Dr. Rebecca Daniel-Burke: This is Dr. Rebecca Daniel-Burke, your host for the American Counseling Association’s 2015 Podcast Series. Today, we are speaking about queer people of color and intersectionality issues in counseling. Adrienne Erby is one of our two presenters. Adrienne Erby, PhD, NCC, received her Master’s in Community Counseling from Oklahoma State University, and her PhD in Counseling from the University of North Carolina at Charlotte.

Dr. Erby has Mental Health Counseling experience in college counseling, hospice care, K-12 schools and mental health agencies. She currently works as an assistant professor at Argosy University, Washington DC. Dr. Erby has presented on LGBTQ issues in counseling at numerous conferences including the American Counseling Association, Southern Association for Counselor Education and Supervision, Association for Counselor Education and Supervision, North Carolina Counseling Association, and The Bob Barret Distinguished Lecture Series and Multicultural Conference at UNCC. She has been an Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling member since 2011 and has served as President of the ALGBTIC chapter of the North Carolina Counseling Association.

Christian Chan, our other presenter, MA, NCC is a second-year doctoral student in Counseling with the Graduate School of Education and Human Development at The George Washington University. He received his MA in Clinical Mental Health Counseling with GWU and currently serves as an admissions counselor for the GWU College of Professional Studies. His broad interests revolve around multicultural counseling, multicultural supervision, and social justice. He is specifically interested in intersectionality of cultural identity, acculturative stress, intergenerational conflict, and ethnic identity development and socialization. His prior professional experiences include working as a case manager with foster care adolescents and working as an outpatient counselor, providing individual, couples, parent-child, and family counseling service.

Welcome, Dr. Adrienne Erby and Christian Chan.

Dr. Adrienne Erby: Thank you so much for having us.

Dr. Rebecca Daniel-Burke: Absolutely. Okay, I'm going to dive--

Christian Chan: Thank you for having me.

Dr. Rebecca Daniel-Burke: Oh, thank you Christian. Okay, I'm going to dive into the questions. The first one is for Adrienne Erby. Tell us about the term 'queer people of color' and what that means.

Dr. Adrienne Erby: Well, I think this is a really important thing, is understanding the language when it comes to Lesbian, Gay, Bisexual and Transgender etc. Queer is a catch all phrase. It's more inclusive of various sexual orientations and gender identities than the individual labels of Lesbian, Gay, Bisexual, Transgender. It can often serve as
an umbrella term for sexual minority, and even though there has been historical negativity with this term, many people actually use it currently to self-identify, because it is more broad and it is more inclusive. And now along the same lines, person of color is also more inclusive and more broad, and it refers generally to racial minorities. So many people also prefer this label. They may not self-identify with their racial group, but just say, “I'm a person of color.”

So when we refer to queer people of color, we're generally focused on the experience of an individual with multiple minority identities. So sexual minority, racial minority -- because it is a really inclusive, and I think a very unique experience.

**Dr. Rebecca Daniel-Burke:** I've noticed that some people, particularly some people in the latter generations, will hear the word queer and think that we're being unpleasant or we're being somehow discriminatory against somebody, but that's not the case. Correct?

**Dr. Adrienne Erby:** Absolutely.

**Dr. Rebecca Daniel-Burke:** What's the history of that term being used? Do you know how long it's been used? I know in San Francisco, it's been used for a long time.

**Dr. Adrienne Erby:** It has been used for a really long time. There's the whole queer theory, and a lot of it really has to do with this lack of binary “either-or” categories and really a label that's more inclusive.

**Dr. Rebecca Daniel-Burke:** Okay. Christian Chan, what do counselors need to know about the experience of queer people of color? I'm sure there's a lot, so please tell us.

**Christian Chan:** Sure. I would say particularly, when we think about what drives our counseling profession and what defines our counseling profession -- we think about these areas in multiculturalism. And within that, these are two distinct and intersecting identities of culture. And so, we think about -- I think what Adrienne was speaking about earlier, particularly with the two cultural identities, that they are an encompassing term that covers various different ways of defining identity. So when you think about two cultural identities, you think about sexual identity and we think about also ethnic and racial identities. So I think that when we go through those terms, it affects representation as individuals, so it's not just saying that, "Oh, that person only fits within this particular cultural identity," that they have to navigate between two different cultural identities and that they are representing a very different unique experience. So it isn't always the same for someone who identifies particularly as a bisexual Asian-American, or for someone who identifies as a black lesbian woman. I think that there's very different ways in the way how that negotiation process lends itself to, and it affects how a lot of these processes impact the individual.
So when we think about when somebody is represented as a queer person of color within their community, that they don't necessarily have these experiences that they didn't say, “Just because I shared this one identity with you, doesn't necessarily mean that I will have the same experiences that you do.” And I think that when it's no longer this monolithic experience that we think about, and that we can't just parse out these identities to say, "Oh, you must be experiencing this because you have this particularly identity", but then the complication is that the other identity is a part of who we are and that we can't just eliminate that. So I think that there is -- and it goes back to the earlier discussion that there is diversity within the community itself, even though the terms are exclusive.

