



From allyship to co-conspiracy: Disentangling psychotherapy from the ally-industrial complex

by David Nylund



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Abstract

This article critiques the ways mainstream psychotherapy participates in the “ally-industrial complex”, a term coined by scholars and activists to describe performative allyship that reinforces existing hierarchies. Drawing inspiration from G. Patterson’s (2018) critique of cisgender scholars in transgender studies, I explore how psychotherapy – particularly as practiced by cisgender therapists – often recentres professional authority and individual virtue while masking the field’s complicity in trans and queer marginalisation. Grounded in feminist, queer and narrative therapy frameworks, this article examines how the discourse of allyship, when divorced from material risk or structural accountability, can collude with neoliberal and cisnormative forces. Drawing on narrative therapy practices, this article offers a call to move from allyship to co-conspiracy: a praxis of shared risk, decentred expertise and ethical solidarity.

Key words: *ally-industrial complex, co-conspiracy, queer, trans, transgender, feminism, anti-oppressive, neoliberalism, cisnormativity, therapeutic ethics, narrative therapy, narrative practice*

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Author pronouns: he/him

I write this article as a white, US-based, able-bodied, cisgender man whose professional and social locations are shaped by the very systems of power I seek to critique. My access to academic platforms, clinical authority and institutional legitimacy is not incidental; it is made possible through histories and ongoing arrangements of whiteness, cisnormativity, patriarchy and ableism. I take up a critique of “allyship” with an awareness that I am not outside these relations but deeply implicated within them. This article, therefore, is not a claim to moral clarity but an effort to interrogate the conditions that make my own participation in the so-called ally-industrial complex both possible and, at times, rewarded.

In recent years, psychotherapy institutions have increased their rhetorical commitment to diversity and inclusion. Conferences feature sessions on “working with LGBTQ+ clients”, graduate programs emphasise cultural humility, and therapists add their pronouns to email signatures and Psychology Today profiles. While such gestures may signal care or awareness, they can also risk contributing to what G. Patterson (2018) described as the ally-industrial complex: a system in which cisgender, white, heterosexual, male, Christian, middle/upper-class and able-bodied therapists (i.e., those whose identities align with dominant cultural norms) are rewarded for their perceived alignment with marginalised communities, while ultimately maintaining power and control over discourse and practice. In this economy of recognition, allyship becomes a performance: a means of professional advancement, social capital or institutional branding rather than a genuine commitment to dismantling systems of harm. Importantly, Patterson does not simply call for a more authentic or reflexive form of allyship but for a departure from it altogether, urging a turn towards co-conspiratorship. This shift signals a move away from recognition and self-positioning, and towards practices grounded in risk, accountability and material disruption of oppressive systems.

This article takes up and extends Patterson’s critique of allyship, interrogating how the discourse of allyship operates within contemporary psychotherapeutic practice while

taking up Patterson’s argument for a shift towards co-conspiratorship (McKenzie, 2014). Drawing on feminist and queer critique, and grounded in the ethics of narrative therapy, I examine how mainstream psychotherapy often traffics in symbolic allyship – acts that gesture towards justice while leaving hierarchies of power intact. These performances of inclusion can obscure ongoing complicity in cisnormative, white and neoliberal frameworks that pathologise trans and queer life under the guise of care. In response, I offer a narrative-informed pathway towards co-conspiracy, one that refuses the comfort of symbolic gestures in favour of relational ethics, shared risk and collective accountability. Co-conspiracy, I argue, asks therapists to move beyond self-congratulatory allyship and towards practices that are materially aligned with liberation, resistance and community survival.

This article centres trans and queer experiences. However, given the particular ways psychotherapy has historically regulated and pathologised gender and sexuality, the dynamics of symbolic allyship described here are not confined to these contexts. Similar patterns can be observed in therapeutic engagements with racialised communities, disabled clients, immigrants and others whose lives are shaped by structural marginalisation. Across these sites, the language of inclusion and cultural humility can function as a veneer that leaves underlying relations of power intact. In this sense, the ally-industrial complex is not specific to LGBTQIA+ practice but reflects a broader feature of the helping professions, in which recognition is often decoupled from material change and structural transformation.

Building on this broader critique, a growing body of scholarship across social work and education has similarly challenged the limits of allyship and called for a shift towards co-conspiratorship (Fortier et al., 2024; Kim et al., 2024). For white practitioners in particular, these scholars present co-conspiratorship as a necessary reorientation to actively confront racism and disrupt white supremacy rather than merely signal alignment with anti-oppressive values. Social work has historically functioned as an extension of the

carceral state. Reform-oriented, well-intentioned practices often reproduce the very systems of surveillance, control and punishment they claim to resist, positioning practitioners as extensions of the carceral state rather than agents of liberation (Washington et al., 2025). Instead, Washington and colleagues (2025) call for a fundamental reorientation towards non-carceral, community-led care that redistributes power and centres collective accountability.

