identities and refer clients with limited support to QTPOC resources locally and virtually. Counselors can also incorporate expressive art therapy techniques into sessions that provide QTPOC clients creative outlets that allow them to not only express themselves but also to be productive by sharing their creations with others as a form of authentic queer representation (Buttram, 2015).

Finally, counselors can support QTPOC clients in fostering internalized worth by consistently using affirming language, adopting a strengths-based approach, and facilitating connections with other QTPOC via group counseling services or within the community. Providing psychoeducation about the impact of discrimination along with employing narrative counseling techniques can help clients reframe their personal stories. By recognizing the unique experiences and needs of QTPOC clients, counselors can play a pivotal role in fostering environments that promote mental health, resilience, and a strong sense of worth, both on an interpersonal, therapeutic level and within the broader societal context.

Limitations and Future Directions

This study, while providing valuable insights into the role of microaffirmations for QTPOC, has several limitations that should be noted. During the time of interviews, most participants identified as cisgender, their gender identity aligning with their sex assigned at birth, providing limiting perspectives of those with gender-expansive identities. Most participants were also Millennials (born 1981 to 1996) and older Gen Zs (born 1997 to 2010; Dimock, 2019), which limits perspectives of what may be considered microaffirmations from older generations of QTPOC who historically experienced less and/or different affirmations in their lives. Future research should aim to include a larger and more diverse sample to enhance the generalizability of the findings.

Another limitation of this study was that it did not ask participants for their regional location. Though some participants shared where they lived in their interviews, knowing regional locations may have helped to understand if participants from similar regions experienced similar types and frequency of microaffirmations. Future research should explore the experiences of QTPOC in specific geographical regions and cultural settings to capture and compare regional differences.

An additional crucial limitation is that, though the study did require participants to be currently living in the United States, there were a few participants who were either immigrants who had lived part of their developmental years in another country or were international students who came to the United States later in life. Though these participants shared their experiences, interview questions did not consider the added marginalized identities of being an immigrant/non–U.S. citizen. Future research is warranted to investigate the utility of microaffirmations for undocumented or non–U.S. citizen QTPOC. Lastly, there is a need for more intervention-based research to develop and test specific counseling strategies that effectively utilize microaffirmations to support QTPOC clients.

Conclusion

This study expanded understanding of the different subcategories of microaffirmations within the context of multiple marginalized identities, specifically being a person of color and being LGBTQIA+. The findings illustrate QTPOC perceptions of microaffirmations and their significant impact on their mental well-being. Efforts should be made to further understand the lasting impact of microaffirmations for individuals with multiple marginalized identities and how microaffirmations can encourage QTPOC and others to make macro-level changes. Counselors and researchers have a vital role in identifying and fostering microaffirmations for QTPOC across various aspects of their work.

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Appendix

Interview Protocol

The interview will focus on details of participants' experiences with microaffirmations. Participants will be asked how to describe everyday experiences and small actions that affirm their identities or impact their experiences; how different types of microaffirmations (microrecognitions, microvalidations, microtransformations, and microprotections) show up in their lives; and the impact of microaffirmations on their overall mental health and well-being. The goal of this interview is to elicit rich descriptions of participants' experiences. The following questions and prompts will be used as a guide for the interview:

1. Background Questions
   a. Could you briefly explain how you refer to yourself in terms of your sexual and/or gender identity and what those labels, if you use any labels, mean to you?
   b. Could you briefly explain how you refer to yourself in terms of your racial and/or ethnic identity and what those labels, if you use any labels, mean to you?
   c. Can you describe a time when you felt like someone affirmed your sexual and/or gender identity?
      i. If not already answered: What was your relationship to this person?
2. Microaffirmations
   a. (Microrecognitions) Could you describe everyday experiences, such as actions, words, or environmental cues (like artwork, signage, symbols) that made you feel like your [insert identity] was given positive visibility and appreciation?
      i. If you haven't experienced that, what do you think positive visibility and appreciation for your identity would look like?
      ii. In what ways do you think more positive visibility and appreciation for your identity would impact you directly?
   b. (Microvalidations) Could you describe everyday experiences that made you feel that your thoughts, feelings, sensations, and/or behaviors associated with your lived experience as [identity] are accepted, legitimized, or given value?
      i. If you haven't experienced that, what do you think positive acknowledgment and understanding of your identity and lived experience would look like?
      ii. In what ways do you think more positive acknowledgment and understanding would impact you directly?
   c. (Microtransformations) Could you describe everyday experiences that made you feel that your identity as a member of [insert identity group] has been enabled, enhanced, or increased in society?
      i. What do you think potential policies/initiatives that would enable, enhance, or increase your life look like?
      ii. How would your life be impacted directly?
   d. (Microprotections) Could you describe everyday experiences that make you feel shielded or protected from harmful or derogatory behaviors, practices, and policies tied to your identity as [insert identity]?
      i. If you haven't experienced that, what do you think potential protections or shields would look like?
      ii. How would your life be impacted if you had more protection and shields?

3. Other
   a. So far, we've been talking about positive everyday experiences that affirm your [identity]. The term we use for these everyday experiences and small actions is called microaffirmations. Can you tell us a little about the relationship of these microaffirmations with your overall mental health and well-being and how microaffirmations may impact it?
      i. What do you think is the role of microaffirmations in terms of how you navigate spaces that have historically been exclusive to queer and trans people of color?
   b. Is there anything we missed regarding any actions, words, or environmental cues you've experienced as [identity] throughout the course of your everyday life that affirms your identity and acknowledges your realized identity, and promotes social justice?

“You Good, Bruh?”: An Exploration of Socially Constructed Barriers to Counseling for Millennial Black Men

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In recent years, there has been a significant increase in the prevalence of mental illness among millennials. However, there is still a significantly lower rate of millennial Black men engaging in mental health counseling compared to other marginalized groups. The lack of engagement of Black men in mental health counseling has become an increasingly popular topic in scholarly literature, yet the research is still limited. This critical phenomenological study explored the influence of social constructs on millennial Black men’s decisions about seeking counseling using a multidimensional theoretical framework combining critical race theory, Black critical theory, and Black masculinity. Sixteen participants who identified as millennial Black men who reported an interest in seeking counseling were interviewed. Results indicated three themes: Black masculine fragility, racial distrust, and invisibility. Implications and future research recommendations are provided for counselors and counselor educators to improve advocacy efforts to engage and retain more millennial Black men in counseling.

Keywords: **Black men, millennial, mental health counseling, Black masculinity, phenomenological**

On October 4, 2016, Kid Cudi, a Black male rapper, tweeted he was being hospitalized for depression and suicidal thoughts, which led to an influx of social media dialogue about the mental health of Black men and the Twitter hashtag #YouGoodMan (Francis, 2018, 2021). The hashtag provided space for Black men to tell their stories and struggles with mental health and provide each other with support. One user stated, “Kid Cudi’s situation resonates with me because I’ve admitted myself into rehab before because of depression and suicidal ideation” (Francis, 2021, p. 450). Other users discussed their experiences with counseling and medication; another user stated, “I’ve been getting help for over a year for shit that I couldn’t tackle alone. Best decision I ever made” (Francis, 2021, p. 450). The incident received media attention because Black men rarely openly discuss their struggles with mental health. The hashtag influenced the title of this article, which I revised to a more common colloquialism among Black men. For this article, Black will be used to address Black Americans or those of African descent who were born and/or raised in the United States.

Cudi, who was 32 at the time of his tweet, is considered a millennial, a generation that has endured a recent rise in mental illness (Hoffower & Akhtar, 2020). Millennial is a socially constructed label for people born from 1981–1996 (Dimock, 2019). The prevalence of mental illness in this generation has led to an increase in awareness and mental health advocacy among them, which in turn has increased counseling engagement (Hoffower & Akhtar, 2020). However, Black millennials utilize mental health services at lower rates compared to other races, and this is especially true for millennial Black men (MBM; Kim, 2018; White-Cummings, 2017). Although the stigma continues to be addressed more with this generation, Black men are still reluctant to express their mental health struggles and seek counseling; yet the literature concerning MBM and mental health remains scarce. In a generation that is working to normalize mental health treatment, this raises concerns about the barriers MBM face

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when considering or seeking counseling (Kim, 2018; White-Cummings, 2017). Although many social structures have been identified as barriers to treatment seeking such as stigma, race, and masculine norms, scholars have called for specific attention to masculinity and racism (Cofield, 2023, 2024). The purpose of this critical phenomenological study is to explore the influence of social constructs on MBM's decisions about seeking counseling.

Black Men and Counseling

Black people continue to suffer because of the anti-Black systems driving this country (American Counseling Association [ACA], 2021). Anti-Black, often used synonymously with anti-Black racism, refers to a broader antagonistic relationship between Blackness and humanity that questions the humanity of Black people and influences racial violence against them (Dumas & ross, 2016). The paradox of anti-Blackness is it can be a barrier to counseling while also being a contributing factor to mental illness in the Black community. Sellers et al. (2009) and Hoggard et al. (2019) found that racial discrimination significantly impacted the mental and physical health of Black men with no regard for factors such as age, education, and income.