**Dr. Rebecca Daniel-Burke:** Tell me, let's say I'm a counselor -- I've actually gotten this call from a counselor who's in rural, rural Oklahoma, and does not have any other counselors near her, and a client comes to see her and it's a queer person of color -- a young person comes to see her and wants some counseling. Is there something this person should know ahead of time as a counselor? Is there something she should ask this client, to know ahead of time? Any thoughts on that? Either of you hop in.

**Dr. Adrienne Erby:** Well, I think that one of the things to know -- and I'm also speaking as someone who's coming from rural Oklahoma, and it's familiar -- but I think an important thing to know is just to create a safe space, and so, broach those issues in counseling. We might have a lot of similarities and differences, and these might be related to race, gender, sexual orientation, religion, etc., and so I want you to feel safe and comfortable talking about those with me. I might not know everything, but I really want to understand your experience. And I think that evens the playing field.

**Dr. Rebecca Daniel-Burke:** Absolutely, then you can learn together, right? You could read some books, look at some articles and maybe both learn something together?

**Dr. Adrienne Erby:** Absolutely, it's a very relational process, and I think that we have to really include that in our clinical work.

**Dr. Rebecca Daniel-Burke:** Okay Adrienne, in practice, what do you think counselors often miss when working with queer people of color? I'm assuming it's a lot, but answer that question please?

**Dr. Adrienne Erby:** Absolutely. And I want to build on what we were just talking about. We miss out on opportunities for clients to talk about their experiences. Counselors tend to fall into one of two traps, and the first is just to avoid these conversations entirely. And largely because of a fear of saying the wrong thing, or saying something that comes across as ignorant or offensive, or just being a little bit uncomfortable with their own identity or experience. So there's one option, is to avoid it, or the other trap is to over-focus on one identity, to the exclusion of other identities.
So I have read this textbook and I understand these common themes about black clients. Well, that's great, but you have to understand it a little bit more broadly. If you're talking to an African-American gay man, you really do need to understand not just what it is to be an African-American, not just what it is to be a gay man, but how do these identities and experiences influence one another. So we have to be really careful to not become really reductionist in our thinking, so that we only see a portion of the person and not the whole person in context. I would say that's probably the biggest thing.

Dr. Rebecca Daniel-Burke: Yes. And maybe at the end of this podcast write up, we can put some names of some books or articles that you think might be helpful for somebody who is in a very rural setting, and could be helped by this. Do you know someone you could list on our podcast?

Dr. Adrienne Erby: Oh, absolutely. We'll definitely get those to you.

Dr. Rebecca Daniel-Burke: Great, okay. Christian, how do multiple minority experiences and minority stress impact clients? I've been thinking a lot about minority stress lately, Christian, because of all the Ferguson and the Baltimore and all of those things going on. What do you think?

Christian Chan: I always operate from a perspective of how we orient ourselves in our counseling profession on the notion of wellness, and that wellness is developmental, it's holistic. And so, there's so many ways that it affects us and I think that when we see what happens, particularly for somebody who adopts minority identities and has multiple minority experiences, is there are several effects that really come into play. It really is the -- there's definitely lower mental health outcomes, there's a lower sense of safety, and in that lower sense of safety sometimes what happens is that there's a lower utilization of services.

So help seeking behavior, when we think about help seeking that people no longer feel safe to actually seek help within the community, and who do they go to, who are they actually going to say, "I actually feel safe to actually see a counselor for this particular reason, and just to be able to share my story and my experiences." Particularly, what we've seen in some of the research historically with public health research, mental health research, is that there is a higher incidence of suicidal ideation that happens, particularly when somebody experiences being a multiple-minority. And then even beyond that, some of the terms that come to play, double jeopardy, where somebody's experiencing both sets of potential discrimination or negative effects within that. And even in a more contextual aspects, I think when somebody experiences the Impostor phenomenon, it's really this idea saying -- that I am who I am, I have my experiences, and because I'm a minority that sometimes my experiences is the reason why I got to this place, that the reason why I've been held in high regard, but that's not necessarily -- what it does sometimes is it actually limits the experiences that they have and actually becomes -- going back to what Adrienne was saying about the reductionist aspect of it -- that it's no longer saying that your identity may have been the reason for why you are
in a place of success or why you are in a place of great well-being. So I think that those are some different areas to consider when we think about multiple minority experiences.

Last but not the least, one of the other aspects is the invisibility that happens. I think that sometimes in negotiating that process, that sometimes between those two identities for queer people of color, that it's almost as if you don't count in one sphere or you count in another, or you don't count in this particular group or context. There can be a huge risk of discrimination within groups, and that's sometimes what the silence -- the silence in particular for queer people of color, is that when they face the discrimination with the groups, who do they go to? How do we create a safe environment for them to live well?