In educational contexts, Beasley and Ieva (2022) have similarly contended that traditional forms of collaboration and allyship are insufficient for dismantling systemic racism. They urge school counsellors and principals to move beyond “checkbox” equity efforts and take on the risks associated with co-conspiratorship, leveraging their institutional power to actively challenge inequitable policies and practices. Similarly, Domínguez and Bertrand (2023) demonstrated how allyship in schools often operates as performative or passive support that maintains adult authority, contrasting this with co-conspirator practices that require alignment between public commitments and material action, as well as a willingness to disrupt institutional norms alongside marginalised youth. Taken together, these works underscore a shared argument: that moving beyond allyship is not simply a matter of deeper awareness or better intentions but of fundamentally reconfiguring professional roles towards risk, accountability and structural change.

The language of co-conspiratorship has also emerged within disability studies and disability justice, where critiques of allyship highlight its limitations and call instead for practices rooted in material accessibility, the redistribution of power and solidarity with disabled-led movements (Piepzna-Samarasinha, 2018). Shelley Feldner and colleagues (2022) have argued that allyship in disability contexts often remains symbolic unless it is enacted through structural changes such as hiring disabled faculty, redesigning environments for accessibility and redistributing decision-making power. They suggest a movement

towards accomplice and co-conspirator roles that require ongoing accountability and action rather than identity claims.

Similarly, Wolbring and Lillywhite (2023), in a scoping review of disability allyship, highlighted the conceptual and empirical limitations of allyship as a framework, noting that it is frequently under-theorised and insufficiently oriented towards systemic change. Disability justice scholarship more broadly, including work by Alice Wong (2020) and others, emphasises that meaningful solidarity must be led by disabled people themselves and grounded in collective care, mutual aid and the dismantling of ableist structures. Across these bodies of work, there is a shared insistence that moving beyond allyship requires not simply deeper awareness but a reorientation of practice towards risk, accountability and material transformation – an orientation that closely aligns with the concept of co-conspiratorship as taken up in this article.

The ally-industrial complex in therapeutic culture

The term “ally-industrial complex” critiques a pattern in which institutions and individuals reap social or economic rewards for superficial demonstrations of solidarity. This critique originated in racial justice movements (Rudy, 2014) and has been extended to queer and trans contexts (Patterson, 2018). In psychotherapy, the complex functions through trainings, credentials and public displays of allyship that allow therapists – especially those who are white, cisgender or professionally credentialed – to maintain authority while evading deeper structural or relational accountability.

Therapists may engage in workshops about “trans cultural competency” while continuing to diagnose gender dysphoria for insurance purposes, work in carceral institutions, or fail to interrogate how whiteness, capitalism and professional hierarchy shape their work. These gestures become “proof” of being a good therapist, even as they leave systemic structures untouched.

Reading Patterson's (2018) article alongside other critical interrogations of allyship was unsettling, precisely because they implicated me. As a white, cisgender therapist who has long considered myself an ally to trans and queer communities, I found myself confronted by the uncomfortable realisation that my position within the field, even as someone who directs a trans-affirming agency, does not absolve me from participating in systems of harm. The critiques did not offer easy comfort or external targets. Instead, they turned my gaze inward: What does my allyship actually do? Who does it serve? What power does it maintain? These questions were not abstract. They were personal, professional and profoundly disorienting.

For years, I have served as the clinical training director of the Gender Health Center, an agency based in Sacramento, California, that serves trans and queer communities. This role, I assumed, shielded me from the kinds of complicity these authors were naming. But reading these critiques forced me to reconsider how institutional roles, even in progressive or community-based settings, can unwittingly collude with the very structures we claim to resist. I began to see how the performance of allyship, complete with the right language, visibility and credentials, could function as a kind of currency in the nonprofit and therapeutic worlds. This realisation was not about guilt; it was about responsibility. I had to ask myself not just how I could appear to be in solidarity, but how I could reimagine my work in ways that disrupted the ally-industrial complex altogether. Moving towards co-conspiratorship meant decentring my own identity as "the good ally" and orienting my practice around risk, accountability and material support for trans liberation.

Unsettling the therapeutic gaze: Feminist and queer challenges to professional power

Feminist scholars have long exposed the gendered, racialised and class-based hierarchies embedded within the helping professions, including psychotherapy. What is often framed as

"care" can reproduce paternalism, gatekeeping and institutional control under the guise of benevolence. Pioneering thinkers such as Bonnie Burstow (1992) and Laura Brown (1995) critiqued how therapeutic relationships have historically positioned clients – especially women and members of other marginalised groups – as passive recipients of expert knowledge rather than as authors of their own lives. As Audre Lorde (1984) powerfully warned, "the master's tools will never dismantle the master's house". Within therapy, this insight urges us to question whether our practices reinforce systems of domination even as we claim to disrupt them. A therapist's "helping" stance, when unexamined, can become a subtle method of managing or neutralising resistance, rather than standing alongside it in solidarity.

