

Affirming the Margins: A Critical Reflection on Mariwala Health Initiative's Queer Affirmative Counseling Practice (QACP) Course 2022

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Queer affirmative counseling practice (QACP) is the practice of counseling that is informed by, and affirming of, queer and trans perspectives, identities, and realities (Ranade et al., 2022). Opportunities for training mental health professionals (MHPs) in this are few and far between, especially for Filipino MHPs who seek to cultivate this approach and want to learn more about its nuts and bolts. The few that are available have focused primarily on perspective building, and are not always facilitated by clinicians familiar with the challenges associated with doing therapy work with queer clients. To be fair, that kind of training has been foundational to the LGBT inclusion efforts that Manalastas & Torre (2016) described as happening, and needing to be enhanced, in Philippine professional practice. However, what I believe would help practitioners bridge this gap is training that infuses the principles of QA practice within the intricacies of the strategic planning, judgment and decision-making, and deep relational work that is part and parcel of counseling and psychotherapy. This kind of training would allow MHPs to inhabit the QA perspective through activities and discourse that invite them to explore, articulate, and make sense of the dilemmas they face when providing QA counseling and therapy.

In Asia, an organization leading the way in addressing this scarcity is the Mariwala Health Initiative (MHI), an India-based agency that provides funding and strategic support to organizations and collectives, “with a particular focus on making mental health accessible to marginalized persons and communities” (Mariwala Health Initiative, n.d.). Since 2019, Mariwala has been offering an intensive 2-module QACP course and has trained more than 400 mental health professionals from various fields such as psychiatry, clinical and counseling psychology, and social work, across India and Asia. Prior to the pandemic, the workshop was a 6-day course delivered in two formats, residential (six consecutive days) and weekend (two consecutive 3-day weekends). During the pandemic, the workshop shifted to an online modality. It was this online course that I joined as a participant in September 2022, along with 19 MHPs from Indonesia, Malaysia, the Philippines, Sri Lanka, Pakistan, Afghanistan, Kenya, and Nigeria. Module 1 unfolded over the course of a long weekend (Friday to Sunday), while Module 2 continued the following long

weekend, with the weekdays in between providing a much-needed break between the two modules.

I am heartened to say that the QACP workshop organizers and facilitators provided a psychological climate of warmth, respect, and acceptance of multiple diversities, which created a space safe and free enough to invite and support personal and collective grappling with the dilemmas of queer affirmative work. This was no easy feat considering the sheer number of cultural, racial, and economic contexts represented in the participant pool. Yet, MHI and the QACP team set a respectful, inclusive, and supportive tone not just with the workshop itself, but in managing the whole operation. They provided us with pertinent information about scholarships, identified ways to facilitate easier processing of fees for non-Indian participants, and even considered our time zones to come up with an optimal schedule. They reiterated their commitment, and encouraged everyone, to uphold the dignity, privacy, and confidentiality of any disclosures throughout the workshop, mindful of the reality that some of our resource persons and fellow participants may not be “fully out” to their families and communities yet.

The QACP course was designed specifically for MHPs who already have experience working with queer clients and their families. It was intended to apply to a variety of contexts, not just in counseling/therapy practice, but also in development and advocacy, social work, school and university, and medical/hospital settings. My and fellow participants’ work backgrounds place us in direct interaction with queer people, so insights from the QACP workshop had direct and immediate applicability and impact for us.

The specific aim of the workshop was to provide the space for MHPs to scrutinize “normative ideas around gender and sexuality ... as well as other axes of power and privilege” (Ranade et al., 2022, p. 23) that pervade our thinking about mental health and our counseling practice. That way, MHPs could “reorient themselves to an anti-oppressive therapeutic practice” (Mariwala Health Initiative, 2024). Across six days and two modules, the workshop offered a compelling perspective on what makes for queer affirmative practice and equipped us with a toolkit of strategies to promote the well-being of queer persons and their families. Participants were given the space and the

tools to imagine, and even attempt, via experiential and role-play exercises, how we might make our current practices more deliberately affirming of queer identities and experiences.

The credibility of the QACP course can be attributed largely to its training team, composed of Shruti Chakravarty, Pooja Nair, and Gauri Shringarpure. All three are queer, are seasoned mental health professionals working in the queer mental health space, and came from feminist movements. This combination of counseling expertise, lived experience as queer persons, and queer-feminist advocacy meant that they were in an excellent position to talk about and facilitate critical conversations about what it means to relate with self and others “from the margins,” as well as the concrete directions that QA counselors could go into when providing therapeutic care for queer clients. On the first day, the facilitators warmly welcomed the participants to the workshop and, off the bat, assured us that the workshop was a safe space where anyone could speak up without fear of judgment or negative evaluation. They even shared with us their own felt vulnerability in facilitating their first QACP course with participants outside of India. Along with encouragement to be comfortable with discomfort and to respect diversity, this helped to set a tone of warmth, solidarity, and intellectual humility for the rest of the six days we were to learn together.

Module 1 of the workshop was devoted to grounding ourselves in the models and concepts that inform the QA perspective. It started with a reflection prompt on the kinds of relationships and ways of relating that are considered “normal” and “acceptable” in each participant’s culture. After this activity, an expanded version of Rubin’s (1984) concept of the “charmed circle” was demonstrated with an exercise that had us imagining how we would raise a child up to the age of 8 if we had no knowledge of the child’s genitalia. This exercise prompted us to identify potential challenges we might face and the workarounds to those challenges. Another exercise, modified for online delivery but no less compelling, was called the “power walk,” in which we were invited to consider the truth of a set of statements (e.g., “I am able to move through the world without fear of sexual assault”; “I can get a passport made”) and to respond from the place of the specific identities assigned to each one of us (e.g., a 35-year-old, middle-class,

unemployed trans woman). Lastly, the “inversion exercise” prompted us to imagine a world in which being cisgender and heterosexual were not considered “normal.”

