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## “It Is Nice To Be Seen, Not Gazed At”: A Reflection of Using PhotoVoice and Critical Participatory Action Research With Queer, Trans, Black, and Indigenous People of Color in Substance Use Disorder Counseling

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### **Abstract**

This article focuses on the reflexivity process associated with studying Queer, Transgender, Black, and Indigenous People of Colors’ experiences in substance use disorder counseling. Specifically, this article explores the authors’ experience working with QTBIPOC in substance use disorder counseling, studying QTBIPOC counseling research, researching QTBIPOC lived experiences in substance use disorder counseling, and utilizing QTBIPOC affirming research methods in understanding QTBIPOC lived experiences. This article is especially important as it interrogates what it means to identify as a Queer researcher while studying the lived experiences of QTBIPOC. This article also includes implications for conducting counseling research in studying QTBIPOC lived experiences with culturally responsive frameworks.

### **Keywords**

critical participatory action research, QTBIPOC, PhotoVoice

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# **“It Is Nice To Be Seen, Not Gazed At”: A Reflection of Using PhotoVoice and Critical Participatory Action Research With Queer, Trans, Black, and Indigenous People of Color in Substance Use Disorder Counseling**

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## **Introduction**

Research has demonstrated inequitable treatment for Queer, Transgender, Black, and Indigenous People of Color (QTBIPOC) in substance use disorder counseling (Lyons et al., 2015; Senreich, 2011; Simons et al., 2018). As a substance use disorder counselor who works with LGBTQ+ communities in counseling, I have seen firsthand experiences of how counselors engaged in non-affirming counseling practices with QTBIPOC. In this article, I, the main author, reflect on my professional experiences in working with QTBIPOC in substance use disorder counseling, my use of PhotoVoice and Critical Participatory Action Research when exploring the lived experiences of QTBIPOC in substance use disorder counseling, the collective insights brought together by additional authors to inform this study, as well as future directions for promoting affirmative research practices with QTBIPOC when trying to learn more about their community concerns.

## **LGBTQ+ Identities Matter**

As I, the main author, reflect on the experiences of working with non-affirming clinicians in counseling work, I remember how many times I had to correct other clinicians on clients’ pronouns in counseling. I have met and worked with QTBIPOC clients who would come to me, as one of the only openly self-identifiable LGBTQ+ clinicians, to speak with the lead clinicians about using their correct pronouns in counseling. When discussing treatment options with lead clinicians who had been working in the counseling field for much longer than

I had, I was often met with confusion and hesitation when speaking up about the need to use correct pronouns from these other clinicians. Experienced clinicians would tell me that they did not know enough about QTBIPOC populations and would nonverbally convey nonchalance as if the QTBIPOC identities of these clients were not relevant to consider in counseling care. Reflecting on this experience reminded me of my responsibility to let other clinicians know that QTBIPOC voices matter and need to be heard in counseling. When looking further back at my experiences as a substance use disorder counselor, I realize that not many clinicians have been formally trained in supporting LGBTQ+ individuals through substance use counseling, as well as the need to continue training substance use counselors on the impacts of cisgenderism and heterosexism, as described in literature as far back as 2012 (Chaney & Brubaker, 2012; Singh et al., in press). Overall, the broader literature supports the need for enhanced training among substance use disorder counselors, as part of reminding counselors of the importance of LGBTQ+ identities and voices in counseling care.

### **Trans Identities Do Not Have to Be Visible to Matter**

Meeting Shelley (pseudonym) was an unforgettable interaction in my counseling work when I think about providing affirmative counseling to trans populations. In the gaze of cisgenderism and gender binaries, Shelley presented to the world as a traditional elderly Black man living in the South. As we should know, when interacting with Trans and Queer communities, there is more to gender expression than what is traditionally taught within gender binary socialization. For example, how one person traditionally dresses when navigating social spaces does not always represent their gender identity. During her intake, Shelley sat across from me wearing dress pants, a buttoned-down shirt, and an eager smile on her face. Shelley wanted to participate in counseling to seek recovery from alcohol abuse. As she looked at her surroundings, she told me her name, aside from the legal/dead name printed on her folder and her pronouns. Shelley also disclosed her experiences when receiving inpatient care at my workplace. Specifically, she discussed how other clinicians and patients did not take her gender identity seriously and labeled her “psychotic” and “mentally loose” because she did not visibly express herself as a woman per gender binary standards. Others in Shelley’s life did not take her seriously as a woman as well.