Compared to White men, Black women, and men of other races, Black men utilize counseling at significantly lower rates (DeAngelis, 2021; Shannon, 2023). Black men also have a significantly higher prevalence of mental illnesses such as depression and anxiety when compared to others (Cofield, 2023). Only 26.4% of Black men with depression and anxiety seek counseling compared to 45.4% of White men (DeAngelis, 2021). Additionally, suicidal death rates among Black men are four times higher than Black women, and they are increasing at significant rates (Centers for Disease Control and Prevention [CDC], 2021; National Institute of Mental Health, 2023; Tate, 2023). In 2019, more than half of reported suicides in the United States were Black men with the majority being millennials between 25–34 years old (CDC, 2021). These numbers do not consider the many non-fatal suicide attempts not reported and show a need for more attention to these concerns, as scholars have acknowledged for over 30 years (Cadaret & Speight, 2018; Coleman-Kirumba et al., 2022; Francis, 2018, 2021; Hoggard et al., 2019; Shannon, 2023; Toler Woodward et al., 2011; Ward & Besson, 2013).

The current political climate and significant rise in publicized killings of Black men would lead one to believe Black men are in greater need of counseling; however, there is no current indication of increased utilization (Cofield, 2023). Toler Woodward et al. (2011) investigated the utilization of mental health services among Black men through a quantitative analysis of trends in the use of professional and informal supports. The authors used four categories to describe mental health help-seeking behaviors among the sampled participants: professional services only (14%), informal supports only (24%), both professional and informal supports (33%), and no help (29%). However, the authors failed to provide a clear understanding of how they were defining informal supports, with the assumption being this would entail seeking support among family, peers, and non-professional resources. Additionally, the authors noted no determination of whether those who used both forms of support did so concurrently or on separate occasions and no clarification on whether those who used only one support, or none, were having their mental health needs met. Findings suggest the importance of both professional and informal support for Black men with psychiatric disorders and confirm the lack of professional support utilization. The authors also described the need for more exploration of how racism and masculinity impact help seeking both separately and together (Toler Woodward et al., 2011).

Cadaret and Speight (2018) found that stigma was a social barrier to counseling for Black men. The authors labeled the study a gateway into understanding help-seeking attitudes while also calling

for future studies to specifically address racism and masculinity as barriers to counseling. Their findings were later supported by Shannon (2023) in a study exploring the impact of stigma on Black men seeking counseling, with results also supporting previous findings from Coleman-Kirumba et al. (2022). Coleman-Kirumba et al. also found masculinity, specifically Black masculinity, influenced stigma and the socialized thinking that seeking help makes Black men weak.

The limited scholarship on the lack of counseling engagement by Black men provides evidence of a gap in current literature. This study was conducted to fill that gap and to advocate for the silent struggles of Black men while allowing their stories to help improve treatment outcomes, available resources, and treatment engagement. Though many factors have been identified, race and masculinity are two that have remained consistent (Cadaret & Speight, 2018; Cofield, 2024; Coleman-Kirumba et al., 2022; Shannon, 2023; Toler Woodward et al., 2011). A common implication in the previously discussed studies is the impact of race and masculinity and the need to further explore how these social constructs act as barriers to counseling. This study aimed to achieve that by focusing specifically on racism and masculinity as potential barriers and learning more about how these and other social constructs continue to impact and influence help-seeking behaviors among MBM. Hence this study's framework integrated Black masculinity, critical race theory (CRT), and Black critical theory (BlackCrit), which each offer key insights into the relationship between race, masculinity, and mental health.

Theoretical Framework

Black Masculinity

Black masculinity critiques traditional masculinity rooted in Whiteness with traits like aggression, emotional suppression, homophobia, and family patriarchy (Ferber, 2007; hooks, 2004). Images of Black men are influenced by comparisons to White men, forcing unrealistic expectations on them and leading to harmful stereotypes (Smiley & Fakunle, 2016). Society's masculine norms dictate how Black men handle emotions (Cofield, 2023). These norms often cause Black men to internalize self-hate and conform to an image created to demonize them (Akbar, 2016), which can lead to undiagnosed mental health issues. A key concept of Black masculinity guiding this study is the expectation for Black men to be tough and hide their vulnerability, which can impact their decisions to seek counseling.

Critical Race Theory

CRT highlights the permanence of racism in societal structures and its intersection with other identities, such as gender, sexual orientation, and class, all of which can impact mental health and the likelihood of seeking counseling (Bell, 1995; Crenshaw, 2015). This study is also guided by the tenet of counter-storytelling, which empowers minoritized races to share their lived experiences of racism. However, CRT has been critiqued for underrepresenting the Black experience, leading to the development of BlackCrit (Dumas & ross, 2016).

BlackCrit

BlackCrit extends CRT by centering the Black experience and addressing anti-Blackness (Dumas & ross, 2016). It also addresses the tension between Blackness and neo-liberal multiculturalism, which denies that racism still exists. By focusing on how Black men internalize trauma, BlackCrit connects to the emotional and psychological impacts addressed in both Black masculinity and CRT (Cofield, 2023). Together, they highlight how societal norms around race and masculinity shape Black men's mental health and inform their decisions to seek counseling.

Methodology

The following research questions guided the methods of this study: 1) What are the socially constructed barriers to counseling for millennial Black men? and 2) How do anti-Black racism and Black masculinity influence millennial Black men's decisions to seek counseling? I used a qualitative approach to explore how social constructs like race and masculinity influence MBM's decisions to seek counseling.

Engaging critical theories with phenomenology, I used a critical phenomenological approach (Guenther, 2020). Critical phenomenology is an extension of phenomenology that reflects the "quasi-transcendental social structures that make our experience of the world possible and meaningful" and seeks to "generate new and liberatory possibilities for meaningful experience and existence" (Guenther, 2020, p. 15). At its foundation, traditional phenomenology fails to consider the historical and social structures that shape the lived experiences of the participants in both empirical and quasi-transcendental ways (Guenther, 2020; Moustakas, 1994). Transcendental structures are ideas or constructs that remain constant and consistent and are meant to help understand the true nature of how the world is experienced, uninfluenced by human assumptions, prejudices, or scientific theories (Davis, 2020). Social constructs such as racism and masculinity are quasi-transcendental structures because they are not constantly operating in consistent ways across all contexts and may be experienced differently among participants. Critical phenomenology is both philosophical and political. It does not seek just to identify a problem, but "it is also a creative, generative practice of experimenting with ways of addressing what is wrong without assuming that it can simply be made 'right,' but still aspiring to make it less wrong, less harmful, less oppressive" (Guenther, 2021, p. 8). I used this approach to develop a detailed understanding of the participants' experiences and how they interpret them while critically questioning societal structures that create and support these experiences (Guenther, 2020).

Positionality

As an MBM who has grappled with depression most of my life, the signs were evident, yet my limited understanding of mental health led to a silent struggle that I endured for years. The recognition of my own depression was a pivotal moment, but the fear of appearing vulnerable and weak initially discouraged me from seeking counseling. I eventually realized the difficulties of coping on my own and began counseling. This journey of healing proved to be a decision I never regretted. Also, as a Black man and counselor, I have witnessed the troubling lack of advocacy focused on engaging more Black men in counseling. This issue is personal to me, as I feel a calling to support and uplift other Black men struggling with mental illness through my unwavering commitment to research and advocacy.

Participants

Eligible participants needed to self-identify as MBM who have considered seeking counseling, including those who had never sought treatment. Participants needed to be 25–40 years old, following the age range of millennials at the time of the study (Dimock, 2019). Eligibility was determined through a pre-screening of demographic questions and questions regarding both interest in and experience with counseling, if applicable. These queries did not ask how many sessions the participants attended, if any. Participants also needed to identify as cisgender. Sexual orientation was not a factor in determining participant eligibility. The final sample consisted of 16 MBM with an age range of 29–34 years old located in multiple states in the United States, but most were in the Southeast (n = 9). All participants were college educated with some diversity in marital status (n = 11 single; n = 5 married) and sexual orientation (n = 12 heterosexual; n = 3 bisexual; n = 1 homosexual; n = 1 no label). Pre-screening responses indicated those who had been to counseling (n = 12) and those

who had not (n = 4). Those who had engaged in counseling reported their experiences were positive (n = 8), negative (n = 2), or neutral (n = 2). Participant demographics are detailed in Table 1.