Queer theorists offer parallel critiques of the normative assumptions embedded in many therapeutic models. Jasbir Puar's (2007) concept of *homonationalism* illustrates how liberal multiculturalism incorporates certain queer and trans bodies only when they conform to national narratives of progress, inclusion and respectability. Queer and trans individuals who resist assimilation – those whose gender expressions are unstable, defiant or collectivist – are often marginalised even within supposedly affirming spaces. In psychotherapy, this takes shape when trans clients are subtly or overtly encouraged to pursue linear gender transitions, conform to cisnormative expectations of stability and productivity, or frame their suffering in apolitical, individualised terms. Such therapeutic scripts risk erasing the radical potential of queerness as a site of resistance, relationality and survival outside the logics of the state and market.

Even within gender-affirming care models, there can be an implicit pressure for trans and nonbinary clients to articulate their identities in ways that are coherent, consistent and legible to cisnormative frameworks. Therapists may unintentionally privilege narratives that align with biomedical transition timelines or emphasise binary gender categories, sidelining more fluid, anarchic or nonlinear ways of being. This can foreclose more expansive queer futures, reducing gender diversity

to a medical problem to be stabilised rather than a political and relational site of becoming. As Dean Spade (2015) and others have argued, this reproduces a kind of therapeutic gatekeeping where trans survival is made contingent on producing narratives that “make sense” within the institution’s terms. The client’s self-expression is filtered through the therapist’s comfort and the clinic’s protocols, reinforcing the very hierarchies of intelligibility that queer life so often resists.

Moreover, the drive for “outcome-based” therapy, so prominent in neoliberal health care systems, further entrenches this assimilationist logic. Queer clients are expected to demonstrate improvement in individualised metrics: reduced distress, increased functioning, greater “resilience”. But what if the distress is not pathological but a response to structural violence? What if the goal isn’t to function better within oppressive systems but to survive them, refuse them or remake them altogether? These are not questions that fit easily into treatment plans or diagnostic codes. But they are central to queer liberation. If therapy is to support queer and trans clients in their full complexity, it must be willing to depart from state-sanctioned narratives of healing and progress. It must learn to hold space for incoherence, contradiction, rage and refusal, not as symptoms to be managed but as legitimate and often generative responses to life at the margins.

Queer and feminist theory in action: Narrative therapy

In contrast to allyship, which often remains symbolic and self-referential, co-conspiracy is a praxis of risk, relational commitment and material accountability. Black feminist scholar Bettina Love (2019) distinguished co-conspirators from allies by their willingness to relinquish comfort, status and institutional safety in the pursuit of justice. Co-conspirators do not merely “support” movements; they organise, disrupt and act alongside.

The concept of co-conspiracy does not originate within psychotherapy but emerges from

longstanding traditions of resistance articulated by abolitionist organisers, Indigenous feminists, disability justice activists, queer/trans organisers, and grassroots community workers. Abolitionist scholars such as Mariame Kaba (2021) and Ruth Wilson Gilmore (2007) have emphasised that solidarity requires material commitments to dismantling carceral and punitive systems, not merely symbolic alignment. Indigenous feminist thinkers (e.g., Coulthard, 2014; Simpson, 2017) have foregrounded relational accountability, land-based ethics and refusal as central to decolonial praxis. Community organisers, particularly those engaged in mutual aid and direct action (Rudy, 2014; Spade, 2026), have long enacted forms of co-conspiracy through collective care, risk-sharing and resistance to institutional recognition. Bringing these traditions into conversation with narrative therapy helps decentre psychotherapy as the primary site of knowledge production and instead situates co-conspiracy within broader histories of struggle, survival and liberation.

Narrative therapy shares deep affinities with queer, abolitionist and feminist approaches to justice, not only in its theoretical commitments but in its relational praxis (Madigan, 2025). Rather than pathologising responses to systemic harm, narrative therapy views those responses as meaningful, situated and often subversive acts of resistance. Its central ethical stance – that the person is not the problem, the problem is the problem (White, 1987) – offers a powerful alternative to dominant psychotherapeutic models that locate distress within individual pathology. This shift enables therapists to trace suffering to the operations of power, normativity and discourse, and to join clients in exploring how they have already resisted, survived or subverted these forces in ways that are often unrecognised or uncelebrated.

Narrative practice, particularly in its community-based and politicised forms, also attends to what feminist scholar Sara Ahmed (2017) called the “feminist snap”: those moments when people break from what is expected of them to preserve their dignity or integrity. In therapy, these moments often show up as ruptures,

refusals or breakdowns in normative expectations of healing. These snaps can be referred to in narrative therapy as “unique outcomes”. Rather than framing them as therapeutic derailments, narrative therapy positions these snaps/unique outcomes as sites of ethical inquiry and possibility.