I promised Shelley I would take her identity seriously and speak with the other clinicians about her identity. As I discussed her gender identity and expression with the other clinicians on my treatment team, I detected an uneasy facial affect from the other clinicians, almost as if they did not have a choice but to abide by my requests to take her gender identity seriously. I walked away from these interactions with satisfaction and sadness on my mind. Specifically, I felt great about advocating alongside Shelley to validate her identity in counseling, yet I was saddened by the idea of what could have happened without my interference. Based on experiences documented in the broader literature, it is not uncommon for QTBIPOC to experience various forms of discrimination in healthcare, whether that is related to healthcare providers ignoring QTBIPOC clients’ names and pronouns or the tendency to only refer to the gender/sex assigned at birth as identified on personal identification documents, especially in counseling settings (Chang et al., 2017; Morris et al., 2020; Senreich, 2011). These interactions made me aware of the vital need for QTBIPOC affirmative substance use counseling and the mistreatment that can occur without QTBIPOC affirmative perspectives in current practice.

### **“Could I Use Your Help? I Don’t Understand QTBIPOC People”**

Throughout my career, I reflect on the times that substance use and mental health counselors asked me for guidance about working with QTBIPOC clients. Specifically, I have been asked questions such as, “I don’t understand this gender thing. Are they Trans male or Trans female? What is Queer?” As I looked around at the clinicians asking me these questions, they had all obtained their master’s degrees in counseling, while some had been working in the field for many years longer than I had. While it has been a joy to support other clinicians in understanding and supporting QTBIPOC clients, these occurrences brought up significant concerns for me about counselor training when working with QTBIPOC communities. Even though I am a gay-identified counselor who specializes in working with QTBIPOC communities, why are there still so many clinicians who feel confused about how to provide QTBIPOC affirmative counseling care? How many QTBIPOC community members have become disadvantaged by working with clinicians who do not understand QTBIPOC life experiences or identities?

While it is important to me to engage in cultural humility when I encounter clinicians who are still developing their multicultural competence, I simultaneously feel that our QTBIPOC communities deserve better in receiving counseling care. QTBIPOC deserve to walk into a counseling space and receive support from clinicians who feel ready to learn from and support these communities, with a foundational understanding of QTBIPOC and minoritized life experiences. This concerning inconsistency in counselor education is a gap that this experience with research addresses, by providing readers with the opportunity to learn more about QTBIPOC lives and their struggles in receiving affirmative counseling care.

### **Reflections on Reviewing QTBIPOC Substance Use Counseling Research**

As I reflect on the current state of research on QTBIPOC substance use disorder counseling experiences and my professional experiences with QTBIPOC counseling care, I feel a grim yet unsurprised reaction. Throughout the research, I recognized participants’ narratives through the themes of QTBIPOC feeling isolated throughout their counseling by structural discrimination (e.g., binary gender segregation, dead-naming, lack of LGBTQ+ representation in counselors, etc.). I also recognized themes related to how cisnormative policies harm QTBIPOC when receiving substance use disorder counseling. Specifically, I remembered witnessing the distress placed upon QTBIPOC as they were forced to share living quarters with others based on the gender binary spectrum. This experience was incredibly hurtful to see when, for example, Queer and Trans women were worried about how cisgender men would treat them as they were forced to share living spaces in treatment.

Themes related to experiencing affirmative support from counselors are themes that I can also personally connect with throughout my work as a counselor, mainly through the feedback that I have received from QTBIPOC throughout my work experience. Specifically, my skill set in having a foundational understanding of QTBIPOC lived experiences, as well as affirming and respecting QTBIPOC identities, were consistent with the feedback I have received as a clinician, as well as with the skill sets of affirmative counselors described in the research (Benson, 2013; Lyons et al., 2015). Overall, the research points out that despite advances made in providing multicultural support to QTBIPOC in counseling, QTBIPOC minority stress in counseling still needs to be addressed further to improve QTBIPOC counseling (Chavez et al., 2016; Goodyear, 2020; Hudson & Romanelli, 2020). Furthermore, despite some conversations about multiculturalism and privilege throughout my graduate education, there has been little conversation about promoting multicultural counseling in substance use disorder counseling, let alone about QTBIPOC experiences in substance use

disorder counseling. Instead, the silence about these topics produces a harmful message to the counseling field.