Table 1

Participant Demographics

Pseudonym	Age	State	Sexual Orientation	Marital Status	Been to Counseling?	Experience
Jai	33	CA	No Label	Single	Yes	Positive
Dro	31	FL	Heterosexual	Married	Yes (couples only)	Negative
Jamal	31	SC	Heterosexual	Single	Yes	Positive
Andre	34	MD	Heterosexual	Married	Yes	Positive
TJ	31	SC	Heterosexual	Married	No	N/A
Malik	29	NC	Heterosexual	Single	Yes	Positive
Micah	30	CO	Heterosexual	Single	Yes	Positive
Ali	33	PA	Heterosexual	Single	Yes	Negative
Hakeem	31	SC	Homosexual	Single	Yes	Positive
Jarrell	32	TX	Heterosexual	Single	Yes	Neutral
Tariq	30	MD	Heterosexual	Single	No	N/A
Dejerrio	32	NC	Heterosexual	Single	No	N/A
Jamarcus	33	NC	Bisexual	Single	No	N/A
Travis	32	TN	Bisexual	Married	Yes	Positive
Craig	33	MD	Bisexual	Single	Yes	Positive
Khalil	32	NC	Heterosexual	Married	Yes	Neutral

Recruitment and Data Collection

After obtaining IRB approval, I used purposeful sampling for recruitment via a flyer posted by myself, colleagues, peers, and their followers who shared it on social media and in social media groups

(Hays & Singh, 2012). I also used snowball sampling by reaching out to recommended participants identified by eligible participants, colleagues, or peers (Hays & Singh, 2012). Flyers included a link to informed consent and pre-screening questions. Unexpectedly, 40 eligible participants completed the screening. After ensuring eligibility, I again used purposeful sampling to select a diverse sample of 20, ensuring the inclusion of MBM who had gone to counseling and those who had not, as well as those who reported positive, neutral, and negative experiences. Email correspondence was used to schedule Zoom interviews and provide participants with potential interview questions to help prepare well-thought-out responses once they scheduled interview times. Follow-up emails were also sent out after a week if they had not responded. I did not receive any response from four of those chosen for the sample, which led to a final sample of 16 participants. I conducted semi-structured interviews, hoping that my being a Black man would provide a comfortable and safe space for participants. Interviews lasted between 45–75 minutes. Participants were asked questions regarding their beliefs toward mental health and counseling, issues they believe prevent Black men from seeking counseling, their experiences with counseling (if applicable), and how race and masculinity have impacted their beliefs about mental health and counseling. The questions were guided by the multidimensional framework and critical phenomenology. Influenced by critical phenomenology, I developed questions to illicit responses oriented "towards creative, reparative action, beyond the clarification and diagnosis of problems" (Guenther, 2021, p. 9). For this study, that meant questions that allowed participants to provide their own interpretation of race, masculinity, and what it means to be a Black man, as well as how power and history have shaped their experiences with mental health and decisions to seek counseling (Guenther, 2021). Some examples of interview questions were:

1. What does it mean to you to live life as a Black man?
2. How would you define "masculinity"?
3. In what ways does your answer change, if any, when I say "Black masculinity"?
4. How does society view Black masculinity?
5. What would you describe as Black masculinity norms/stereotypes?
6. Have you ever been to counseling?
7. What factors influenced your decision to go or not go to counseling?
8. How would you describe your experience with counseling, if you have been?
9. What are your perceptions of the difference between counseling-seeking behaviors of Black and White men?
10. How have Black masculine norms influenced, if they have, your decision to seek counseling?
11. What advice would you give to Black men facing mental health challenges?
    a. Would you recommend counseling to another Black man? Why or why not?
    b. What do you believe can be done to encourage more Black men to go to counseling?

Trustworthiness

I used multiple strategies to ensure trustworthiness and limit the effects of researcher bias. These strategies included bracketing, reflexive journals, member checking, thick descriptions, and external auditors to ensure credibility, dependability, confirmability, and transferability (Hays & Singh, 2012). Taking a critical phenomenological approach to bracketing meant suspending hegemonic norms and acknowledging my own biases and experiences with the topic to be open to different views,

interpretations, and experiences while remaining mindful of how White supremacy and other forms of systemic oppression shape(d) the lived experiences of myself and the participants (Guenther, 2021). I used reflexive writing by keeping a journal to reflect on any biases that came up throughout data collection and analysis. I also had weekly meetings to reflect and debrief with a counselor educator with experience and knowledge in social justice–related research in counseling. This study was also reviewed by a committee of three counselor educators and a qualitative researcher in education as external auditors. I completed member checking by having participants review their interview transcripts for accuracy. Additionally, the significance of counter-storytelling as part of the theoretical framework and aligning with the critical phenomenological approach of this study meant centralizing the voices of the participants with the inclusion of multiple direct quotes to support the results of the study.

Data Analysis

After interviews were completed and transcribed, transcripts were edited for accuracy and anonymity. Participants were assigned pseudonyms, though some chose their own during the interview process. Once transcripts were reviewed and edited, member checking was attempted, and participants were emailed their transcript to ensure accuracy. Some responded confirming approval while others did not. After allowing participants a week to respond, I began analyzing the transcripts. The week also gave me time to step away from the research and return with a refreshed mindset to avoid burnout and bias.

I analyzed the data using a similar modification of Moustakas's (1994) phenomenological analysis by Eddles-Hirsch (2015) through the lens of CRT, BlackCrit, and Black masculinity. Initial analysis began while editing transcripts and journaling. Next, I analyzed each transcript while listening to the interviews, becoming more familiar with each participant's story (Eddles-Hirsch, 2015). I completed two additional rounds of analyzing transcripts, without audio, highlighting significant statements relevant to the research questions and theoretical framework. While reviewing transcripts, I also referred to journal entries written after each interview. During the third round of analysis, the highlighted statements were recorded in a separate document. Moustakas (1994) referred to this process as horizontalization and the statements as horizons. After reviewing the list of horizons to ensure there were no repetitive, overlapping, or unrelated statements, I began grouping them based on categories developed from my review of the transcripts. This grouping process was specific to each transcript and resulted in different group labels for each participant. I then compared groups across transcripts, forming clusters of statements and modifying labels as I noticed trends and connections. This process led to what I felt was data saturation and a representation of the participants' responses, which resulted in three themes and additional subthemes.

Findings

An analysis of interview transcripts resulted in the following three themes among all participants ($N = 16$): Black masculine fragility, racial distrust, and invisibility. All themes applied to both research questions, though some subthemes did not. Each theme and subtheme is described and supported with participant quotes.

Black Masculine Fragility

Black masculine fragility is Black men's discomfort, defensiveness, and avoidance of anything contradictory to perceptions of Black masculinity. It refers to Black men and their need to avoid feelings and emotions that threaten their masculinity and the sociocultural pressure placed on them to maintain the image. All participants reported socialized perceptions of Black masculinity when

referring to reasons for not seeking treatment. The expectation that Black men are supposed to be hypermasculine, emotionless, hypersexual, heterosexual, cisgender, dangerous, providers, and protectors was fluently expressed in all participant interviews. Each participant's explanation of life as a Black man included potential reasons MBM do not seek counseling. The following subthemes and participant quotes supported this theme.

Socialization

Socialization ($N = 16$) refers to social influences on the behaviors, perceptions, values, and attitudes of Black men and their masculinity. Acknowledging masculinity as a social construct, Jai stated that it is "based upon how [society] thinks boys and men should move in, exist in, and speak within the world." Dejerrio described the nuances of Black masculinity, stating, "You gotta have the threat of danger around you for Black masculinity. Even if you not that dangerous." Also, in maintaining their masculinity, Black men must be hard workers that provide for and protect those they care about. Dro stated, "My idea of a [Black] man is somebody who's able to protect and provide. Unfortunately . . . you're not allowed to have feelings. 'How dare you!'" Black men are conditioned to believe that no matter what they go through, the answer is always to grind harder.

Ali noted femininity, a threat to masculinity, must be avoided at all costs:

> You show anything that's not hyper strong, hyper tough, hyper emotionless, then you're not a man. That's feminine. . . . When Black men tend to exude things society has deemed to be feminine or Black women deem to be feminine, you really get talked about to the point where you get shamed for doing it. He can't ask for help. His struggles must be kept secret . . . [if] you complimented me, you gay!

TJ felt that masculinity had no place in counseling, stating, "I got to cut it off to go to therapy, but as soon as I leave therapy, I gotta cut it back on." Comments like TJ's shed light on MBM's internal struggles between maintaining their masculinity and seeking help. The struggles often lead to minimizing the need for counseling, as noted by Jarrell, who after attending two sessions felt he should shoulder the burden of his own mental health because he felt there were people who needed it more than him. He provides an example of Black men glorifying the act of sacrificing their emotional well-being for others' needs. Being socialized to think this way makes counseling seem like a foreign concept that some are not equipped to handle. Participants credited their childhoods and families for this way of thinking.

Media Influence

Media influence ($n = 15$) refers to the impact of media on images of how Black men should be, the lack of portrayals of Black men in counseling, and the portrayal of them not taking it seriously when they do go. Dejerrio and Jai provided examples of TV shows from their childhood that normalized White men in counseling such as *Frazier*. Dejerrio stated, "The only therapy with a Black man I can think of in a movie was *Bad Boys* when he went to a therapist and he ends up [having sex with] her." Jai discussed comical portrayals from TV shows like *Fresh Prince of Bel Air*, stating, "They went to therapy, well couples therapy . . . they started hitting each other with the balls and bats and they got into it with other people. People actually think, 'Oh this is what therapy is, it causes more drama.'" Media portrayals can also lead to distrusting counselors. Jamarcus stated, "I would be cool to talk to you if I don't feel like you'd be writing a blog about it. . . . I see y'all on movies and y'all be crazy. Or exploiting the person." The media can lead to inaccurate perceptions that counselors cannot be trusted and that counseling has no benefit to Black men.