By collaborating with clients to name the sociopolitical contexts that produce suffering and to document the ways they’ve responded, therapists engage in a praxis that is both relational and resistant. Narrative documents, outsider witnessing and collective narrative practice can function as tools of re-membling, connection and politicised care (Denborough, 2008). As a praxis affiliated with queer and feminist therapy (Butler, 2004; hooks, 2000), narrative practice, at the level of its ethical commitments, resists institutional co-optation by refusing the neutrality and professionalism that often underwrite the therapist’s authority. It invites therapists into relationships of accountability rather than hierarchy, and into storytelling practices that centre relationality over individual success. At the same time, these commitments are not guaranteed simply by using narrative language; there are instances in which “narrative” is taken up as a set of techniques or metaphors while remaining compatible with dominant institutional norms and power relations. Attending to this distinction underscores that narrative practice is not inherently co-conspiratorial but rather requires ongoing ethical and political accountability to resist co-optation.

As narrative therapy is informed by queer theory’s refusal of normativity and feminist theory’s insistence on power analysis, it can help therapists move from symbolic allyship into co-struggling relationships that are porous, ethical and collectively held. In this way, narrative therapy offers not just a framework but a living, breathing method for resisting the logics of assimilation, pathologisation and professional dominance that continue to shape the terrain of mental health care.

Charley Lang (2020), a narrative therapist and educator, has called for “companioning” rather than “intervening”, particularly in queer and

trans contexts. This involves a deep commitment to witnessing, honouring and amplifying the knowledge and resistance already alive in marginalised communities. It also requires therapists to step out of the expert role and into an ethic of relational humility.

Julie Tilsen, in her (2021) book *Queering your therapy practice: Queer theory, narrative therapy, and imagined futures*, challenged the idea that therapy should be confined to the individual, instead calling for an orientation that centres community wisdom and collective practices of survival and resistance. Tilsen drew on community narrative practices that emphasise outsider witnessing, collective documentation and co-authored responses as strategies to counter isolation and foster connection between queer clients and broader movements for justice. The practices that Tilsen described in her book exemplify an active engagement with the ethics and politics of co-conspiratorship: moving beyond allyship to shared risk, relational accountability and collective resistance.

In addition to Tilsen (2021) and Lang (2020), I draw conceptually from the work of trans and nonbinary practitioners and theorists Sand Chang (2019) and Jack Halberstam (2011, 2020) to deepen the critique of the ally-industrial complex. Chang’s writing on embodied trans-affirming care invites therapists to move beyond performative gestures of inclusion towards practices grounded in vulnerability, shared risk and relational accountability. Their work foregrounds the body as a site of both harm and resistance, insisting that therapeutic ethics must be lived somatically and relationally rather than proclaimed through declarative ally identities. Chang (2019) exposed how the professionalised language of affirmation can reproduce asymmetrical power relations when it is detached from embodied solidarity and mutual transformation. Drawing on this, co-conspiratorial practice asks therapists to inhabit uncertainty, to risk complicity, and to orient towards repair rather than reassurance. In this frame, accountability is not a declaration of moral purity but a continual, embodied negotiation of power, privilege and care.

Halberstam's (2011) queer theoretical work offers a critical analysis of how normativity organises identity and belonging within neoliberal culture. Their critique illuminates how the "good ally" often becomes a stabilising figure: someone whose moral coherence is secured through practices that manage dissent rather than disrupt hierarchy. From a narrative perspective, this discourse of allyship shapes the professional identity of therapists, inviting stories of virtue and moral authority. Halberstam's call to resist normativity opens space for alternative therapist identities grounded in curiosity, relational accountability and co-created meaning. In this sense, co-conspiratorial practice invites a re-authoring of professional identity that redistributes authority and unsettles the moral economy sustaining the ally-industrial complex.

Practices of co-conspiratorial narrative therapy

Moving from allyship to co-conspiracy in therapy requires a fundamental reorientation of the therapist's role, ethics and relationship to power. This shift is not about acquiring new techniques but about inhabiting a different stance, one that resists institutional reward structures, centres community accountability and embraces relational risk. Below are five interrelated practices that support a co-conspiratorial approach rooted in narrative therapy and informed by feminist and queer critique.

Decentring the therapist's moral identity

Mainstream allyship often positions the therapist as the benevolent expert: someone who is "safe", "inclusive" and morally superior. This performance of allyship may offer comfort to the therapist and legitimacy to the institution, but it rarely challenges the material conditions shaping clients' lives. A co-conspiratorial stance requires us to let go of our investment in being seen as "good" and instead ask: Who benefits from this work? Who is centred? What am I willing to risk? Decentring moral identity involves a shift from self-image to solidarity. It means showing up in ways that are accountable not to reputation or

performance but to the lived experiences and liberation of queer and trans communities.