Specifically, the counseling field receives messages that if we want to provide affirmative care to QTBIPOC communities in substance use disorder counseling, we must rely solely on the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2015) to inform our counseling. Specifically, the Multicultural and Social Justice Counseling Competencies illustrates the importance of clinicians being mindful of the integration of awareness, knowledge, skills, and advocacy, and encourages counselors to explore ways to enhance their competencies in providing multiculturally affirmative counseling care (Ratts et al., 2015).

While this foundational training is paramount, it provides only a glimpse into how to directly address the community concerns of QTBIPOC in substance use disorder counseling. As a QTBIPOC affirmative counselor, counselor education must do more within their formal training efforts to provide effective multicultural education for counselors in training, rather than just encourage counselor educators to seek out these competencies on their own, to produce effective counselors in the field whom QTBIPOC can rely on for support and care. Overall, these previously described experiences, as well as experiences that come from consulting with QTBIPOC regarding ways to enhance QTBIPOC affirmative counseling, raise questions about how much focus and attention counselor education provides to multicultural substance use disorder counseling training.

### **Studying QTBIPOC Lived Experiences in Substance Use Disorder Counseling**

While exploring the lived experiences of QTBIPOC in substance use disorder counseling, I experienced various reactions during my interactions with QTBIPOC. Specifically, I experienced the need to clarify with QTBIPOC community members that I wanted this research project to create social movements and transformations led by them, not by myself, the researcher of this project. I also experienced some discomfort in asking QTBIPOC about their lived experiences and how to address community concerns due to feeling like an outsider as a gay, cisgender man of color. However, experiences of vulnerability also came forward as QTBIPOC community members asked me about my personal experiences in recovery. These experiences of shared vulnerability created a space of intimacy and trust where deeper feelings about experiences in substance use disorder counseling could emerge. The following sections of this article will explore these experiences in further depth in the hopes that aspiring researchers can discover the value and insights that come with embracing feelings of discomfort and vulnerability during qualitative research with minoritized communities.

#### **“I Don’t Want to Be Your Savior”**

While studying QTBIPOC experiences in substance use disorder counseling, meaningful interactions emerged while exploring these experiences. For example, I can remember how QTBIPOC community members would say things to me like, “God bless you for doing this work,” as well as statements, such as, “I’m so glad that you are doing this work.” While these sentiments were encouraging to hear as I worked with QTBIPOC community members, I also experienced some doubts about the thoughts and feelings that can arise from such praise.

Specifically, I thought about how individuals in helping roles could develop a *savior complex*, which could create false ideas about being a hero for minoritized communities while also benefitting selfishly from their pain to feel good about doing work with minoritized communities (Raypole, 2021).

The *savior complex* is not a new concept and has been a point of conversation for many educators, counselors, and activists engaging in social justice work with minoritized communities (Raypole, 2021). Specifically, the savior complex is an identity and idea that obscures one's participation in systemic oppression because those who are saviors to minoritized communities turn to their social justice work to deny any responsibility for perpetuated systemic oppression in which they may also participate (Raypole, 2021). Therefore, understanding how the savior complex operates is critical for reflexive research practice, especially when engaging in collaborative work with minoritized communities to disrupt oppressive dynamics in counseling and research settings. Furthermore, understanding the savior complex can help researchers develop accountability practices for how they themselves participate in systemic oppression without using their work as a source of personal denial. Therefore, as I continue to build research relationships with minoritized community members, it is essential to me that I continue to exercise self-awareness to prevent further harm and exploitation towards minoritized communities in general research practice.

### **“We Are a Community”**

During my collaboration with QTBIPOC community members, I experienced nervousness. Identifying as a gay, cisgender man of color, I possessed outsider identities when building relationships with QTBIPOC community members. Being an outsider in this research can be intimidating for some researchers, particularly because research is a process, not a product, that asks researchers to scrutinize their role in research production, as well as the social roles that influence the conduction of research (Bourke, 2014). Specifically, as a researcher, I did not want to be an intrusive outsider when exploring the lived experiences of a minoritized community to which I did not belong. Therefore, during my first interview with QTBIPOC community members, I felt very nervous about my questions. I did not want to be intrusive and make QTBIPOC community members feel like they were being examined as research subjects. However, I asked community members about their feelings regarding how they felt about being asked questions by an outsider. One of the community members, Tyron Rose (pseudonym), responded: “We are a community.” This statement took me aback as more community members provided further responses aligned with Tyron Rose's feelings. Specifically, many community members expressed their gratitude that I was doing this work with them and holding space to share their stories through pictures and community dialogue. Knowing that I did not want to be a savior for QTBIPOC through this research project, I felt very warm when QTBIPOC community members invited me into their community space as they discussed their most vulnerable experiences with minority stress and with receiving support for minority stress.