Racial Distrust

Racial distrust refers to MBM's refusal to see White counselors. This theme is characterized by the racial differences and lack of cultural connections in counseling and was present in all participant interviews. Jai stated, "I will not, I cannot, and I do not go to any White therapists." Participants expressed concerns about White counselors not being able to understand their culture and experiences. Jamal stated, "The first person that I worked with was White, so I was like nah, I might just wipe off all White therapists and say they ain't for me." Similarly, Ali discussed his experience with a White counselor:

> The environment was just not an environment that I felt was for culturally relevant healing. It was a space that I wasn't used to. I was in this man's home. I'm walking in and I'm like "bruh, I don't even think you know how people like me grew up. . . . I'm trusting what you say comes from a place of understanding and not from 'well my book told me this and I'm going to reiterate that.' I'm Black, I'm probably not covered well in your book anyway." I came there open, but it was just reminders to stay in your place boy, "I'm big, you're small. I'm right, you're wrong. White is right, and Black is wack."

Ali's and Jamal's experiences point out the perceived lack of cultural competence for counseling Black men and the minimal consideration, if any, of Black people in theoretical approaches found in textbooks. Their experiences also show the impact that just one negative experience can have on discouraging MBM from continuing counseling, which Ali still has yet to do.

Invisibility

Invisibility refers to the lack of accessibility of Black counselors, lack of knowledge about counseling, and lack of positive testimonies. The following subthemes and participant quotes illustrate this theme.

Lack of Visible Black Counselors

Lack of visible Black counselors ($n = 9$) refers to MBM not knowing about Black counselors in their communities. Those who spoke about this barrier discussed how discouraging it was not seeing local Black counselors. Hakeem spoke of the impact on the image of counseling: "When I think therapy or when I think psychologist or counselor or shrink, I think of a little old White man or White lady, and I think of a couch." Those who thought Black counselors should be more visible felt there was not enough promotion. Jamal stated, "If I'm a person living in a town and the only therapists that I've heard of or saw ads for are White and I'm Black, that's probably going to dissuade me from seeking therapy." These statements support the need for more Black counselors in the mental health profession.

Many discussed the lack of access to counseling in Black communities. TJ discussed counseling being more accessible and acceptable for White men and the likelihood that seeking help would result in seeing a White counselor. Micah stated, "Most of the people of color that I have come to learn about are booked full of the few Black or people of color that already exists here." Micah identified how location can make it harder to find Black counselors, particularly in areas with a smaller Black population. Hakeem also discussed accessibility to mental health medication when discussing his experience with seeking antidepressants from White doctors, stating, "I have to essentially prove myself and audition for this shit . . . and it is simply because of how Black men are treated in health care." He acknowledged the racism impacting accessibility to other forms of mental health treatment.

Lack of Positive Testimonies

The subtheme lack of positive testimonies (n = 14) refers to the need for more MBM to share positive counseling experiences. Participants believed some MBM avoid counseling because they do not know of any Black men who have benefited from it. This subtheme is characterized by the impact of positive testimonies and how some MBM do not feel comfortable sharing their experiences. Hearing about positive experiences of Black men in counseling was influential for some participants who struggled with deciding to seek counseling. Regarding positive testimonies from his friends, Jamal stated, "Had they not had those discussions with me, I don't know that I would have decided to go." While Jamarcus, who has never had counseling, acknowledged the benefit of positive testimonies, the negative experiences were more significant to him. He discussed the people he knew who had gone to counseling, stating, "The majority of them, of course it helps, but I feel like there's still a large portion as well that would say 'I didn't get what I really wanted from therapy.'" Still, Jamarcus's experiences do not negate the need for more positive testimonies to outweigh the negative ones.

There are other factors that might dissuade MBM from sharing positive stories about counseling. Ali credited stigma as a deterrent to sharing, stating, "If they do, they don't talk about it because of the stigma that exists. . . . 'I would rather do this in quiet than you to make me feel bad or me to have to defend it.'" These statements identify another internal struggle for MBM when it comes to the stigma associated with counseling.

Lack of Clear Knowledge and Understanding

Lack of clear knowledge and understanding (n = 15) refers to misconceptions MBM have about counseling. Many had the wrong idea about counseling or lacked knowledge of how to seek it. Malik stated, "The reason why [they] don't go is, 1) people gonna think you crazy, 2) they think it's expensive, and 3) they don't know how to find one or what they should look for." This subtheme is characterized by counseling myths and the process of getting started.

The inaccurate belief that counseling is only for severe situations was common among those who had not gone. Tariq stated, "I think most of the things that I've dealt with mentally and emotionally had been akin to colds and stuff like that, things I wouldn't go see a doctor for." The misunderstanding of why to seek counseling is one influenced by masculinity when it comes down to MBM feeling they must admit to things being bad or more severe than "a cold." Still, there are other misunderstandings about counseling that also act as barriers.

Almost every participant who had never been to counseling stated it was too expensive. They were unaware that most health insurance plans cover counseling. Dejerrio stated, "There should be more information readily available, and the current insurance system doesn't help anything because it's so confusing." Beyond the lack of understanding of insurance policies, participants highlighted the confusion that comes with finding a counselor. Tariq stated, "Not really understanding the resources plays into it. . . . I think I'm still a little bit less clear about how to secure something like that. . . . it's not as clear to me where to go for therapy." Tariq, Dejerrio, and other participants who did not understand the process of getting started with counseling were given a thorough explanation with suggestions and resources to assist them.

Discussion

The following research questions guided this study: 1) What are the socially constructed barriers to counseling for millennial Black men? and 2) How do anti-Black racism and Black masculinity influence millennial Black men's decisions to seek counseling? The three themes derived from participant responses provided answers to both research questions. Additionally, the themes and subthemes are all consistent with the tenets and principles of the theoretical frameworks. In response to the first research question, the three themes provide specific insight about the perceived barriers. Black masculine fragility details how the social construction of race and masculinity influences the behaviors, perceptions, values, and attitudes of MBM and discourages them from seeking help. Racial distrust is a result of socially constructed racial identities that lead to cross-racial trust issues for MBM when deciding if they will seek counseling. Lastly, knowledge is a social construct, and the counseling profession can also be shaped by social norms and cultural values, which makes the invisibility of Black counselors, MBM who engage in counseling, and information about counseling results of social construction.

In response to the second research question, all three themes provided insight. The results of this study suggest MBM are socialized based on their race and gender, which impacts their views on help seeking. Because of anti-Black racism, MBM find it hard to trust White counselors, which creates a barrier to treatment when the common belief is that counseling is for and provided by White people. Systems of anti-Black racism impact the visibility of Black counselors, and Black masculinity discourages MBM from sharing positive counseling testimonies. Only race was evident in the lack of clear knowledge and understanding subtheme. The themes provide evidence to conclude that anti-Black racism and Black masculinity are barriers to counseling for MBM, discouraging them from seeking treatment.

The theme Black masculine fragility aligned with CRT, BlackCrit, and Black masculinity, and participants' definitions of Black masculinity accurately aligned with the literature (Ferber, 2007; hooks, 2004). Black masculinity establishes norms for dealing with emotions; specifically, how Black men should not express emotions, thus leading to not acknowledging their mental health concerns and seeking counseling. Participants who had never been to counseling discussed not wanting to show emotions and be perceived as feminine, gay, or weak. Though not all participants agreed with this idea, they acknowledged that it was common among MBM. Dumas and ross (2016) spoke of the significance of anti-Blackness questioning the humanity of Black people. Black masculine fragility illustrates the internalized disregard of their humanity—it is anti-Black for Black men to believe their emotions do not matter, and they are only as good as the work they do to provide and protect.

Racial distrust refers to the lack of trust and comfort MBM have with engaging in counseling from White counselors and their refusal to do so. Racism plays a significant role in this lack of trust because of the historical violence against Black people. Some participants mentioned racial trauma being both a reason MBM might seek counseling as well as a barrier. Historical racism and oppression have understandably had a significant impact on the mental health of Black men (Hoggard et al., 2019; Sellars et al., 2009). Finding a safe space to process the trauma of navigating a racist society and witnessing public racial violence may seem impossible to many MBM who feel they would have no choice but to see a White counselor. The counseling profession is dominated by White counselors, so this is a significant barrier to treatment for MBM (DeAngelis, 2021).

Some participants attempted counseling with a White counselor, but none of them reported positive results. They expressed wanting a counselor with similar lived experiences who would not need cultural references explained to them. This also highlights the perceived lack of cultural competence for working with Black men among White counselors. This aligns with the CRT critique of liberal ideology and its acceptance of color blindness and dismissal of racism, and how current systems continue to minimize White privilege and remain centered in Whiteness (Haskins & Singh, 2015). It reflects the concerns that outdated counseling practices derived from theories created by and for White men are not effective (Singh et al., 2020).

Participants felt that counseling is easily accessible for White people, and the perception of access to counseling as a barrier has been noted in previous studies (Newhill & Harris, 2007; Ward & Mengesha, 2013). It is also worth noting that this barrier impacts access to mental health medication, as evident by Hakeem's experiences with feeling the need to audition for medication from White doctors.