Resisting institutional co-optation

Therapists must critically examine how their practices are shaped by the institutions they work within: licensing boards, insurance companies, nonprofits or universities. Even when these institutions espouse progressive values, they often reproduce cisnormative, racist and neoliberal logics under the surface. Co-conspiratorial therapists resist becoming agents of regulation by identifying where they are asked to police the boundaries of legibility, normalcy or compliance. They interrogate whose stories are centred in their documentation, who gets access to care and how power operates in the name of "professionalism". Resisting co-optation may involve subverting institutional policies, amplifying critiques internally or aligning with activist movements that push for systemic transformation beyond the therapy room.

Embedding therapy in community and collective action

Co-conspirators understand that healing and resistance are collective processes. They develop relationships with community organisers, mutual aid networks and grassroots movements, not as saviours or service providers but as relationally embedded collaborators. These ties inform their ethics of care and help ground their work in the lived struggles of the communities they serve. Therapy becomes one thread in a larger web of support and survival rather than an isolated, individualistic pursuit. Co-conspiratorial therapists might attend rallies, host community listening circles, share space with organisers or offer pro bono work that directly supports collective resistance efforts. These connections create a feedback loop between therapy and activism, making both more accountable and responsive.

Co-authoring justice-oriented practices

Rather than relying solely on clinical language or treatment goals, narrative therapists engaged in co-conspiracy collaborate with clients to

develop story-based practices that affirm identity, document resistance and connect to broader social movements. These may include letters of recognition, counter-story maps, remembering practices or community-sourced therapeutic documents (Denborough, 2014). Such tools function not only as therapeutic interventions but as acts of cultural refusal: refusing pathologising labels, refusing individual blame and refusing silence in the face of systemic harm. Justice-oriented narrative practice treats storytelling not just as healing but as political: an act of reclamation, visibility and solidarity.

Practicing rigorous reflexivity

Co-conspiratorial work demands ongoing, uncomfortable reflection about the therapist's own location within systems of power. This is not a one-time self-assessment but a continuous interrogation of how whiteness, cisnormativity, class privilege, settler status and professional authority shape one's gaze, responses and ethical orientation (Tilsen, 2021). Reflexivity in this context is not merely introspective; it is relational and political. It asks therapists to be in conversation with community feedback, to welcome critique and to remain open to being called in. This kind of reflexivity deepens accountability and interrupts the complacency that can come with professional expertise.

Together, these practices constitute an evolving and imperfect praxis. Co-conspiratorial narrative therapy is not a fixed destination but a commitment to showing up differently: to abandoning the comfort of neutrality, embracing the discomfort of solidarity, and refusing to collude with systems that pathologise and police queer and trans life. It is a practice of aligning therapy with liberation.

Case stories: Practicing co-conspiratorial narrative therapy

To illustrate what it might mean to move beyond mere allyship and into the messier, riskier terrain of

co-conspiratorship, I offer several stories from my own experiences as a therapist and a supervisor. These are not offered as models to emulate but as moments of disruption, discomfort and transformation: times when I and the therapists who consulted me were challenged to confront the limits of allyship and reorient the practice towards solidarity. These cases reflect real engagements with trans and queer clients who, in their courage and clarity, pushed us to examine our complicity with the systems we thought we were resisting. They also reveal how narrative therapy, when practiced with a commitment to justice and relational accountability, can become a space where co-struggling is possible, institutional norms are contested and therapy spills into the collective life beyond the office walls.

Letting go of being the “good ally”

Kai (they/them), a nonbinary Latinx college student, first came to therapy after experiencing repeated microaggressions in their psychology program. Early in our work, I noticed myself overcompensating, leaning hard into gender-affirming language and over-validating their experiences in a way that was less about Kai and more about proving that I was a “safe” therapist.

In our work together, Kai and I began to externalise what we came to call “the Model Ally”: a voice that demanded perfection, gratitude and visibility. We treated the Model Ally not as an identity to defend or disown but as a discourse that shaped both of us. Kai named the ways cisgender professionals often perform allyship to maintain moral safety rather than relational accountability. We collaboratively wrote a satirical story titled “The Myth of the Model Ally” mapping the seductive promises of this discourse: to be the one who gets it right, who is thanked and who never risks discomfort. Through humour, critique and reflection, Kai exposed the emotional economy of allyship as a currency that rewarded performance over solidarity. Below is the story we co-wrote.

Once upon a time, in the bustling land of Helping Professionals, there lived a character known as the Model Ally.