After my focus group interview with Tyron Rose and other community members, I continued to reflect on what they said about feeling like I was part of their community. Based on the theory of cultural mistrust (Mizock & Harkins, 2009; Ridley, 2005), I understood how sacred the welcoming I received from QTBIPOC community members is in researching with minoritized communities. Specifically, cultural mistrust is defined as a form of mistrust that stems from a history of racial prejudice and oppression, whether this takes form across one's lived experiences or even generations (Ridley, 2005). Therefore, as a researcher and advocate, I embraced this sacred trust and incorporated my welcoming into the QTBIPOC community to ensure that their voices were represented in ways that co-advocate for their community concerns about substance use disorder counseling. However, the nervousness that I experienced in interacting with QTBIPOC due to feeling like an outsider provides further insight into how non- QTBIPOC counselors may feel when trying to support QTBIPOC communities in counseling settings. This observation warrants further research on comfort levels among non-

QTBIPOC counselors and researchers when working with QTBIPOC in substance use counseling.

### **“Tell Us About Your Story”**

As I asked QTBIPOC community members to share their experiences in substance use disorder counseling, I found myself experiencing that question reflected at me. Specifically, some community members asked me to tell them my story of substance use counseling as a minoritized person as a guiding point and opportunity to build trust with the community. It became clear to me that some community members wanted to know about my purpose in doing this research with them. So, I took a deep breath and shared my experiences in addictions counseling with my participants, especially when I myself, struggled with a dependence on pornography and sex back in 2015.

While my experience in addictions counseling was overall positive and supportive, I knew from my experience working with outpatient substance use counselors that there were inconsistencies in the quality of counseling care provided to QTBIPOC. Specifically, I would often hear about experiences of minority stress among the QTBIPOC I would work with in counseling institutions as they were forced to conform to gender-binary standards and experience microaggressions from their counselors. Based on these experiences in the counseling field, I knew that the counseling field needed to focus on honoring QTBIPOC voices if we were to provide QTBIPOC affirmative counseling services.

Still, my ability to share my own experiences as someone recovering from addiction put QTBIPOC community members at ease. The conversation then further examined the incongruences present in substance use counseling with racially minoritized communities, especially when they hold identities across the LGBTQ+ spectrum. This experience further illuminated how valuable self-disclosure can be in building trusting relationships during the research process, especially when addressing concerns of cultural mistrust that emerge in research work with minoritized communities (Mizock & Harkins, 2009; Ridley, 2005).

### **Reflections on Utilizing Critical Participatory Action Research With QTBIPOC**

Critical Participatory Action Research (CPAR) was an essential foundation for my research with QTBIPOC community members. Critical Participatory Action Research is an emancipatory research tradition that not only focuses on collective and diverse perspectives of community members, but also a tradition that challenges the power held by researchers to decenter researcher perspectives and to instead focus on empowering the voices of community members involved in research participation (Fine & Torre, 2019). Critical Participatory Action Research alters the focus from researcher goals to minoritized voices who are often overshadowed and exploited to support researcher goals (Fine & Torre, 2019).

During my research, I focused on three aspects of CPAR. First, I focused on a social analysis of community issues with focus groups (Kemmis et al., 2014). This aspect of CPAR was significant to QTBIPOC community members, given that many participants were grateful to be brought together to discuss each other's experiences in substance use disorder counseling. I also felt that this experience was significant to me because this epistemology resonated with my passion for coordinating group dialogue for social change. In focus groups, Wallerstein and Auerbach (2004) reflect on how creating a space for listening, dialogue, action, and reflection can lead to necessary group dialogue that inspires social justice change and community action.

Furthermore, when multiple voices can come together and share their lived experiences, a personal transformation takes place for all participants, especially when speaking about minoritized experiences. As a group worker in the counseling profession, this shared



experience was an example of the transformative aspects of CPAR when exploring community concerns.