Invisibility also aligns with aspects of all three theories. Many participants acknowledged both the importance and lack of Black counselor representation as a reason they chose not to go to counseling or were initially reluctant to go. This theme was also reported by Black men and Black clinicians in previous research (Hackett, 2014; Ward & Besson, 2013). Black people account for less than 5% of mental health professionals, which includes more than just professional counselors (DeAngelis, 2021). In a report from The Association of Black Psychologists, they found that 11% of professional counselors identify as Black (Eutsey, 2024). Studies show that Black people in general prefer Black counselors (Ertl et al., 2019). This makes it difficult for Black counselors to meet the needs of the Black community. Another key component is the need for positive testimonies of MBM in counseling. Participants who had struggled with their decision to seek counseling stated they were more open to it after hearing about the positive experiences of Black men they knew. This relates to the impact of positive testimonies found in other studies (Francis, 2018, 2021; Ward & Mengesha, 2013). Some participants reported having or hearing about negative experiences with counseling; however, most did not speak of negative testimonies and instead spoke of the lack of positive testimonies. For those who did recall hearing about negative experiences or having them, they placed more value on the negative testimonies even if they could admit to hearing more about the positives. Additionally, the discussion of stigma related to this theme supported findings from previous studies (Cadaret & Speight, 2018; Shannon, 2023).

Implications

The misconceptions participants reported about counseling make this one of the most important aspects of this study. MBM need to understand what counseling is, why they should seek it, and how to get started. Advocacy efforts should be revised to include accurate education about counseling resources geared toward MBM. More education should also include knowledge about affordability. It should be common knowledge that counseling is part of most medical insurance plans. Many people assume it is not because they do not relate it to medical coverage; however, psychotherapy is typically included with medical insurance plans (U.S. Department of Health and Human Services, 2023). This should be addressed the same way that other more common medical procedures are detailed when explaining policies. Knowledge about financial assistance for the uninsured, such as sliding scale fees and pro bono services offered by some counselors, should also be made available.

Another way to increase knowledge and resources is more marketing geared toward MBM. Participants reported it is often difficult to find Black counselors, especially in less diverse areas. Counselor directories such as *Psychology Today* and *Therapy for Black Men* are easily accessible and

MBM need to be made aware of them. Although current advocacy efforts heavily promote awareness, increasing outreach efforts highlighting Black counselors could help encourage more MBM to seek help. This could include ads and promotional media that provide resources for finding local Black counselors. Participants also felt that Black counselors could do more to increase their visibility. Participants expressed the desire to hear more positive counseling experiences from Black men. Mental health advocates and professionals can encourage Black men to share testimonies publicly beyond their personal social networks. Social media has been a great resource for advocacy and can be used to provide more spaces for MBM to share their experiences with a wider audience, as shown by Francis (2018, 2021).

Lack of representation is a factor preventing Black men from engaging in counseling that has been consistent across literature (Cofield, 2023). As participants made clear, MBM are not likely to want to see a White counselor. An increase in marketing is a start to reaching more MBM, but the overall issue is the lack of Black counselors. This can be addressed through meaningful efforts to increase diversity in counselor education programs to recruit more Black people rather than pictures of Black people on webpages and empty promises in mission statements. Programs should target recruitment efforts to Black communities and Historically Black Colleges and Universities (HBCUs) and create scholarship and grant opportunities that fund Black students as an incentive to appeal to more Black people and increase recruitment.

These findings also provided implications for clinical practice. Participants who had seen White counselors felt they were not culturally competent. Counselors are expected to be culturally competent and should be able to provide culturally appropriate care to all clients (ACA, 2014; Ratts et al., 2016). However, it seems counselor education programs are not being as effective at teaching cultural competency as they have been charged to do. Following CRT and BlackCrit critiques of multiculturalism (Bell, 1995; Dumas & ross, 2016), multicultural counseling education should be incorporated in more than just the multicultural counseling course(s) and it needs to be restructured to include critical approaches to working with Black men and other marginalized groups (Cofield, 2023). For example, one way of improving clinical practice with MBM is using CRT and BlackCrit in counseling to promote culturally appropriate care (Cofield, 2022; Singh et al., 2020).

Limitations and Future Research

The results of this study should be considered within the context of its limitations. The use of social media and snowball sampling risked the possibility of recruiting many participants with similar views based on established social connections. The social connection also highlights that similar education might have impacted results, with all participants having some amount of college education. Results might be different with MBM who are not college educated. Also, the age range required for participation was 25–40 years old but the sample age range was 29–34 years old with the majority being 31–33 years old. Location could also be a limitation, with 11 participants residing on the East Coast and nine residing in Southern states. Additionally, results may have been different had there been more participants who had never been to counseling.

There is still a need for more research in this area. Future research could explore generational differences in perceptions of counseling among Black men. This could potentially identify ways to improve advocacy efforts for Black men of all ages. Scholars might also consider exploring the experiences of Black men who have had counseling to identify factors that contribute to retention. I hope this study will motivate more researchers to further explore barriers to counseling for Black men

as solutions are needed to help improve our mental health as we continue to navigate an anti-Black society that oppresses, traumatizes, and dehumanizes our existence.

Conclusion

The purpose of this critical phenomenological study was to explore the influence of social constructs on MBM's decisions about seeking counseling using a theoretical framework of Black masculinity, CRT, and BlackCrit. The findings of this study identified three significant themes supported by previous research. The results of this study provide more detail into previously established barriers to counseling for MBM with a more in-depth exploration of race and masculinity. I offer suggestions to improve advocacy, practice, and education in counseling Black men from the voices of MBM who have considered or actively engaged in counseling.

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Shifting Paradigms: Exploring Multicultural Approaches to Psychedelic-Assisted Therapy in Counseling

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The integration of diverse and multicultural perspectives in psychedelic-assisted therapy represents an important element within this emerging field. As the therapeutic potential of psychedelics continues to capture the attention of mental health professionals, it is essential to underscore the critical significance of considering the diverse cultural backgrounds, belief systems, and systemic influences and barriers of individuals engaging in these therapies. This article explores the importance of embracing a multicultural and social justice lens within psychedelic-assisted therapy that examines the movement through a historical sociopolitical lens. It reviews the integration of social justice and advocacy into potential treatment, highlighting how psychedelic-assisted therapy has the potential to enhance effectiveness, accessibility, and ethical foundations within the counseling profession.

Keywords: **psychedelic-assisted therapy, multicultural, social justice, advocacy, counseling**

Psychedelics are substances that alter states of consciousness (Nichols & Walter, 2021). This classification consists of substances derived from roots and plants, including cacti and fungi-like plants as well as synthetic substances that can affect perception. The association of psychedelics with the counterculture of the 60s and 70s created a stigma around usage and thwarted clinical research (Byock, 2018). However, in recent years, psychedelics have reemerged as a breakthrough therapeutic treatment modality for a variety of mental health disorders (Byock, 2018). The emergence of psychedelic-assisted therapy (PAT) and the results of clinical trials demonstrate significant improvements in treatment-resistant depression, increased psychological well-being, and overall long-lasting positive outcomes (Carhart-Harris et al., 2017; Davis et al., 2021; Mitchell et al., 2023; Ross et al., 2016). It is important to recognize the role that counselors and counselor educators will play in embracing diverse and multicultural aspects within the evolving and emerging field of PAT. Many communities of color face disproportionately high rates of mental health challenges because of a number of factors, including access to culturally competent treatment (Viña, 2024). PAT has the potential to address these disparities, but it can only do so effectively when treatment providers are cognizant of systemic barriers that may impact their clients. It is also important to recognize the influences of culture such as aspects of spirituality and the lived experiences from diverse and Indigenous perspectives within psychedelic therapeutic spaces. Psychedelic medicine use has a rich history in traditional cultures (Celidwen et al., 2023). However, the current psychedelic movement, including the research, predominantly represents Western perspectives, while leaders from Indigenous and diverse communities remain absent (Celidwen et al., 2023; George et al., 2020).

Within the current psychedelic science space, the voices and work of Indigenous communities, racial/ethnic minorities, and other historically marginalized populations often go unnoticed (George et al., 2020). Currently, much of psychedelic research excludes voices and perspectives of diverse

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populations, including those of women and ethnically diverse groups, in both research and practice. These groups must be acknowledged to ensure that they benefit from these novel approaches.

The diverse perspectives and cultural backgrounds of both counselors and their clients are important. In this article, we explore an array of multicultural considerations and address the importance of adopting a multicultural lens in the training and practice of counselors and counselor educators within the context of PAT. We aim to provide insights into and a comprehensive examination of the potential benefits, ethical considerations, and multicultural perspectives related to the potential integration of psychedelic training into counselor education and supervision. We also explore the urgent need for a culturally sensitive and inclusive approach within PAT, with a focus on areas such as cultural appropriation, legalization/criminalization, potential barriers to access, diversity in training, and research and future implications. Acknowledgment of multicultural perspectives in psychedelic therapy presents opportunities toward greater inclusivity and equity while expanding upon traditional healing approaches. Adopting this approach can enhance the efficacy and ethical foundation of these treatments within diverse communities.