The Model Ally wore a radiant badge of Wokeness that shimmered in the light of conferences and supervision meetings. They spoke fluently in the language of inclusion, often citing marginalized authors – though rarely inviting them into the room. Whenever injustice appeared, the Model Ally rushed in, armed with empathy statements and social media posts. Crowds applauded their bravery, and they collected gratitude like merit badges. Each “thank you” polished their halo brighter, helping them forget the quiet voices they’d interrupted or the discomfort they’d avoided. The Model Ally’s greatest fear was not harm, but awkwardness – the moment their good intentions might be questioned.

Meanwhile, in the corners of the same land, people like Kai began to whisper about the myth itself. Kai noticed how the Model Ally’s moral shine depended on others’ suffering, how their empathy was a performance staged for approval. So, Kai decided to follow the trail of the Model Ally – to listen to the promises it made: If you get it right, you won’t have to feel wrong; if you are thanked, you must be good; if you stay busy helping, you’ll never have to be changed. Together, Kai and David laughed and rewrote the script. In Kai and David’s version, the Model Ally slowly removed the badge, realizing that real solidarity was less about being seen as good and more about staying in the room when it got hard – risking discomfort, listening longer than speaking, and learning to accompany rather than perform.

Our co-writing process was both therapeutic and political. Kai wrote sections that reclaimed agency, and I followed their lead, learning to write with, not about. We reflected on how the Model Ally demanded reassurance, how it used empathy as self-protection, and how it often sought proximity to pain without bearing its consequences. Kai reflected that “Accountability isn’t about being right; it’s about being responsive and in relationship”.

Naming institutional complicity

Sam (she/her), a white cisgender bisexual woman whom I was supervising at an agency where I provided consultation, was working with Marlo (she/her), a white trans woman in her 40s, who was navigating both gender-affirming care and a deeply transphobic custody battle. Early on, she asked Sam to write a support letter for the court. Sam’s agency had a policy requiring such letters to go through a multi-step “clinical review” process, ostensibly to ensure quality but, in practice, a form of gatekeeping and surveillance.

When Sam explained this to her, Marlo said: “So basically, your system doesn’t trust you to trust me”. She was right. Sam and I had to reckon with the fact that, even in a progressive agency, we were participating in the regulation of trans lives. Sam shared this dilemma with Marlo transparently. Together, Marlo and Sam wrote two letters: one to satisfy the court’s bureaucratic demand and another to Sam’s agency – a declaration of autonomy and critique of institutional gatekeeping. Marlo’s words, not Sam’s, guided the letter’s tone and message.

This moment reworked supervision as co-conspiracy. Instead of correcting Sam’s professional stance, we discussed how to use her institutional position to challenge the system’s demands. Sam brought Marlo’s critiques to leadership, arguing that the policy replicated cisnormative control. The agency eventually revised its procedures to allow clinicians to co-sign letters directly with clients. This shift exemplified what Patterson (2018) described – and what respondents in the same issue later affirmed – as redistributing authorship and authority (Fischer, 2018). Here, Marlo’s authorship changed institutional practice not just her own case.

Together, Marlo and Sam co-wrote a letter that was not just a clinical justification but a piece of advocacy that told Marlo’s story on her terms. I also submitted feedback to the agency’s leadership, challenging the policy and pointing to its cisnormative assumptions. This wasn’t just about Marlo; it became a broader

moment of resisting institutional co-optation and advocating for change beyond the therapy hour.

Therapy that spills outside the room

Nicole (she/her), a white cisgender heterosexual woman I was supervising in my practice, was in therapeutic partnership with Jules (they/them), a queer Black organiser whose mutual aid collective was experiencing intensified state surveillance amid the shifting political terrain in the United States. Jules had not come to therapy seeking individual healing in the traditional sense; rather, they were looking for a space to remain resourced, to give shape to their experiences of grief and rage, and to stay connected to movement without burning out. During one session, Jules remarked, “I don’t need a therapist who helps me cope with injustice. I need an advocate who believes that the world I’m fighting for is possible”. This statement became a key moment in the re-authoring of what therapy could mean and do.

As Nicole and Jules continued their work, their sessions evolved into strategy meetings in which therapy and activism intertwined. Jules began using the space to reflect on burnout, grief and the complexities of mutual aid within their organising collective. Nicole shifted from providing reflective listening to co-developing plans with Jules for redistributing resources, connecting their community to affirming mental health supports and creating networks of care that extended beyond formal therapy.

This reorientation drew inspiration from the Just Therapy Team’s notion of “partnership”: a relational ethic that dissolves hierarchy in favour of shared responsibility (Tamasese & Waldegrave, 1996). Nicole and Jules regularly reviewed how their sessions aligned with movement goals. In this way, the therapy itself became a site of community resistance grounded in trans and nonbinary narrative practices like those advanced by Charley Lang (2020). Jules’s insistence on collective survival over individual adjustment challenged us both to see that co-conspiracy in therapy means standing with communities in motion, not observing them from a safe distance.