Secondly, using CPAR allowed me to engage in self-reflexivity as a researcher (Kemmis et al., 2014). What makes CPAR unique and valuable to qualitative research philosophies is that CPAR encourages the researcher to become critical about their research practices and build self-awareness about the impacts of one's qualitative research when working with minoritized communities. My entire journey in becoming a social justice researcher reinforced the importance of leaning into discomfort to develop deeper insights into power dynamics and oppression in research relationships. Furthermore, critical perspectives in research are necessary to challenge preconceived notions of research, especially when critiquing the façade of objectivity in research practice (Kemmis et al., 2014). Specifically, embracing a critical perspective in research practice allows researchers to deconstruct positivist ideas in research that minimize the lived experiences of individuals for objectivity and instead prioritize the lived experiences of community members as essential sources of data (Kemmis et al., 2014; Pewewardy & Almeida, 2014).

Lastly, CPAR allowed the researcher and community members to plan transformative action, followed by the listening and dialogue that takes place in participatory action (Fine & Torre, 2019; Wallerstein & Auerbach, 2004). Goodman et al. (2004) defined social justice as action that allows minoritized communities to gain access to tools of self-determination.

Engaging in social justice action is an essential ingredient of CPAR because actual social justice change cannot occur without action or community empowerment. Furthermore, this aspect of CPAR was enjoyable for the researcher and community members because we all got to hold a space of empowerment as we shared ideas on making a positive difference for QTBIPOC in substance use disorder counseling. Specifically, QTBIPOC community members were able to ask for more support spaces for them and led by them as part of ongoing substance use recovery.

Overall, utilizing CPAR during this qualitative study was an approach that emerged through creating a supportive space for QTBIPOC community members, where community members could be heard and understood when expressing their community concerns. As part of my natural approach to creating a supportive space for groups, I significantly focused on my use of narrative humility to engage in active listening and understand their lived experiences rather than try to capture as much information as possible, to master one's knowledge of minoritized experiences (DasGupta, 2008). I also felt that using CPAR was naturally congruent with my person-centered approach to counseling. Specifically, both approaches utilized a rapport-building process focused on staying present with community members' needs and lived experiences (Fall et al., 2017).

### **Reflections on Utilizing PhotoVoice and My Methods**

A few insights became apparent through my use of PhotoVoice in this study.

PhotoVoice is a participatory action research-based methodology based on the understanding that people are experts regarding their own lived experiences (Wang et al., 1996; Wang & Burris, 1997). Through my use of PhotoVoice, I learned that sharing pictures during the interview is about telling us what community members see rather than what can be physically seen in the picture. Wang and Burris (1994) originally described PhotoVoice research as an opportunity for individuals to document and communicate their realities through photos and images, which became apparent throughout this research study. PhotoVoice is especially congruent with Participatory Action Research due to the disruption of traditional research paradigms that prioritize the researcher's views, the emergence of minoritized

perspectives through personal perspectives, and a story-telling process that can lead to social justice change (Leung & Flanagan, 2019; Smith et al., 2012). Specifically, I felt more deeply connected to the lived experiences of QTBIPOC in substance use disorder counseling through not only seeing the facial expressions presented in pictures and images but through the feelings they communicated during the interview as they shared their visual perspectives in counseling. By allowing community members to share their feelings and experiences with me through discussing their images, an invitation to community members' inner thoughts, feelings, and experiences was created and held during the focus group sessions.

Secondly, I learned that there are multiple ways to present one's lived experiences through pictures and images. Specifically, one of the QTBIPOC community members took the time to draw out their experiences and how they felt in substance use disorder counseling. Furthermore, they used multiple drawn images to openly visualize their growth through their connections made in substance use disorder counseling. This form of photo-elicitation was significant to the PhotoVoice process, given that not only did community members visually share their experiences, but they also put their artistic creativity into sharing their life experiences with the focus group. Also, the "SHOWED" technique was helpful during this experience. The SHOWED technique consists of multiple elements portrayed through the acronym, "SHOWED". Specifically, the following elements are considered and used in SHOWED technique: (1) "What do you **See** in this photograph?" (2) "What is **H**appening in this photograph?" (3) "How does this relate to **O**ur lives or to other members in our campus community" (4) **W**hy do these issues **E**xist?" and (5) "What can we **D**o about these issues?" (Bardhoshi et al., 2018). Through the SHOWED technique, community members could describe what is happening in the images and reveal their lived experiences through visual storytelling (Bardhoshi et al., 2018). This experience in PhotoVoice research also reminded me of the importance of not perceiving PhotoVoice literally. Photos do not need to be solely taken by a camera to illustrate community needs. Furthermore, this experience encourages community members to show their life experiences in any way that creates a picture of their inner worlds and community needs.