**Dr. Rebecca Daniel-Burke:** Adrienne, how can counselors more effectively work with queer people of color? And I do think of people who are practicing in remote areas, who maybe don't have as much experience as people who say live in San Francisco and are practicing -- so how can we be more effective?

**Dr. Adrienne Erby:** One of the things that I think is important, is really for counselors to have that vulnerability; to be ready to learn and learn from their client and with their client. And I don't think that that's always comfortable for a lot of counselors to do, shockingly, given our profession. But I think that it can be hard with clients, especially when it's something that you either don't know much about or maybe a little bit uncomfortable. But we do have to be really vulnerable and learn as much as we can from our client about their individual experience.

So the other thing that I would say is really recognizing multiple experiences of repression. And so, recognizing that that happens in that individual's own community as well as from the dominant culture. It's not like it's coming just from one end, but it's coming from everywhere. I think a good example is, if you were to take a White American, a Korean-American and an African-American, they may have some similar experiences as gay men in a dominant heterosexual world, there are going to be some commonalities. But the Korean-American man and the African-American man may also have some similar struggles within the largely white queer community. I mean, the queer community, in many ways, the representation is very, very strongly white. And so, some isolation and exclusion or invisibility in that community is also impacting their experience.

And then if you go even smaller than that, their racial and ethnic community -- and they may have very different experiences within a Korean family or an African-American family. It might look very different. And so, I think we have to really look at that person at all levels, and understand those multiple contexts and how they impact experience of minority stress, experience of visibility, comfort in their own identity. So some of the experiences of either visibility or discrimination within their own racial and ethnic communities, can sometimes be even more painful because that's supposed to be your family. That's supposed to be the people that know and get it. But when you have this added cultural dimension, sometimes it's hard to really fit in and feel like you belong. So
I think that for counselors to one, recognize this, to validate and normalize that experience is really important for us. So even if we don't necessarily know that experience, it's helpful for us to be able to understand and think very broadly about the different contexts that this person has.

**Dr. Rebecca Daniel-Burke:** And either of you answer this question. I was just wondering, for minority clients who are queer people of color and many of them live on the down-low, because they really have to be a part of their sub-culture. Talk a little bit about the stress for somebody having to exist that way, because I have heard a lot about that and it's very sad to me, so go ahead.

**Dr. Adrienne Erby:** Absolutely. And I think this goes back with what Christian was saying about feel like you have to choose an identity, and if you have to choose either or, you're being pulled in a lot of different directions. Like the in-congruence, we're counselors, it's not like congruence is our big thing. When you think about being pulled and being separated, I can only be black, I can't be gay or lesbian or bisexual, or if I'm gay, lesbian, bisexual, I need to fit in more with the white community. And it is such a challenge, and I think every discussion I've ever had with Christian, he's really described this very well. He's done a lot of reading and research on this. So I don't want to take all the space.

**Dr. Rebecca Daniel-Burke:** Christian, do you want to comment?

**Christian Chan:** Sure. I would say that what happens a lot in those negotiations, I think it lends itself to this voice of silence -- or in that case, there isn't a voice -- that for someone who says, "I have these two identities. There isn't anything that I can... This is how I identify, this is who I am," that they can't be represented in those spaces. And I think that when we think about what that means, it's also the representation of how it's conducted and researched.

As we've seen particularly with counselors that there still needs to be more out there, more resources in this area for not just researchers, but for counselors -- because as we continue adapting and continue advancing our profession, we really need to be able to understand those experiences in a way that is -- there are voices for that, and I think that if we don't have any base of knowledge, then we don't have any catalyst to actually discuss some of these issues. We don't have any particular jumping or starting point to actually discuss what these issues mean. And I think what it also lends itself into, is the idea that culture is more than just one identity. Culture is multiplicity of experiences that really have different socialization influences, so there's different messages that we get from important people in our lives.

But there are also very different messages that we get from the context that we are in, and I think that speaks so well to what Adrienne was saying, and what you were saying Dr. Rebecca Burke, that what we end up doing is we also think about how are these people in the context that they're in? So what happens when they are in a rural region,
which may not have as many counselors out there? And so, how do we help those counselors to grasp what are the best practices, what are the training, what are the questions that can be really useful to really help me understand what my client is going through?

And I think that is something that is such an enriching experience, not only for counselors but also for clients, but I think that's -- for them to feel like they actually have a voice, and I think that that it's become such a very important way to engage with our clients and to have this impact and understanding of -- how do I connect with you on a emotional and collaborative level?

**Dr. Rebecca Daniel-Burke:** Really good information. Christian, what is intersectionality? I have to tell you that I was asking three or four of my friends, and they were often -- "What? I've never heard of that word." So this is your chance. What is it all about?

**Christian Chan:** I am extremely passionate about this topic, particularly because intersectionality is a very creative way of the way how we grasp identity, and intersectionality is a very inter-disciplinary type of construct that is used in very, very many disciplines. It's still growing particularly with the counseling paradigm and research in counseling, and when we think about those practices -- because it wasn't that long ago that it was coined as a term, and it was actually rooted with Kimberlé Crenshaw, who is actually a lawyer. She actually created and coined that construct in terms of policy, in terms of law, so that's the context and discipline that she was in.