Multicultural Considerations in Psychedelic-Assisted Therapy

Psychedelic substances have deep historical and cultural roots in many Indigenous and other traditional practices worldwide (K. Williams et al., 2022). Many Indigenous groups express concern over the cultural appropriation of psychedelics by Western medicine (Celidwen et al., 2023). Understanding the cultural meanings, rituals, and beliefs surrounding traditional plant medicine and psychedelic use can help counselors provide culturally competent care and avoid appropriating or misinterpreting these practices. Therefore, it is important that mental health professionals and educators approach PAT with sensitivity and awareness of diverse cultural perspectives. These considerations align with the American Counseling Association's (ACA) Social Justice Competencies by encompassing and explaining the cultural contexts of psychedelic use, respecting traditional healing practices, and promoting inclusivity while ensuring equitable access to treatment (Ratts et al., 2016).

Disparities in Psychedelic Research

Current research demonstrates that PAT is emerging as a promising therapeutic approach by offering potentially transformative treatments for a range of mental health–related issues. Early PAT researchers conducted controlled trials that demonstrated the safety and efficacy of psilocybin-assisted therapy in the context of end-of-life distress and cancer-related anxiety, depression, and addiction (Griffiths et al., 2006). The trial showed psilocybin-assisted therapy improved psychological well-being and reduced symptoms of anxiety and depression (Griffiths et al., 2016). In addition, controlled studies conducted in recent years have provided compelling evidence of the potential efficacy of psychedelics in treating mental health disorders, such as treatment-resistant depression, post-traumatic stress disorder, and substance use disorders (Bogenschutz et al., 2015; Mitchell et al., 2023).

The recent clinical trials pertaining to PAT offer great promise and beneficial impacts to mental health and well-being. However, these trials historically have limited the inclusion of Black, Indigenous, and people of color (BIPOC) and other marginalized populations (Michaels et al., 2018; K. Williams et al., 2022; M. T. Williams et al., 2020). For example, a study examining recent PAT clinical trials reported 85% of the participants identified as non-Hispanic White and 5% or less of the participants identified as people of color (Michaels et al., 2018). The lack of participation in the research may be due to factors such as historical mistrust (e.g., trauma linked to medical experimentation), lack of cultural sensitivity, accessibility, stigma and discrimination (e.g., legal ramifications), and non-inclusive recruitment

strategies (George et al., 2020; Michaels et al., 2018; Thrul & Garcia-Romeu, 2021; K. Williams et al., 2022). Furthermore, in the most recent phase-2 MDMA trial, only 9.5% of the participants identified as being ethnically diverse (Mithoefer et al., 2011). Subsequently the sample from the phase-3 trial showed improvement toward diverse sampling (Mitchell et al., 2023). In a study examining ketamine-assisted therapy, researchers reported that all clinicians in the trial identified as White, while 89% of the participants also identified as White (Herzberg & Butler 2019). This data has important implications for current and future studies, as current results may not be as generalizable to the greater population (Michaels et al., 2018). Even with the increase and interest in psychedelic-related research, the recruitment and inclusion of diverse populations is lagging. Because researchers have primarily conducted empirical research in psychedelic medicine with a majority of White male participants, there is a lack of knowledge about the impact of PAT on minoritized populations (Viña, 2024). The absence of diverse ethnic and minority population representation may hinder the advancement of PAT. Inclusion of diverse groups may offer the opportunity to customize treatment approaches that may be better suited to people of color.

Cultural Impacts of Legalization

The contexts of sociopolitical landscapes contribute to societal resistance and stigma around psychedelic therapy (Curtis et al., 2020; Hearn et al., 2022). The demonization of psychedelics in the media as well as government campaigns like the war on drugs not only contributed to the stigmatization of these substances and the perception that their use was inherently dangerous, but also fueled fears of a societal impact (Beckett et al., 2006; Sessa, 2016). This resistance can manifest both within counseling communities and the broader cultural context. Additionally, navigating the legal and regulatory challenges associated with multicultural psychedelic therapy adds layers of complexity to its integration into mainstream mental health practice (Marks & Cohen, 2021). The nature of the legalization and criminalization of psychedelic substances has led to hesitancy and resistance among both researchers and mental health professionals (Curtis et al., 2020; Hearn et al., 2022). Resistance to the integration of psychedelic therapy within counseling communities is often rooted in historical narratives, ethical concerns, and misconceptions associated with use (Smith et al., 2022). Many clinicians may fear the legal consequences, professional repercussions, and social stigma surrounding PAT. These impacts may discourage many educators and clinicians from exploring the therapeutic potential of these substances. This could perpetuate a lack of knowledge and formal training within counselor education, leaving educators and clinicians ill-equipped to integrate psychedelics into education and practice. Addressing this resistance requires comprehensive education initiatives within counseling programs. Educators and professional organizations must foster an open dialogue that provides accurate information about the therapeutic potential of psychedelics.

Some jurisdictions have begun to reconsider their approach through a growing recognition of the need for a more evidence-based and compassionate approach to drug policy. States like Oregon and cities like Denver, Colorado, have decriminalized the use of psychedelics (Siegel et al., 2023). The reevaluation of criminalization has opened doors for advancement in scientific research, leading to a resurgence of interest in therapeutic applications (Smith et al., 2022). Moreover, criminalization may limit access to PAT for individuals and communities that may benefit most from these treatments (Devenot et al., 2022). The illegal status of psychedelics presents challenges for patients to find qualified professionals who can provide these therapies legally and safely. Furthermore, the lack of access creates barriers for individuals to explore alternative and potentially transformative treatments for conditions that may be unresponsive to conventional approaches (Smith et al., 2022). Dismantling decades of stigma and overcoming criminalization will require continued advocacy from the counseling profession and mental health field.

Presently, ketamine stands as the only available legal substance that is often classified as psychedelic treatment in the United States. Ongoing research and evolving regulatory landscapes may pave the way for more legal options in the future (Dore et al., 2019). Although most psychedelics remain Schedule I controlled substances, making them illegal for recreational or therapeutic use, practitioners have legally used ketamine to treat treatment-resistant depression. Medical professionals have administered the drug under supervision in various clinical settings, offering hope to individuals who have not responded to conventional antidepressant therapies (Dore et al., 2019; Marks & Cohen, 2021). In the past, the legal classification of psychedelics as Schedule I substances, coupled with strict regulations, have made it challenging for researchers to obtain the necessary approvals and resources to conduct studies. However, researchers have put forth guidelines for testing psychedelics (Johnson et al., 2008). Although more federally funded clinical trials have emerged to highlight the benefits of PAT in recent years, underground use of the substances in community, therapeutic, and spiritual contexts has disproportionately impacted diverse and Indigenous communities (Williams et al., 2022). Furthermore, even with evidence of potential benefits of PAT, state and federal regulatory guidelines create barriers for the use of psychedelics in treatment (Byock, 2018).

Impacts of Criminalization

The current sociopolitical climate and the overcriminalization of drug use continue to further stigmatize communities of color (Ching, 2019). Almost half of incarcerated individuals are in prison because of drug-related offenses (Buehler & Kluckow, 2024). Black men are imprisoned at a 5.7% higher rate than their White counterparts for similar convictions (Buehler & Kluckow, 2024). Racial disparities among drug arrests continue to persist. Because of these factors, people of color may feel less safe from a legal standpoint and may display more hesitancy to explore psychedelic-related therapeutics (George et al., 2020). People from historically marginalized communities may also be resistant to the use of psychedelics and PAT because of these implications (Ching, 2019). Additionally, psychedelic medicine has been underutilized to treat issues such as race-based trauma within communities of color. A study conducted by M. T. Williams et al. (2021) found a significant reduction in anxiety and depressive symptoms in participants who utilized psychedelics for the treatment of race-based trauma. However, if clinicians are not properly trained and do not understand the mechanics of racism, they can add to their clients' trauma (Smith et al., 2022). In addition, researchers have argued that the current psychedelic-assisted model of therapy does not properly train counselors to treat BIPOC populations (Smith et al., 2022).

On a broader cultural level, because stigma surrounding psychedelic use persists, it often hinders individuals from diverse backgrounds from considering or openly discussing PAT (George et al., 2020). This stigma is rooted in societal misconceptions, fears, and historical prejudices; it may also include mistrust of the practitioners engaging in this mode of therapy (Smith et al., 2022). Addressing this stigma requires collaborative efforts between mental health professionals and community leaders. Public awareness campaigns that are culturally sensitive as well as education programs and community engagement initiatives can be utilized to challenge stereotypes and misinformation. These efforts should not only emphasize the potential benefits but also any associated risks of PAT. These efforts can assist in the destigmatization of PAT and validate its use as a legitimate therapeutic modality. Without legal access to psychedelic-assisted therapeutic modalities, historically marginalized populations remain vulnerable to criminalization. Advocacy efforts should focus on disseminating information geared toward acknowledging past drug policy harm and the potential for psychedelic healing. Addressing these barriers through advocacy and policy are essential to ensuring equitable access.

Ethical Considerations

The historical use of these substances for spiritual, cultural, and personal purposes challenges the notion of gatekeeping and medicalization. Therefore, ethical considerations extend beyond therapeutic settings to also encompass the possible recreational use of psychedelics (Pilecki et al., 2021). Gatekeepers who limit access to these substances raise questions about equity and personal autonomy. At the same time, there is a risk of overly medicalizing psychedelics, which may strip away the rich cultural and spiritual heritage that has been integral to their use.