Lastly, I learned that community dialogue matters significantly compared to analyzing what is seen in a picture when conducting PhotoVoice research. Specifically, Wang and Burrell (1997) represent PhotoVoice as a launching point for community members to promote critical dialogue and discuss minoritized life experiences during the research process. Despite the foundational elements involved in PhotoVoice research such as asking community members to share what is being shown in their pictures, the pictures involved in the research process provide voice to minoritized communities as they reflect on their life experiences outside of the picture's context. As a PhotoVoice researcher, this point was essential for me to remember so that I did not become too immersed within the pictures' interpretations and therefore lose focus on the community concerns that produced these pictures and images.

### **Reflections on Utilizing Peer Researchers in CPAR and PhotoVoice**

During this research study, I recruited the help of three mental health professionals who identify as Queer, Trans, Black, and/or Indigenous in exploring the narratives of QTBIPOC community members to ensure that QTBIPOC experiences were being represented accurately in this study. It was my hope that through consulting with multiple Queer professionals, I could gain a deeper insight into my understanding of QTBIPOC narratives. Specifically, Logan Riddle, Jacklyn Byrd, and Jay McCalla were the three mental health professionals that helped me explore QTBIPOC narratives and their experiences in substance use disorder counseling. Logan Riddle identifies as a White/Queer person specializing in working with QTBIPOC in community mental health. Logan is a second-year doctoral student in counseling psychology

at the University of Georgia and offered their help to ensure that QTBIPOC are heard accurately in their experiences as Queer people when navigating substance use disorder counseling. Jacklyn Byrd holds a master's degree in mental health counseling. Jacklyn Byrd works across the American Society of Addiction Medicine's (ASAM) continuum of care, providing individual, family, and group therapy to substance users across the lifespan. In terms of lived experience, they are a White Transfeminine Queer person committed to training in diversity, equity, and inclusion, focusing on anti-racism. They also have extensive training in motivational interviewing, harm reduction, cultural humility, and social justice. Furthermore, they offered their help to ensure that QTBIPOC narratives are affirmed and honored in the research when planning ways to enhance substance use counseling for QTBIPOC. Lastly, Jay McCalla identified as a Trans person of color who specializes in working with QTBIPOC across various mental health issues in clinical work. Jay is a first-year doctoral student in counseling psychology at the University of Georgia and offered his help to ensure that QTBIPOC voices were uplifted and affirmed throughout the research process.

Critical insights emerged during the peer review process in their reflections on the data. First, Logan openly questioned my conceptualization of Queerness, given how I openly identified as an outsider to Queer experiences in substance use disorder counseling. As a Queer person, Logan openly reflected on how Queerness encompasses many different sexual identities and forms of gender expression that are not straight or cisgender (Saint Thomas & Hsieh, 2020).

Furthermore, Logan emphasized how Queer identities steer away from gay identities usually associated with White and gay men. As a gay and Hispanic male identified person, Logan asked me to examine further why I saw myself as an outsider to Queer culture, as a gay person of color. In conjunction with QTBIPOC community members, Logan further elaborated on how Queerness accepts all who are non-straight and welcomes this diversity under their umbrella of protection and identification.

Jay felt that QTBIPOC community members were respected and heard throughout the research process. Specifically, Jay recognized the importance of culturally affirmative interview styles when interacting with minoritized communities during the research process. Jay pointed out that the use of romantic and localist interview styles was an element of the study that affirmed QTBIPOC experiences, especially when QTBIPOC experience cultural mistrust and minority stress throughout their counseling relationships (Alvesson, 2003). Furthermore, Jay reported that because of romantic and localist interviewing styles, QTBIPOC community members feel safe enough to share their traumatic experiences in counseling and trust another counseling professional with their experiences in substance use counseling during the research process. Jay's reflection confirmed the benefits of romantic and localist interviewing styles in counseling research and further reinforced the need for more research on using these interviewing styles in counseling research.

Jacklyn utilized their insights as a substance use counselor to point out the power of community support in recovery. Specifically, they noticed and reflected on the importance of community and social engagement when utilizing QTBIPOC role models during the recovery process. Their observations also pointed out the importance of community engagement to create awareness in the community, especially when reaching out to youth about harmful substance use behaviors, to promote harm reduction perspectives and abstinence-based perspectives when discussing substance use recovery. Jacklyn's insights into the research data illuminate the various possibilities that can be accomplished when engaging with QTBIPOC communities in enhancing substance use care.