And so, when she works on this research and her publications, and the way how she communicates to her profession, she really created and coined that term. And originally, it was to prevent violence against women of color. When those particular identities that she was looking at and investigating was really for gender identity and for racial identity. It was looking at those two different intersection experiences, that this particular population in her early investigations, that it really was about how women of color were not represented institutionally and contextually.

So it is very much evolved over time since that point, and essentially there's different ways of doing the research and doing the practice, and understanding how that's embedded and embodied in your practice. I think that when we think about intersectionality, there are very different ways of looking at it. It's very creative, in the way that it can be additive, and I think the additive model has really added to the blend of when we think of -- "Okay, we have somebody who is identifying with this particular experience who has this identity, and then has another identity."

So when we think of additives, sometimes what happens is -- it goes back to my other question of, when somebody has multiple minorities and multiple minority statuses, what happens is that they essentially have a lower sense of safety, it goes back to the lower mental health outcomes and sometimes the higher suicidal ideation. And I think it
translates into our work because it helps us to see what the problems are, particularly in society, and be able to name that and talk about it and discuss it on a very contextual level, and in a way that isn't just about -- Here's what's happening with just our clients, but here's what's happening for them in the context at their end. And so, how do we change that systemically? It really talks about the -- another different area is sometimes what is called inter-categorical approach, or essentially in that approach we talk about how some representations are invisible and that there are discriminations within groups, and that there are very different ways of how people are represented within their own groups, but they're not.

And so, I think that in those aspects, they have become invisible, and I think that really is -- what it also tells us to, and I think this is so relevant for our counselors, our counseling practice, our counseling profession is the idea that when those intersecting identities happen, it's not necessarily just the stress that happens, it's not just the oppression that happens, it's also resilience that is very much a part of that. And it can be very, very powerful when we think about our work and what is the outcomes of that, and how do we instill resilience with some of the clients that have faced issues in their own respective context? And I think that it has been an intersectionality thinks in those creative ways that it's not just about the additive model, it's about the other stories that are elicited from a more inter-categorical approach where people are not necessarily saying, "I'm only going to be effective in one particular way, that there is something that I can adapt and thrive and really be resilient in that moment."

So I think that when we talk about intersectionality, it is really a way for us to look in a more micro level interaction with our clients. So certainly, within the practices of engaging with our clients, engaging relationally with our clients, it really talks about that. But it also talks about the way that we can implement macro-level change, so we can implement systemic change in a way that we look at what the problems are existing in our clients; what are the barriers that they have in living well and being resilient, and really taking into account what extremes that they have never been able to discuss or share before.

Dr. Rebecca Daniel-Burke: So are there intersectionalities with dominant culture?

Christian Chan: There is definitely intersectionality within dominant culture, and I think that it goes back into the idea of -- how are we representing the very different ways of -- so, somebody who is a minority in some capacities of their identity but isn't -- and so, what is really powerful about intersectionality; it is a multi-dimensional construct in that it looks at identity from the lens of saying -- it's not just about race and ethnicity anymore, it's about race and ethnicity, it's about gender identity, it's about ability status, it is about spirituality, it is about -- and it's also about, particularly something very, very important in our work too is about social economic status and class, and social class, and I think that it's taking into account all of these very different layers of identities that are very much embedded within who we are, that there isn't just saying -- "I'm only going to identity
with one or two with these identities,” but there’s very different layers of that were included in my experience and included in my development across life-span.

Dr. Rebecca Daniel-Burke: Adrienne, how does intersectionality relate to multi-cultural counseling?

Dr. Adrienne Erby: I think that -- piggybacking off of what Christian said -- it relates in so many ways because it is such a broad construct, and it is such a part of how it impacts mental health, how it impacts wellness, stress experiences, et cetera. And so, one of the things that you’re talking about was the history associated with the term ‘intersectionality.’ And so, going back with Kimberlé Crenshaw’s work, a lot of that is based on a speech by abolitionist and former slave Sojourner Truth. And the title of this was “Ain't I a Woman?” because the conversation around women’s issues -- she said they weren't relevant, they were very different for black women and they didn't include those voices. And I think additionally, when we’re talking about sexual orientation, historically those issues have also been very white dominated. And so, we have to explore their multiple-identities within these experiences, and how do we give voice within different communities?

And so, I really appreciated that history because when we’re talking about intersectionality, multi-cultural counseling, I think that our work in multi-cultural counseling continues to expand and develop as we begin to understand people’s experiences, whether it be through qualitative research, which we all love reading because there’s so much richness in the stories -- to hear people talk about -- I feel like I have to choose one identity or the other, and I have to pick for this setting or that setting, and to feel like I'm constantly on eggshells because I don't know what I can be or how I can be in any setting. Tell me that doesn't cause stress. So it's a really fascinating experience for us as counselors and counselor educators to branch off into this more. And it's funny, because actually just this past week, I was teaching about issues of intersectionality, so I have a little bit of a head start on this. But it was great, because we sort of broke down different identities. And so, we looked at race, ethnicity, SES, religion, spirituality, ability, et cetera. And people essentially filled in -- whether they fit dominant culture or minority group -- and one of the things they were talking about is that, for most people, we don't go straight down one side, "I'm all privileged in every way" or "I'm all oppressed in every way", but it's usually a mixture.