Cultural Appropriation and the Commodification of Psychedelic Experiences

Incorporating diverse and multicultural perspectives into the framework of PAT presents ethical challenges, particularly concerning the risk of cultural appropriation. Cultural appropriation refers to the adoption or use of elements from one culture by individuals or groups, often from a more dominant culture, without understanding, respect, or permission (Sue et al., 2022). Issues may arise in the context of PAT when people appropriate cultural practices or substances with deep historical or spiritual significance. One of the primary ethical considerations revolves around the respect for Indigenous knowledge and practices. Indigenous cultures have utilized psychedelic substances in their spiritual and healing rituals for centuries, and the current psychedelic movement faces challenges with the cultural and historical appropriation of these traditional healing methods (George et al., 2020). The appropriation of these practices without the involvement, permission, or benefit of Indigenous communities raises substantial questions about cultural exploitation and ethical responsibility. For example, the financial exploitation of plant medicines, without direct benefit to Indigenous peoples, could lead to unsustainable extraction of plant medicines, making them unavailable for communal use (Celidwen et al., 2023).

Indigenous and other cultures from around the world have long-standing traditions of working with psychedelic substances for spiritual and therapeutic purposes (Field, 2022). Many Indigenous cultures position the aspect of spirit as an integral component of healing and understanding (Field, 2022). The exploration and use of psychedelics in therapeutic contexts must confront the ethical challenges associated with cultural appropriation and the commodification of psychedelic experiences, which may exclude aspects of spiritual influences. Some may argue that in many Western-based PAT options, there is often an absence or underrepresentation of the integration of spiritual or transcendental aspects (K. Williams et al., 2022). Studies have shown that participants who undergo PAT, such as psilocybin-based therapy, highly correlate mystical or spiritual experiences with treatment (Reif et al., 2020). Although these treatments primarily focus on the clinical and therapeutic benefits of psychedelics, they may sometimes overlook the profound spiritual or mystical experiences that these substances can induce (Griffiths et al., 2006). The subjective nature of spirituality and the hesitance to incorporate it into scientific and clinical models that seek measurement of experiences as validation methods may be contributing factors (Sessa, 2016; K. Williams et al., 2022). However, for many individuals, the spiritual dimension of their psychedelic experiences is deeply meaningful and transformative (Griffiths et al., 2006). Recognizing the spiritual aspects and the potential for personal growth, healing, and enhanced well-being is important in order to offer a comprehensive and holistic approach to psychedelic therapy. This approach respects the diverse ways in which some individuals find meaning and make connections through these experiences.

Medicalization and Decolonization

The historical exploitation of Indigenous practices, including the appropriation of sacred rituals, also encompasses commercialization of psychedelic substances (Devenot et al., 2022). Because of a number of promising studies, many companies and entities are positioned to profit from the therapeutic

potential of psychedelic medicines by seeking to patent psychedelic substances (Marks & Cohen, 2021). Marks and Cohen (2021) argued that this may allow a small number of companies to act as gatekeepers, further restricting access to these emerging therapies. However, many marginalized groups, including Indigenous populations, do not receive these benefits (George et al., 2020; K. Williams et al., 2022). By not acknowledging the cultural roots of classic psychedelics, the colonization and appropriation of these practices may result in the erasure and exploitation of Indigenous knowledge and traditions (K. Williams et al., 2022). Mental health professionals engaging with psychedelic therapy must critically examine and address these concerns to ensure ethical and respectful practices.

As a profession, counselors must ensure that the voices of all cultures, including those who have stewarded plant medicines for millennia, are not lost and that advocacy becomes part of the PAT framework in order to create a more equitable future for all. Counselors should approach these practices with humility, respect, and a commitment to cultural preservation. PAT must acknowledge and address power dynamics, particularly in the context of historical and ongoing debate concerning the use of psychedelic substances. The Multicultural and Social Justice Counseling Competencies provide a guide for praxis to address these issues (Ratts et al., 2016). The current focus on medicalization and profit can overshadow the cultural, spiritual, and therapeutic significance of psychedelic experiences (Devenot et al., 2022; Schwarz-Plaschg, 2022). Furthermore, medicalization attempts to position Western approaches to Indigenous practices as the only legitimate way to utilize these substances may lead to restrictions and regulation of access (Schwarz-Plaschg, 2022). Mental health professionals need to recognize the impact of colonialism on Indigenous practices and the potential for appropriation of psychedelic plant medicines (Sessa, 2016). Educators and practitioners should actively work to dismantle power imbalances by engaging in ethical collaborations to promote the inclusion and empowerment of historically marginalized communities.

The Role of Counseling in Advocacy, Access, and Equity

PAT shows promise for addressing major facets of mental health disparities, particularly among vulnerable and underserved communities (Thrul & Garcia-Romeu, 2021). These communities often face higher rates of mental health–related issues, including trauma, depression, anxiety, and substance abuse, and they could potentially benefit significantly from these innovative therapies (Thrul & Garcia-Romeu, 2021). Counselors should prioritize access to these treatments in communities that are often disproportionately affected by mental health challenges (Herzberg & Butler, 2019; Michaels et al., 2018; Sevelius, 2017; Thrul & Garcia-Romeu, 2021; Williams & Labate, 2020). Psychedelic therapy should strive for equitable access, ensuring that individuals from all backgrounds can benefit from this modality. This requires addressing barriers such as costs and accessibility. Mental health professionals should work toward making PAT accessible and affordable (Herzberg & Butler, 2019; Michaels et al., 2018). This is particularly relevant for economically marginalized communities that have historically faced barriers to accessing quality mental health care. Many individuals from underserved and marginalized communities may face financial limitations that present as a barrier and could potentially limit access, preventing them from pursuing these investigative treatments (K. Williams et al., 2022). For PAT to be equitable, it is essential to consider financial accessibility. Being proactive and advocating for insurance coverage of PAT could significantly enhance access. This, in turn, can increase health and social disparities faced by these communities. As the field of PAT evolves, addressing these issues becomes increasingly important. Counselors must ensure future equitable access to PAT, as equity aligns with the broader goals of counseling and fundamentally links the idea that everyone, regardless of their cultural or socioeconomic background, should have access to innovative and effective mental health care.

Advocacy for policy changes is crucial for improving access to and equity in PAT. Counselors, counselor educators, and the broader mental health community can play a significant role in advocating for policy changes and greater access as these modalities become further legalized. Legal reforms can help decriminalize psychedelics and regulate access to PAT. The creation of standardized training and evidence-based guidelines is essential for those who wish to integrate PAT into their practice (Marks & Cohen, 2021).

Furthermore, counselors can embed PAT in a broader framework of multiculturalism and social justice advocacy by aligning it with the counselor social justice advocacy competencies. (Ratts et al., 2016). This involves addressing historical and ongoing injustices and actively working toward decolonizing practices and systems. Educators and clinicians engaging with PAT should recognize their role in advancing social justice and commit to principles of equity, inclusivity, and cultural empowerment. By approaching PAT with cultural humility and a commitment to ethical practice, professionals can contribute to a more inclusive, respectful, and responsible approach.

Moreover, multicultural perspectives bring depth to the therapeutic process itself. Different cultures have their unique healing practices, spiritual beliefs, and worldviews regarding altered states of consciousness. By embracing multicultural perspectives, counselors can expand their understanding of healing, embrace diverse approaches to well-being, and tailor PAT to meet the specific needs of individuals across cultural backgrounds (Sevelius, 2017). Promoting diversity and inclusivity within the field by training, providing educational opportunities to individuals from diverse backgrounds, and prioritizing the inclusion of diverse perspectives in research and practice can help promote equity. Development of inclusive policies that address historical injustices as well as ethical and cultural considerations aimed at reducing disparities in access related to psychedelics is crucial (M. T. Williams et al., 2020).

Multicultural Perspectives, Strategies, and Implications for Practice

Integrating multicultural perspectives into counseling practice is important for fostering inclusive and effective mental health care, particularly in emerging fields like PAT. Integrating diverse viewpoints and practices can help address systemic barriers, promote inclusivity, and enhance therapeutic outcomes for marginalized populations and other underrepresented groups. By addressing issues related to diversifying psychedelic research, diversifying the counseling workforce, and emphasizing culturally responsive approaches, counselors can create spaces that address diverse experiences. This section outlines actionable steps and strategies designed to incorporate multicultural frameworks into training, research, and practice.

Psychoeducation for Advocacy in Psychedelic-Assisted Therapy

Counselors play a pivotal role in advocacy efforts for PAT by providing psychoeducation that empowers everyone—clients, marginalized communities, and the general public. Counselors can tailor psychoeducation to address the historical use of psychedelics and tackle issues related to marginalized populations, including common barriers to access. One strategic approach is to have counselors engage with clients and communities and educate them about the current changing legal landscape surrounding psychedelic substances, which includes regulatory changes and clinical trials that are shifting the conversation toward wider acceptance (Nichols & Walter, 2021). Providing accurate information about the safety, efficacy, and cultural history of psychedelics, specifically in non-Western and Indigenous contexts, can help reduce stigma and promote informed decision-making (George et al., 2020).