Eds note: The Just Therapy Team and their forms of partnership accountability

One of the many significant contributions of the Just Therapy Team from the Family Centre in Lower Hutt, Aotearoa New Zealand, is the way they have developed long-lasting cultural and gender partnerships among their own team. These rigorous honouring partnerships are based on a foundation of treasured values from within each respective culture and preserve the “values of love, humility and respect” (Tamasese et al., 2003, p. 100). It’s possible to learn more about the work of the Just Therapy Team and their influential forms of partnership through a [free online course](#) on the Dulwich Centre website. Taimalieutu Kiwi Tamasese and Charles Waldegrave specifically discuss cultural partnerships in [Chapter 2](#) where the following two papers are also available:

Tamasese, K., Waldegrave, C., Tuhaka, F., & Campbell, W. (2003). Furthering conversation about partnerships of accountability: Talking about issues of leadership, ethics and care. In C. Waldegrave, K. Tamasese, F. Tuhaka, & W. Campbell (Eds.), *Just Therapy – a journey. A collection of papers from the Just Therapy Team, New Zealand* (pp. 97–117). Dulwich Centre Publications.

Tamasese, K., & Waldegrave, C. (2010). Cultural and gender accountability in the “Just Therapy” approach. *Journal of Feminist Therapy*, 5(2), 29–45. https://doi.org/10.1300/J086v05n02_03

Together, Nicole and Jules centred conversations around sustaining resistance, thickening stories of collective care and reclaiming community. This shifted the therapeutic landscape. Nicole supported Jules in linking to other community-aligned practitioners and organisations, such as

the Gender Health Center, to co-develop mutual aid responses. The boundary between “therapy” and “community work” became less relevant as the work turned towards honouring preferred stories of solidarity, interdependence and imagination. In this context, therapy was no longer a site of individual adjustment but a collaborative space for sustaining liberatory commitments.

The above case examples illustrate how co-conspiratorial narrative therapy is not a set of techniques but a relational and ethical orientation. In each of the above cases, the therapists were challenged to decentre their expertise, confront institutional complicity and move beyond the confines of the therapy room. Co-conspiracy, I’ve learnt, demands an ongoing willingness to be accountable to clients and communities, not by perfecting allyship but by practicing solidarity in material, relational and justice-oriented ways. These moments were often uncomfortable, humbling and transformative, and they reminded me, both as a therapist and a supervisor, that the work of therapy – if it is to move beyond mere allyship and towards alignment with liberation – must always be porous, political and unfinished.

Conclusion

In a time of heightened attacks on trans and queer communities, through legislation, public discourse and institutional neglect, therapists are faced with a choice: remain in the safety of symbolic allyship or engage in the difficult, messy and vital work of co-conspiracy. I have argued that mainstream psychotherapy, even when adorned with inclusive language and progressive branding, often aligns with what Patterson (2018) named the ally-industrial complex – a structure that rewards

cisgender professionals for appearing proximate to marginalised communities while maintaining systems of control, normalisation and gatekeeping.

I am situated within the systems of power I have sought to critique. My professional authority and access are shaped by whiteness, cisnormativity, patriarchy and ableism. For those of us who occupy similarly privileged positions, the task is not to refine our allyship but to interrogate how we benefit from these systems and to consider what it might mean to act in ways that risk that advantage. This article invites a shift towards accountability, redistribution and a willingness to be uncomfortable.

Narrative therapy, grounded in feminist, queer and anti-oppressive critique, offers an alternative ethical horizon that refuses neutrality, questions expertise and situates suffering within broader social and political contexts. It invites therapists to centre resistance, co-author counter-stories and engage in practices that are accountable rather than performative. Yet these tools must be taken up with reflexivity and risk, including a willingness to challenge the institutions that authorise our work.

If allyship is often rewarded within institutions, co-conspiracy is frequently unintelligible – or even penalised – within them. This is precisely what gives it its ethical force. Ultimately, co-conspiracy calls for a reimagining of therapy, not as a site of individual adjustment, but as a space for collective care, political engagement and community accountability. The question is not whether we are inclusive enough but whether we are willing to align our practices materially with those most impacted by structural violence. The invitation: step off the stage of allyship and into the ongoing, imperfect practice of co-conspiracy.