And so, the identities in which we're very privileged -- so as a hearing person, I'm very privileged in the sense that I don't have to think about communication, I don't have to have accommodations in school, in a hearing school. So even just talking about those kinds of things, broadening our awareness for these experiences that we just have not talked about as much in the multi-cultural counseling literature. And so, the more that we continue to hear about this, the more research that we do, the more that we understand these various experiences, I think the stronger our research and our clinical work becomes, because that research feels -- here’s what we do in practice. We now
need to know, how does SES affect how you view yourself as a white person? And I think that -- again, when we're talking about queer people of color, this is just one facet. So I really appreciate that you’re asking the question of does it relate to dominant culture, because it definitely does.

And so, I think that becomes a great bridge because people who are of the dominant culture in whatever aspect can understand a little bit more of those experiences as they start to see themselves in conjunction with those who experience depression and who experience those multiple identities in intersectionality. I think that it creates a way for us to connect in terms of relationships and empathy, and that's really what the whole counseling process is about -- which is a very long winded answer.

Dr. Rebecca Daniel-Burke: No, that was interesting. That's really interesting. Christian, how do counselors use intersectionality as a framework for understanding client experiences?

Christian Chan: This is -- I think when I hear this question, I think for me -- I think this is probably because of my own professional experience in clinical mental health work, so I think in that perspective, but I think very much about this idea of who we are as counselors and that our counseling profession, we are in a variety of contexts, where we work with a variety and diversity of individuals. So when we think about what the framework and how it applies, it's really about the unique experiences that individuals have, and the unique experiences that they carry with them.

The ideas about how they should be, particularly when we think about gender identity, within the context of culture and sexual identity, that those three particular identities, when they merge together, when they merge together in those experiences for an individual, that we have this idea of -- how do we take a holistic approach to understanding what your experience is and what your experience is within that context? Because it's not just going to be -- alright, so here, I'm going to parse out what experiences you have based on this particular identity. So it's not just saying, "Okay, well, I'm going to -- So you identify as Asian-American? Let's talk a little bit more about that. Let's just talk only about that identity."

But what is it like for someone who identifies particular as an Asian-American Lesbian CIS woman, for someone identifies with the genders that they have at birth? So there's very different layers of identities that where we need to talk about that entire representation in the context that they're facing, in the presenting issues that they are discussing. What I also think is very, very pertinent to what we do as counselors -- I know that intakes are very much a part of what we discuss and how we introduce our clients into how we're trying to conceptualize. So it's, again, taking in that holistic approach that there are very, very multiple layers of identity, and thinking more creatively about how are we adopting this critical thinking framework into the work that we do? So it's not just, "Okay, wait, I'm only going to focus on racial ethnicity because I think that's important." I think about all these different ideas that one could be very
important, but maybe it's because we haven't discussed it. Because I haven't heard it from my clients, then I haven't given the space to have my client speak about that and have that voice for it.

So I think that we very much talk about navigating the conceptualization with all these different layers of identity. So it's a really great framework for thinking about conceptualizing how we work with our clients, the approach that we have. How are they when we think about human development? What layers are salient, what identities are salient in those particular experiences? I also think about some of the other various ways in context in a role of a counselor, for somebody who is working as a career counselor, and that can be a career counselor in a variety of settings -- private practice. It could be private practice, it could be college counseling, it could be -- even a clinical mental counseling setting where somebody's trying to engage in the career development. And it could be a particular barrier or issue for this individual, where they're trying to think, "Okay, in what ways have you been represented in this context, and then what ways have you been faced with barriers? And is it because of the barriers that you have with one set of identities? Is it the barriers that you have with multiple sets of identities?"

And so, it's allowing for that space to be there, and I think for that space -- whether we're thinking about our clients in a way of -- we're talking about some of these issues, it can be very validating for them. It can be very validating, it can be a way of empathy, a way of connecting -- and I think I go back to the way we talk about multi-culturalism, that there is multi-cultural empathy that goes along with that, and it very much ties into the work that we do, that it's not just about the knowledge, it's about the knowledge, the awareness, and the skill that we use. So taking in all those into context, that we have to really bridge that and not just say, "Oh, I know about your population, because I've looked at it in research, I've studied about it." It's about actually hearing those stories and actually hearing what the experiences and being aware of where our lens are sometimes the same but sometimes different. And even though that sometimes we share some of those identities, it's not always going to be the same experience.