Given how substance use counseling can be both helpful and harmful to QTBIPOC communities, Jacklyn openly imagined the possibilities that QTBIPOC can engage in when promoting community healing practices. Furthermore, Jacklyn was focused on the lens of

empowerment that QTBIPOC can use in helping each other throughout the recovery process, which is a beneficial influence that QTBIPOC are requesting as part of their substance use counseling. Jacklyn's perspectives in examining QTBIPOC narratives were beneficial to the research process, given the critical lens Jacklyn provided to the tools and community strengths that QTBIPOC already bring to the recovery process through their insights and experiences.

Counselors and counseling institutions must take these insights into account and closely collaborate with QTBIPOC community members to engage in community strengths to transform how counseling institutions provide QTBIPOC affirmative counseling care.

Overall, utilizing peer researchers in Critical Participatory Action Research and PhotoVoice provided additional and essential perspectives to QTBIPOC narratives in enhancing substance use counseling practices. Specifically, bridging the QTBIPOC voices of community members and mental health practitioners uplifts QTBIPOC voices and promotes further social justice action between counselors, researchers, and QTBIPOC community members.

### **What CPAR and PhotoVoice With QTBIPOC Can Offer Counseling: Implications for Counseling Research**

Engagement in PhotoVoice and Critical Participatory Action Research has much to offer the counseling field, especially when utilized with minoritized communities. Specifically, critical epistemologies and methodologies can enlighten counseling research in unique and liberation-based ways. My engagement in PhotoVoice and Critical Participatory Action Research provides insights to the counseling research field, including opportunities for self and community awareness, community collaboration, and empowerment for minoritized communities.

#### **Self and Community Awareness**

PhotoVoice and Critical Participatory Action Research provide opportunities for counseling research to develop perspectives rooted in self and community awareness.

Specifically, these methodologies and epistemologies focus on working with participants to explore and address community concerns that participants would like to change (Fine & Torre, 2019). For example, PhotoVoice and Critical Participatory Action Research have been used with QTBIPOC to explore lived experiences and structural violence against QTBIPOC in school settings (e.g., see Bardhoshi et al., 2018; Cavanaugh, 2019). These approaches to counseling research are opportunities to discover, explore, and understand community issues that impact minoritized communities, which helps bridge any disconnects between understanding minority stress on a theoretical level and understanding minority stress from those who have experienced it.

PhotoVoice and Critical Participatory Action Research also provide opportunities to develop self-awareness, which is vital in affirmative counseling and research with minoritized communities (Singh, 2019). Utilizing these approaches to counseling research place researchers in a position to reflect on their social location when interacting with minoritized communities. This point is critical to consider, given that minoritized community members may ask about your life experiences in connection to their own experiences. Exploring minoritized experiences in counseling research allows researchers to reflect on their own life experiences and how these experiences shape relationships and perspectives built with minoritized communities, which makes self-awareness essential when engaging in counseling and research work with minoritized communities. These community and self-awareness-building opportunities are essential in developing culturally affirmative counseling research.

## **Community Collaboration**

In addition to awareness building, CPAR and PhotoVoice provide unique opportunities for developing counseling research through the prioritization of community collaboration. In utilizing these research approaches, counseling research merges with social justice work in action, which is unique to research approaches that mainly focus on analysis and observation. With the call for counseling practitioners to engage in social justice work, these approaches provide a practical solution for counseling researchers to think about how they can engage in social justice work through their research practices (Arredondo et al., 2020; DeBlaere et al., 2019).

As a counselor and researcher, I did not know how impactful it would be to engage in community work, accompanied by a critical research lens. Through my approach of unconditional positive regard, I got to watch minoritized participants blossom through sharing their thoughts and ideas with each other about different ways to address community concerns. As Michael A. said to me during the study, “We don’t have to do this alone.” Research collaboration with community members provides a unique opportunity to work together to address community concerns, where community members get to experience the support of a researcher in ways that tell minoritized communities that researchers are ready to fight alongside them for social justice change.

## **Empowerment for Minoritized Communities**

In community dialogues with minoritized participants, community members expressed the need for more spaces to talk about community concerns with each other and hear each other’s ideas for social change. CPAR and PhotoVoice allow counseling researchers to hold a unique space where community members do not feel observed by a researcher and experience a space where the participants themselves have power in the conversation. This experience was evident during my time in the research process, where participants felt empowered to share and were shocked about the permission they were given to speak freely. This paralysis that transformed into an open and free space of self-expression among minoritized participants showed the need for more spaces where minoritized community members can freely speak their minds and speak about their passion for change.