Additionally, professional counselors can offer a variety of workshops and community outreach programs that discuss the therapeutic potential of psychedelics and address concerns specific to underserved communities, such as fears of legal ramifications or historical trauma linked to medical experimentation (George et al., 2020; K. Williams et al., 2022). Legal reforms will help decriminalize psychedelics and regulate access to PAT. This approach should be culturally responsive to ensure that materials and discussions are tailored to the needs, values, and historical experiences of these populations.

Lastly, counselors can advocate for systemic change by collaborating with state and local organizations and policymakers to disseminate information about the potential benefits of PAT, specifically for treating trauma-related disorders in communities of color (Doblin et al., 2019; M. T. Williams et al., 2020). Counselors must also advocate for insurance coverage by lobbying through a call for action to reduce financial barriers for marginalized groups. Through a psychoeducational approach, counselors will advocate for more equitable access to PAT.

Diverse Representation in Psychedelic Research

Discussing multicultural approaches in PAT helps researchers and counselors develop cultural competence, address biases, tailor treatment to individual needs, foster trust, empower clients, and promote social justice. By embracing a multicultural lens, researchers can create more effective and inclusive protocols for care that respect and acknowledge the diverse cultural backgrounds and identities of their clients (Scharff et al., 2010). Considering cultural factors in research of PAT is essential to ensure that therapy is relevant, respectful, safe, and inclusive (George et al., 2020). It promotes cultural sensitivity that acknowledges the diversity of human experiences, which aids counselors in providing effective and meaningful support to their clients so that PAT is accessible to individuals from diverse cultural backgrounds.

Diverse representation requires cultural sensitivity training to produce culturally competent research teams consisting of clinicians, researchers, and support staff. One strategy is to offer training that focuses on respecting and understanding diverse beliefs, values, cultural practices, and communication styles (Brennan & Belser, 2022). Diverse representation also entails having culturally different populations as participants in clinical trials. Engagement and collaboration must be addressed when tailoring recruitment strategies, dealing with barriers to access, enhancing language accessibility, and combating historical stigma through community education (Herzberg & Butler, 2019). Recruitment strategies using educational programs that specifically target underrepresented groups should involve culturally relevant communication channels to reduce stigma and increase awareness about psychedelic research within diverse communities.

Partnerships with community organizations and collaboration with community leaders will promote insight into specific cultural nuances and values and help build trust within diverse communities (Williams & Labate, 2020). Ethical considerations, including informed consent, privacy, and confidentiality, must be carefully addressed while also respecting and integrating the cultural contexts and values of participants (Smith et al., 2022). Along with increasing awareness, collaboration identifies barriers, such as financial constraints and transportation, that prevent marginalized individuals from participating. Adapting PAT protocols by incorporating traditional healing practices and spiritual elements that are meaningful to participants from diverse backgrounds creates additional cultural sensitivity around including culturally different populations (Celidwen et al., 2023). Diverse representation in psychedelic research is not only an ethical imperative, as

outlined in the ACA *Code of Ethics* (ACA, 2014), but also is essential for producing results that impact diverse populations. It is vital to ensure that individuals from a broad spectrum of cultural and ethnic backgrounds understand the benefits and risks of PAT.

Diversifying Psychedelic Training and Workforce

Specific guidelines for PAT vary and remain unclear (Schwarz-Plaschg, 2022). Moving forward, it is imperative that the counseling profession and governing bodies work together to create diverse training and treatment modalities. Furthermore, it is important that future PAT is reflective of people from diverse backgrounds to better fit the needs of people of color. Many current protocols and training programs are developed without input from diverse voices, which can result in a lack of cultural awareness regarding participants' experiences (Buchanan, 2020). Incorporating a diverse array of clinicians from various backgrounds into psychedelic therapy training is a crucial step in ensuring the cultural relevance and effectiveness of these therapeutic approaches. Ensuring clinicians are culturally competent in training will help to build trust and rapport with clients from diverse backgrounds. Addressing mental health disparities within marginalized communities will also aid in culturally appropriate treatment approaches. Clinicians of color and clinicians from other diverse backgrounds bring valuable perspectives and cultural insights that enrich the field and promote a more inclusive, equitable, and effective approach to psychedelic therapy. Having a diverse workforce also aligns with and promotes the broader principles of social justice and health care equity. In the current landscape of psychedelic research and practice, people of color and women are often overlooked as leaders (Buchanan, 2020; George et al., 2020). Diversity in the workforce also reinforces the importance of making access to PAT equitable through representation. One strategy for diversifying the workforce is to encourage counseling programs to partner with other PAT training programs and offer scholarships and fellowships for training that create educational opportunities for marginalized students, thus promoting diversity and inclusivity. These scholarships and fellowships can specifically fund trainings for historically marginalized students.

As the counseling profession begins to explore ways to incorporate PAT into counselor training, embedding multicultural counseling competency as a foundational element of their PAT curriculum is recommended. One example could include introducing PAT in a counseling theories course as an emerging therapeutic framework to potentially treat treatment-resistant disorders. Exploration of PAT can also be included in a multicultural counseling course. This requires the inclusion of coursework that explores the history, cultural significance, and modern therapeutic applications of psychedelics across different cultures. Students should learn how various communities have actively integrated psychedelics into their healing practices for centuries, particularly in regions where plant medicines play a central role in traditional health and spiritual rituals.

Counseling programs may also include courses that provide specific training on addressing the cultural and historical trauma that may arise in clients from marginalized communities. For instance, the war on drugs disproportionately impacted Black and Indigenous communities in the United States, which may influence how they perceive psychedelics and PAT (Buchanan, 2020; Carhart-Harris et al., 2017). Counselors must receive training on acknowledging and addressing historical traumas when working with clients from these backgrounds, utilizing trauma-informed approaches that validate their experiences and build trust (Williams & Labate, 2020).

In addition, counselors must develop skills in culturally relevant communication to effectively engage with clients from various backgrounds. This includes being mindful of how different communities and clients may interpret the psychedelic experience. For example, some Indigenous

groups may share experiences through a spiritual or shamanic lens, while others may relate their experience to their unique cultural background. Counselors should receive training from culturally competent PAT practitioners and established PAT programs to adapt their communication styles to respect cultural nuances and avoid the imposition of a singular Western therapeutic approach (George et al., 2020).

Community Collaboration

Collaborating with diverse communities in the context of PAT is crucial for fostering culturally sensitive practices that honor traditional knowledge and ensure ethical integration into modern therapeutic frameworks. A potential strategy is for counselors to form community partnerships with individuals from the cultures whose practices are being integrated and ask these individuals to offer valuable insights and guidance on ethical considerations. An example from the literature describes panels from Indigenous communities creating a list outlining eight ethical considerations for engaging in psychedelic medicine. They include concepts pertaining to Indigenous knowledge, nature, and ways of being and knowing (Celidwen et al., 2023). These panels can help ensure that cultural perspectives are appropriately integrated into the therapy process. Moreover, collaboration with Indigenous and other cultural communities should involve mutually agreed-upon benefit-sharing arrangements. These arrangements can include providing financial support, resources, or other forms of reciprocity to recognize the value and utilization of the used cultural knowledge. Collaborating with Indigenous communities and leaders through engagement and partnerships can guide the creation of culturally sensitive and ethically appropriate practices and training while incorporating traditional healing and spiritual elements into research and training protocols. This collaboration can help create culturally competent research teams with diverse representation that can aid in recruiting underrepresented groups for clinical trials through education and trust building. This continual evaluation helps minimize cultural appropriation and preserves cultural sensitivity, which aligns with ethical principles that promote inclusivity, respect, and justice. These principles correspond with the multicultural and social justice advocacy competencies (Ratts et al., 2016).

Conclusion

Looking ahead to the future of counseling in psychedelic therapy, it is essential to acknowledge and honor the Indigenous and other cultural history and traditional use of these substances. Many cultures have maintained profound relationships with psychedelics as healing tools for generations by utilizing them in sacred rituals and healing practices (Fotiou, 2020). This cultural context offers valuable insights into the therapeutic potential of these substances and underscores the need for cultural humility and acknowledgment within the field of PAT. Recognizing Indigenous knowledge and practices not only informs our approach, but it also highlights the importance of collaborating with these communities and leaders (George et al., 2020). By doing so, counselors can foster a more inclusive and equitable future for PAT.

By acknowledging the diverse ways in which individuals experience healing, PAT has the potential to break down barriers and reduce mental health disparities. The future of PAT rests significantly in the hands of counselors and other mental health professionals. Additionally, culturally competent and inclusive psychedelic training can address disparities and promote equity in mental health services. As ambassadors of mental health and well-being, counselors can play a pivotal role in shaping the narrative around PAT. Educators bear the responsibility of imparting the knowledge, skills, and cultural competence required to navigate this evolving landscape. Incorporating psychedelic education into counseling programs equips future professionals with the skills to meet

the diverse needs of their clients. Counselors can assist in these efforts by actively engaging in destigmatizing PAT, advocating for legal reforms, and promoting cultural humility that recognizes the significance of multicultural perspectives. Embracing multicultural perspectives in PAT is not merely an ethical imperative; it is a guide toward a more compassionate and holistic vision of mental health and well-being. Counselors, as educators, clinicians, and advocates, have the potential to shape a future that integrates the potential significance of PAT with cultural competence, offering profound respect of diverse experiences.

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