**Dr. Rebecca Daniel-Burke:** You know, sometimes I wonder -- either of you to comment on the following -- sometimes, I wonder as a counselor; I've been a counselor for 30 years, and I think if we all just were willing to meet our clients where they are, the Rogerian, the basic old fashion Rogerian way of thinking, that a lot of this would come naturally to us. What do you think?

**Dr. Adrienne Erby:** Well, I think that it's an important start for us to start with that foundation we're human -- we connect on an empathic level. I think the thing that makes it more challenging -- and all you have to do is looking on TV -- but we're not good at talking about race, gender, sexual orientation; we're not good about that as a culture. And I think that's what makes it hard for people, is they don't want to stay the wrong thing or they don't want to feel like they're pushing it onto someone else. And so, I think that in some ways it's up to us as the counselor to really set that foundation, that yes,
we can talk about this here. Even though you may not get that in any other setting that you experience, this is one where you can.

Dr. Rebecca Daniel-Burke: Yes. What do you think, Christian?

Christian Chan: I very much agree with Adrienne, in that the way our society has really socialized, future generations about how we're actually talking about these issues, it's become so silent that I think that we sometimes don't talk about it, and I don't think that we often open ourselves to a voice, because I think we -- and I also think that it's being careful about where we're at particularly with who we are as counselors. I think that -- when I was speaking a little bit earlier about what identities we're hearing -- very much that, in some ways, and this goes back to what Adrienne was talking about earlier with the identities that we carry, that some of us have carried privileged and oppressed identities, in that there are very different ways in how that's represented. So sometimes, when we have other identities that impact us even though we face similar experiences of oppression as one of our clients, that there are other ways that we've been privileged.

I think about who I am and particularly as a queer person of color, and what that's meant to me. But also in the reality that I've been impacted by the fact that I grew up in a middle-class family, and I have the upbringing. And in an urban environment -- I grew up in a city, so I had so much access to all these resources and to feel safe and to feel open about it. The reality is that, not everybody has that. And I think that even though there are some ways in my experience that may be similar to my clients, but it's not going to be the same. So I think that -- I go back to even just the relationship of -- and thinking very much in that Rogerian aspect of, putting it back on the client but the reality is -- when clients walk into the room with us and enter a room or any context, that we hold so much power, and that how do we create this space to actually collaborative and actually feel that we are not just letting our lenses and our biases and our identities run the entire work and practice that we do with our clients.

Dr. Rebecca Daniel-Burke: I like it. Adrienne, what is the strength of intersectionality framework compared to other approaches?

Dr. Adrienne Erby: I think that the biggest thing is that it's more holistic. I think that we've really shifted towards thinking about our clients more holistically in counseling over the last 20 years. With all the work in multi-cultural counseling and social justice counseling, I think that we've really branched out into understanding people, not just as Asian, Black or ability, but we're really thinking about it more holistically. How does your experience impact who you are as a person? How does your identity development impact who you are as a person? How does that impact your mental health? What's your context?

So I think holistic is probably the biggest strength. The second thing that I think is important, is that it's more contextual. So intersectionality really helps us understand that each person's identity -- the salience of that identity is going to depend on the
context. So in a room-full of White people, I, as an African-American person, am going to be more aware of my color than I might be at Howard University. And so, I think really understanding those different contexts -- but in that context, I might feel more aware of if I didn't have higher education, if I didn't have access to higher education, I might be more aware of that in Howard University.

So I think really taking into account the context and salience, and the identity is not this static thing, but the salience, the importance of each one of our identities varies depending on the context. And that it's not one or the other, but it's all of these at the same time. So in many ways, it's more complex for counselors because -- "How do I figure all of that out?"

**Dr. Rebecca Daniel-Burke:** Yes, that's a really good question. And the context -- I thought for a moment that I was living in Korea and Japan with my family for a while, and I was such a clear racial minority in Korea and Japan. And so, context, again, here I am in dominant culture, but I wasn't there. So context, very interesting. Okay.

**Dr. Adrienne Erby:** Absolutely. I'm really glad that you brought that up, because I think that for a lot of counselors, they're like, "Well, I don't know what to do with that." I'm like, "Well, have there been settings where you've been the minority in one way or another?" And typically, there's always at least one example that they can think of. Whether it'd be age or whatever it is, and what was it like for you there? And just recently having a conversation with someone about -- I was at a black tie function and someone asked me to get them a drink because I look really young, and he was like, "I'm actually not here for that." You know, this is a white person and he does look very young.

But even just that experience that -- everybody's all wearing a tux, I'm sorry, but most tuxes look the same -- and he just felt really out of place. I don't know, but it bothered me that he just assumed that the only thing that I can be there at my age was a server, even though he's like, "Look, I have a PhD. I'm a psychologist or--" You know, it was just everything to me because the context. I was like, "Well, tell me about that feeling. What did that stir up in you? So now, imagine that feeling in another setting as a black person."

And so, it's that empathy, that humanistic "I understand, I empathize", that is our foundation. And I think if we veer from that, I do think that we lose so much of the strength of intersectionality.