Counseling researchers must be challenged to think about modifying their research practices to ensure that the research process transforms the literature and the participants in a positive and liberating way. Furthermore, there is a need for increased research on the impact of advocacy in promoting well-being among minoritized communities and social change, especially in counseling research practice (Singh et al., 2020). By providing spaces of empowerment for participants, participants can discover and bask in feelings of hope to change the future (hooks, 2003; Hudson & Romanelli, 2020). Empowering participants is also part of the resilience-building that can be helpful for QTBIPOC during the recovery process, which is further inspiring for QTBIPOC who are simultaneously navigating substance use recovery and community concerns with substance use counseling (Jost & Janicka, 2020). Therefore, empowering participants during the research process is part of the social justice work necessary to remind minoritized communities that they have allies present with them in tackling community concerns rooted in oppression.

## **Recommendations for Engaging with QTBIPOC in Counseling Research**

This section explores recommendations for engaging with QTBIPOC in counseling research work. Despite my previous training and counselor development, I did not fully

understand these insights until my immersion in this research project. I hope that counseling researchers consider these insights as they plan their research work with minoritized community members in the hopes that counseling researchers develop enough self-awareness to navigate the most vulnerable parts of working with minoritized communities in qualitative counseling research.

### **Be Authentic With Minoritized Communities**

There is great importance in making sure that we are always being authentic with minoritized communities. It is easy to become self-conscious and to want to impress your participants due to your efforts in engaging with them in social justice-informed work. However, suppose we do not embrace authenticity in our work. In that case, we miss opportunities to engage our self-awareness with minoritized participants, creating a sense of inauthenticity in relationships with minoritized communities and promoting cultural mistrust (Ridley, 2005). On the other hand, when we are open and truthful about our intentions in researching with minoritized communities, it creates a more open space for truth, reflection, and insight building about the research process.

### **Do Not Be Afraid to Connect With Your Participants**

When I asked my participants questions about their life experiences, I was more shocked to find that participants were interested in my life experiences and the experiences of their peers. I felt conflicted during those moments because I wanted to reserve these reflection spaces for my participants. However, being asked to share with the participants was also an opportunity to connect with my participants. While I am an outsider as a non-Trans person, I am an LGBTQ+ community member of color in active recovery from addiction. I wanted to know more about where this connection could take us through self-disclosure, and when I took that chance during the research process, minoritized community members reportedly felt glad that I opened up with them. Furthermore, these moments produced opportunities for deeper disclosure and reflection on QTBIPOC experiences in recovery. When participants ask you to share why you are holding this space with them, it is essential to reflect on the benefits of being open with your participants, especially when working with minoritized communities exploring experiences of cultural mistrust in counseling environments.

### **Let QTBIPOC Take the Lead and Listen to Their Stories**

It is also vital to allow minoritized community members to lead in counseling research spaces. We have to remember that by being the lead researchers of research projects, we hold socially dominant identities as researchers in academia. We already have so much social power by entering a research space with minoritized community members. I learned this when asking community members to share their ideas for social change, only to be met with paralysis and uncertainty. Specifically, I watched participants ponder about and wonder whether this space was truly for them to say what they wanted to say rather than provide formal answers they thought researchers wanted to hear. When QTBIPOC community members realized that this space of community dialogue building was for them, these community members openly expressed the need for more spaces like this in academic research. Liberation-based praxis occurs when we distribute the social power in research spaces, allowing participants to talk openly without letting the space be solely focused on our research objectives. By letting QTBIPOC take charge in research spaces, we honor their personal and lived truths and inspire them to become activists alongside us as we fight together for social change.

## Conclusion

Conducting this study on the lived experiences of QTBIPOC in substance use disorder counseling truly showed me the gifts that come with social justice-informed research practice. By speaking with QTBIPOC community members, I felt genuinely connected to the communities directly impacted by minority stress. I felt connected to the community power that we shared as we brainstormed strategies for social change. Furthermore, community members felt connected with me, especially when operating from research perspectives that allow QTBIPOC to be seen and not gawked at by a researcher. As someone who felt alone when struggling with minority stress myself, this study was also transformative for me, the researcher, as we continue to explore and develop research projects that promote truth building, co- advocacy, and community healing to disrupt systemic oppression towards minoritized communities.

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