References

- Ahmed, S. (2017). *Living a feminist life*. Duke University Press.
- Beasley, J. J., & Ieva, K. P. (2022). School counselors and principals serving as co-conspirators for antiracist program evaluation. *Professional School Counseling*, 26(1c), 1–11. <https://doi.org/10.1177/2156759X221134671>
- hooks, b. (2000). *Feminism is for everybody: Passionate politics*. South End Press.
- Brown, L. S. (1995). *Subversive dialogues: Theory in feminist therapy*. Basic Books.
- Burstow, B. (1992). *Radical feminist therapy: Working in the context of violence*. Sage.
- Butler, J. (2004). *Undoing gender*. Routledge.
- Chang, S. C. (2019). *A clinician's guide to gender-affirming care: Working with transgender and gender nonconforming clients*. New Harbinger.
- Coulthard, G. S. (2014). *Red skin, white masks: Rejecting the colonial politics of recognition*. University of Minnesota Press.
- Denborough, D. (2008). *Collective narrative practice: Responding to individuals, groups, and communities who have experienced trauma*. Dulwich Centre Publications.
- Denborough, D. (2014). *Retelling the stories of our lives: Everyday narrative therapy to draw inspiration and transform experience*. Norton.
- Domínguez, A. D., & Bertrand, M. (2023). Where are the coconspirators? Examining performative youth allyship and opposition by educational leaders in K–12 schools. *The Urban Review*, 55, 559–582. <https://doi.org/10.1007/s11256-023-00661-w>
- Feldner, H. A., Evans, H. D., Chamblin, K., Ellis, L. M., Harniss, M. K., Lee, D., & Woiak, J. (2022). Infusing disability equity within rehabilitation education and practice: A qualitative study of lived experiences of ableism, allyship, and healthcare partnership. *Frontiers in Rehabilitation Sciences*, 3, Article 947592. <https://doi.org/10.3389/fresc.2022.947592>
- Fischer, M. (2018). The cistakes of allyship. *Women and language*, 41(1), 159–161.
- Fortier, C., Wong, E. H.-S., & Rwigema, M. J. (Eds.). (2024). *Abolish social work (as we know it)*. Between the Lines.
- Gilmore, R. W. (2007). *Golden gulag: Prisons, surplus, crisis, and opposition in globalizing California*. University of California Press.
- Halberstam, J. (2011). *The queer art of failure*. Duke University Press.
- Halberstam, J. (2020). *Wild things: The disorder of desire*. Duke University Press.
- Kaba, M. (2021). *We do this 'til we free us: Abolitionist organizing and transforming justice*. Haymarket Books.
- Kim, M. E., Rasmussen, C., & Washington, D. M. (Eds.). (2024). *Abolition and social work: Possibilities, paradoxes, and the practice of community care*. Haymarket.
- Lang, C. (2020). Teaching narrative therapy through a queer lens. *International Journal of Narrative Therapy and Community Work*, (2), 59–67.
- Lorde, A. (1984). *Sister outsider: Essays and speeches*. Crossing Press.
- Love, B. L. (2019). *We want to do more than survive: Abolitionist teaching and the pursuit of educational freedom*. Beacon Press.
- Madigan, S. (2025). *Narrative therapy* (3rd ed.). American Psychological Association.
- McKenzie, M. (2014). *Black girl dangerous: On race, queerness, class and gender*. BGD Press.
- Patterson, G. (2018). Entertaining a healthy cispicion of the ally industrial complex in transgender studies. *Women and Language*, 41(1), 155–158.
- Piepzna-Samarasinha, L. L. (2018). *Care work: Dreaming disability justice*. Arsenal Pulp Press.
- Puar, J. K. (2007). *Terrorist assemblages: Homonationalism in queer times*. Duke University Press.
- Rudy. (2014, May 4). Accomplices not allies: Abolishing the ally industrial complex. *Indigenous Action*. <https://www.indigenoussaction.org/accomplices-not-allies-abolishing-the-ally-industrial-complex/>
- Simpson, L. B. (2017). *As we have always done: Indigenous freedom through radical resistance*. University of Minnesota Press.
- Spade, D. (2015). *Normal life: Administrative violence, critical trans politics, and the limits of law* (Rev. ed.). Duke University Press.
- Spade, D. (2026). *Mutual aid: Building solidarity during this crisis (and the next)*. Verso.
- Tamasese, K., & Waldegrave, C. (1996). Cultural and gender accountability in the “Just Therapy” approach. In C. McLean, M. Carey, & C. White (Eds.), *Men's ways of being* (pp. 51–62). Westview Press.
- Tilsen, J. (2021). *Queering your therapy practice: Queer theory, narrative therapy, and imagined futures*. Routledge.
- Washington, D. M., Ribeiro Brown, B., Ballesteros, D., & Davis, R. L. (2025). Abolition and social work: Dismantling carceral logics to build systems of care. *Social Sciences*, 14(9), Article 535. <https://doi.org/10.3390/socsci14090535>
- White, M. (1987). Family therapy and schizophrenia: Addressing the “in-the-corner” lifestyle. *Dulwich Centre Newsletter*, (Spring), 14–21.
- Wolbring, G., & Lillywhite, A. (2023). Coverage of allies, allyship and disabled people: A scoping review. *Societies*, 13(11), Article 241. <https://doi.org/10.3390/soc13110241>
- Wong, A. (Ed.). (2020). *Disability visibility: First-person stories from the twenty-first century*. Vintage Books.