**Dr. Rebecca Daniel-Burke:** Interesting. I remember once I was in Japan with a colleague who was Japanese, and I was trying to flag down a taxi and nobody was stopping and I said, "Why aren't they stopping?" And he said, "Well, they're worried that they'll have to speak English to you, and they maybe don't speak English very well and they'll lose face and they'll feel very uncomfortable." And so, he stepped out and started hailing a taxi and we got one in one minute. And I thought, "Okay, Rebecca, remember this."
Dr. Adrienne Erby: I'm really glad that you share those experiences. And honestly, I think that counselors, counselor educators, counseling students -- I think that if we share those experiences with one another more, I think that it gives us so much more to work from. It does bind us in this commonality, and we do understand each other despite the many differences that we have, and I do see that's the foundation for us.

Dr. Rebecca Daniel-Burke: Yes. Okay, Christian, what are some examples of issues that are relevant to queer people of color and intersectionality?

Christian Chan: I am thinking across the various contexts that we have for counselors. I think in the ways of not just clinical mental health counselors. And so, I'm thinking sometimes what happens here in our conversation is -- my line was coming from my own professional experience, and I'm trying to branch out in other ways, even the ways that I supervise school counselors and thinking about the other very different ways. And I'm sure that Adrienne's also going to speak about this as well, but even the fact that there's very different contexts and roles for our counselors, so there's rehabilitation counseling, there's school counseling, there's clinical mental health counseling, there's even families and couples. And so, I think that there's so many ways in how queer people of color experiences, and intersectionality really is involved in all these contexts, and it's very much a relevant framework and understanding to really bridge out from.

So I think one of the examples is particularly with assessment and assessment in particularly with intakes, that sometimes in intake interviews, we think only about -- "Okay, what is your primary cultural identity?" And what happens is that we start to -- what we do question is, pick your primary cultural identity, and that's the tough part because it says "pick", it says "limit", and it says "reduce". And it was a conversation I was having with Adrienne the other day, that sometimes what happens is that we end up having this, "Okay, well, only one of your identities is relevant, and not all the other ones are relevant." And I think that sometimes there are ways that we do the critical consciousness raising for our clients -- we help them to hear, "Okay, I'm hearing that this might have been part of your experience, but there was another identity involved in here that maybe I wasn't even aware about, but I'm not sure if you were aware about it either." And so, that sometimes even in that critical conscious reasoning is that there's something happening within the context, that is not within the control of our client. So it's very powerful in that way, that helping them to understand that contextually, there are ways that this environment isn't really a place that is interacting with them to create the change that might be helpful to them.

And so, sometimes, when you think about primary cultural identity, that there are very, very several dimensions of culture. And so, going back to the understanding that this plays a huge piece in every context that we have with counselors. So it's not just about clinical mental health counselors doing intakes, it is about clinical mental health counselors and rehab counselors doing intakes and potentially talking about career development issues, job placement issues and in so many ways within school context that some of these identities, particularly within the college setting or higher education
setting, or within even high school, that there are one or two, or even more identities, that are so important to our clients and to our students, and I think that that is a very valuable piece of -- when we think about intersectionality and how we create these other aspects of culture, and how we engage in those conversations, it is about the conversations that take place that we're not just talking about, "Okay, because I can see the differences that I have with you based on our race and ethnicity, that that's the only conversation we're going to have. What are the conversations that we're having about when race, ethnicity and gender identity, and sexual identity come into play, that I'm very different from you and I don't know what your experience is."

So thinking about some of those ways and how that takes place. So I think about even some of the adolescents that I've worked with, that they have several of these identities, and how does that represent their particular unique individual experience within their own families, and particularly when I was working foster care, how does that represent their experience within not only a family, that is considered a birth family to them, but also a foster family. So there's a lot of different shape-shaping contextual environments that take place, and I think particularly when we think about what intersectionality does at the micro level, we also think about what happens at their macro level. So thinking about even just within the policies of community agencies and for school counselors and college counselors, how are we creating these spaces for our clients and our students to live well? How are we creating these spaces for an inclusive and safe environment, that this is maybe the way that they haven't had a voice? And we can work together with our clients to shape the policies that are essentially a barrier for them within particular places -- so sometimes, we have to jump into a way that is not necessarily saying, "I'm going to emancipate you," but how am I going to work collaboratively with you to create change within your environment, and within an environment that affects you?

So it takes into account the particular policies. For example, it's sometimes getting a Safe Zone Training for some of our counselors and even within school settings and within college settings, that sometimes getting a Safe Zone Training might be very helpful.