These exercises were complemented by several case vignettes illustrating the complexity and fluidity of queer people’s lived experiences of gender and sexuality. Together, these helped to put us in a space where we could gently scrutinize our own beliefs and attitudes. Skillfully facilitated discussions further reinforced personal reflection through the sharing of real dilemmas, questions, and realizations within the group. These shared insights were further elucidated through lectures on key paradigms, theories, and concepts that inform QA practice; a historical account of the pathologization of non-normative gender and sexuality by mental health disciplines; and the case for making counseling practice queer affirmative.

As an academic-practitioner who is cisgender and heterosexual (and, hence, in many ways protected by the charmed circle), I felt edified by the process of Module 1 which was, broadly, to encounter a lived experience of gender and sexuality that is not our own; to feel the dissonance, sit with the discomfort, and reflect on our personal assumptions; to share our reflections with fellow participants in an atmosphere of openness, trust, and solidarity; and to connect intra- and interpersonal insights to theory and evidence about what it means to live life, to generate and use knowledge, and to provide support from the margins vis-à-vis the center of the charmed circle.

Module 1 had so many insights to offer. Some of these include:

- Experiences of gender and sexuality are multiple, varied, and dynamic; but not all experiences are prized.
- Social inequalities are created and perpetuated along socially constructed lines of what constitutes “normal” and “abnormal.”
- Individual and relational well-being/distress are socially located and shaped by negative social attitudes and roles related to gender and sexuality.
- Queer individuals are subject to unique life stressors (Ranade et al., 2022) that come from and are exacerbated by unjust social structures.

- MH disciplines have historically contributed to the marginalization of queer identities and experiences.
- MHPs' attitudes and beliefs about what constitutes "problem" or "pathology," "right" or "wrong," and "cure" or "intervention" are shaped by their own social locations, privileges, and oppressions.
- Queer affirmative practice rests on the ethical responsibility to value and validate the identities, experiences, and relationships of queer individuals.

The workshop also leveraged the power of cinema and biographical accounts. Two films were shown to end Day 2 and 3. *La Peque 1977* (or, simply, 1977) is a 2007 short animation film by Peque Varela about her search and struggle for identity and the particular context of gender inequality in which her struggle took place. *Bioscope: Non-Binary Conversations on Gender & Education* is a 2014 documentary by Hit and Run Films that follows the intersecting stories of four trans persons in India. These films showed the strong grip of social institutions on individual lives and the importance of solidarity and activism in deconstructing and challenging it. We also had the privilege of getting to know a young trans man who shared his life story, including his continuing coming out process, the impact of stigmatization on his well-being and sense of self, and the important role of queer affirmative therapy in his life.

The pathologization of queerness is so normalized within MH disciplines that it is crucial for us to continuously scrutinize and challenge the very assumptions and definitions that shape our counseling and therapy work. Module 1's focus on perspective was a sound foundation for Module 2, which focused on how conventional counseling approaches, such as cognitive-behavioral therapies, person-centered therapy, family/couples therapy, and narrative therapy, can be made more appropriate for work with queer clients. Lectures were given on different issues relevant to the lives and relationships of queer clients, but were presented as extensions of, and challenges to, usual areas of concern in counseling and therapy. These provided clear and actionable guidelines for viewing and working with client autonomy, relationships, and even sensitive issues, such as suicide and self-harm, from a QA standpoint.

We were also given cases to discuss in small groups. Each group was prompted to explore, articulate, and compare an affirmative response with a “neutral practice” response (i.e., a response that ignores issues related to non-normative gender and sexuality). These became meaningful opportunities for me and my fellow MH practitioners to become aware of and scrutinize our personal assumptions about therapy, the therapist and client roles, what constitutes psychological health and growth, and what the therapeutic relationship is about. That we were able to engage in individual reflection and then come together to share our reflections was a balm to both mind and spirit because encounters of this kind, with fellow practitioners grappling with the responsibility of honoring queer experiences, are not readily available to many of us.

The QACP course is intensive and is meant for MHPs with a real thirst for learning and who are willing to invest their time and energy in activities that are mentally and emotionally involving. It is not, after all, easy to shine a light on our own beliefs and practices, and to subject them to rigorous scrutiny. Our facilitators were aware of—and took every opportunity to appreciate—the commitment of participants in cultivating greater self-awareness and modeled compassion for the limitations and self-protections that we inevitably brushed up against as a natural part of the learning process. Rather than being a hindrance, the online modality actually facilitated both personal and collective reflection. It helped strike the balance between ensuring privacy for personal reflections and coming together, via breakout groups and in the larger virtual meeting room as well, to share our reflections and to give one another glimpses of the dilemmas that we were comfortable enough to share.

There were also interviews with our facilitators’ family members, who talked about both the challenges and joys of living with and loving their queer family members. These narratives were a testament not just to the reality of pain, but also to the possibilities of self-discovery, good relationships, and meaningful living. It was a joy to behold mutual care and support. The workshop was capped off by an interview with a feminist mental health activist whose life story invites a revisioning of the conventional script of “recovery.” The question she posed is one that MHPs, like myself, would do well to engage with and be informed

by: Who does “recovery” marginalize? Who recovery is and is not for is not just a question of access. Ultimately, it is a question of who and what we value. Queer affirmative practice, to me, is valuing the people and the experiences that have been devalued simply for being different.

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