**Dr. Rebecca Daniel-Burke:** What is that? Tell us what that training is?

**Christian Chan:** Safe Zone Training is essentially a training that goes much more into sexual identities, sexual orientation and into talking about LGBTQI issues. So very much with the idea that there is -- for somebody who identities as a sexual minority and a queer person, that there are different ways in which our providers have to go through this training to recognize what the terminology is and what the language is to be used. And so, when somebody identifies and says, "I'm queer", what does that mean? Or identifies and says, "I'm intersex", and what does that mean? Or what does it mean for some of you who says, "I'm a cisgender male" or "I'm a trans male".
So going through all of these very different layers, particularly in those examples was much more identity and even with sexual identity -- what does it mean for somebody who identifies as queer, but in that way could identify as bisexual or could identify as gay or lesbian, and what are those terminologies meaning to those who are our clients? So I think that that's just a brief overview of what Safe Zone Training usually looks like. I think when we talked a little bit about advocacy that can take place in diverse settings, but I think we also go even larger to some of the general sociopolitical issues and advocacies that affect our clients. We think about how social media -- and media itself, so when we think about television and news, they really impact our clients. So when somebody is involved and understanding that a representation of somebody who shares their identity -- so for example, if a queer person of color is represented in television or media, what does that mean for them, and how is that stereotyping or playing into the way that they have seen themselves or how they internalize that and how are we internalizing that as counselors, and potentially imposing that on our clients?

Dr. Rebecca Daniel-Burke: That's a really good question. Okay, well, this is going to be the last question, and I'd like you each to answer, and that is -- ACA now has over 55,000 members, most of whom are clinicians, is there anything I have not asked you that you want our members to know? Adrienne, why don't you go first?

Dr. Adrienne Erby: Well, one of the things that I was thinking about is -- what does this look like in counseling in a very concrete example? Because I think we talked about it a lot really generally, but one of the things that I think might be helpful is an example. So one experience I can think of, and my heart is college counseling -- I love college counseling -- but for a lot of students, they're figuring out identities, who they are, how they fit in with other people, a lot of exposure to different cultures they might have seen in their hometown.

But one of the things that was really powerful was working with a client who was a second generation American, and her parents had immigrated and there was a lot of pressure in their home to be the best. We've endured so much for you to have all these opportunities, and the student was talking about how at first it was just -- "I'm really scared about coming out to my parents, because it's going to be such a disappointment for them." And it was interesting, because she just felt really different from a lot of her peers at the college setting, because most of them were US citizen born. And so, she just felt very different that they didn't understand the weight that was on her.

But then, when she would talk about her siblings, she was like, "They understood the weight, but they were straight," and didn't quite understand what that meant. And so, one of the-- "It's almost like it's all in my head and it's just weighing and I can't really pinpoint what's going on." And so, what we literally did, was we went online and looked at a privilege list; just as an example. So we used Peggy McIntosh's White Privilege list and we looked at a Heterosexual Privilege list. And so, we made one for her siblings -- what does it look like for your siblings? Is it different? Is it similar? What things are on your mind that are not on their mind? What benefits do they have that you don't have as
a sexual minority? And then looking at some of her peers in college, some of her out-peers. It’s totally different. They don’t have to think about the impact, they don’t have to think about their parent’s disappointment at this level. She’s like, “Well, my parents tell me that they fled hunger.” She’s like, “This is just a higher level of--"

But once it was on paper, and she was literally looking at these two, she was like, “Oh my gosh, I never realized all of this is what I’m carrying in my head every single day.” And it was just a really powerful experience for her to just see it in black and white. We processed it to death. Because there’s this thing that was sort of silent and building up for -- I can’t remember what year she was, but it had been several years of college that had just been building up and building up and building up, to the point where she was, ”I feel like I'm stressed all the time. I'm exhausted all the time.” And it was like, ”I know why now.” And then really looked at, ”Okay, so what kind of support do you need? How do you find support for this process of coming out with your family?

So this is one small random technique that I think was really helpful.

**Dr. Rebecca Daniel-Burke:** It's really helpful. I like it. And Christian, is there anything I've not asked you that you want our members to know?

**Christian Chan:** I think one of the most powerful ways that we talked about culture in our counseling practices, is even acknowledging where we don’t have all the answers and saying that -- sometimes, that we acknowledge limitations that we have, in a way that not necessarily says, ”I can't work with you” but it says ”I want to hear your story. I want to hear what you’re saying.” And I think that it goes back to what you were saying, Dr. Daniel-Burke, about the Rogerian aspect of who we are as counselors, and just hearing what is meaningful to our clients and that it can be very powerful for us to validate that and say that we -- I don’t share the same identities with you, and I can't speak for your experience, so being able to own that I think can be really powerful for our clients, when we talk about the similarities, and the shared and the differences in our cultural identity. So I think that is something that, when I think about intersectionality, that it lends ourselves to thinking very creatively, and very much in different dimensions of what culture can mean for our clients.

**Dr. Rebecca Daniel-Burke:** Well, I want to thank you so much Dr. Adrienne Erby and Christian Chan for joining us today to discuss queer people of color and intersectionality issues in counseling. To view links to this program, to write to the presenters or the host, please go to [www.counseling.org](http://www.counseling.org) and click on the podcast page. This is Dr. Rebecca Daniel-Burke, your host for the ACA 2015 podcast series, signing off.