

# Future Directions and Queer Activism



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## 1 Conclusion: Future Directions and Queer Activism

Within academic writing, locating oneself and writing about our own realities have often been frowned upon. In the name of scientific “objectivity”, the self has needed to remain hidden, promoting the illusion of impartiality and neutrality. This Cartesian dichotomy between the self and the object of study, is part of what Martín-Baró (1998) called the *parcialization* of human experience in positivist science. Reducing the study of an object to its parts erases the interactions between them and the object’s context, as well as the relationship between the scholar and what their focus of study (Scharrón-Del Río, 2010). Queer, Feminist, and Critical Race theory eschew the illusion that our production of knowledge can come from a neutral/objective stance: as stated eloquently in one of our chapters, we are always in relation to whom and what we study (Cerezo & Renteria, 2022) (Fig. 1).

This book, *Queer Psychology*, was conceptualized and written because of our relationship to the field. The editors and most of the authors identify as queer or trans, and a large majority of the authors also identify as Black, Indigenous, and other People of Color (BIPOC). As graduate students, clinicians, practitioners, advocates, emergent and established scholars in our respective fields, many of us knew firsthand about the erasure, gaps in research, limited and/or ill-fitting theory, educational/health/mental health disparities, and lack of training of traditional psychology—especially as it relates to queer and multiple-marginalized communities.

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**Fig. 1** A young queer person wrapped in a rainbow flag at a Pride Parade. Photo Courtesy of Ronê Ferreria



Many of our contributors are “queering psychology” on an everyday basis, sometimes just by showing up and claiming space, in systems and institutions that were not built for us.

In the introduction of this book (Nadal & Scharrón-del Río, 2022), we state that “queering” means to challenge the status quo. Queering is an intentional reflection about what we know—or what we think we know—in order to choose expansion instead of constriction and limitation (Scharrón-Del Río, 2020a; b). Queering challenges the oppressive structures and categories that are imposed on our communities. The process also acknowledges our interconnectedness with each other, while celebrating and affirming our differences. Queering, in its true sense, involves an epistemic stance that leads towards action (Hunt & Holmes, 2015).

The authors in this book present many avenues for queering and challenging traditional psychology, in areas such as research, training, clinical work, policy, and epistemics/theory. They also provide direction for queer activism to engage in liberating praxis. While the authors’ contributions are many, we wish to summarize a few before offering brief concluding remarks.

## 1.1 Research

*To the extent that a specific theory of psychotherapy is developed, constructed, and tested in a particular cultural group, packaged as empirically sound, and imposed on another, there may be a new form of cultural imperialism.* (Bernal & Scharrón-del Río, 2001, p. 333).

In their chapter on queering research methods, Cerezo and Renteria (2022) remind us that research and psychometric instruments in psychology have primarily focused on people who are Western, Educated, and from Industrialized, Rich and Democratic (WEIRD) countries (Henrich et al., 2010). Psychological research devoid of the examination of its context and source can easily be used as yet another form of cultural imperialism (Bernal & Scharrón-del Río, 2001). Decolonizing and queering research involves understanding the limitations of its applicability, as well as its history of misuse as an instrument of European imperialism, colonialism, oppression and subjugation (Smith, 1999; Trimble et al., 2014). Thus, it is imperative to queer psychology, so that it expands the populations where psychological research, interventions, and instruments are developed and validated (Cerezo & Renteria, 2022). Queering psychology also requires us to be knowledgeable about the history of research-induced trauma in marginalized communities, while challenging concepts and approaches that have contributed to the pathologization, stigmatization, and systemic oppression of queer and BIPOC communities (Trimble et al., 2014).

Research needs to also include “non-Eurocentric and indigenous perspectives”, as Puzio and Forbes (2022) describe eloquently in Chap. 3. Queering psychology means to acknowledge the work of queer scholars of color who have taken the lead on examining the experiences of multiply marginalized communities—often using a plurality of methods, from autoethnographic to empirical approaches (Cerezo & Renteria, 2022; Puzio & Forbes, 2022). Queering psychology means to celebrate and value the works of other disciplines, such as Ethnic Studies, Queer Studies, and Gender Studies, as such fields have been at the forefront of social justice movements for much longer than the field of psychology. Further, while traditional interventions (developed with mostly White samples and in WEIRD countries) are often used on queer and BIPOC communities, more research is needed on how and when to adapt interventions for queer and BIPOC communities and especially queer BIPOC communities (Freeman-Coppadge & Farhadi Langroudi, 2022; Trimble et al., 2010).

Traditional psychology often continues to rely on dichotomous/binary models regarding identity, pathologizing difference, and divergence from what is considered “normal”. It is crucial to first question who gets to control what is considered normalized and standard, and who then is deemed abnormal or inferior. In perpetrating WEIRD standards, psychology is perpetuating colonial standards which we all are socialized to follow or adhere to. In this way, when psychologists who come from historically marginalized groups are taught the Western psychology is superior and that other practices and approaches are inferior, they may internalize such messages that they may then pass onto their students, mentees, trainees, and so forth.

Further, it is very important to advance research that includes expansive models of gender, particularly in how we look at the experiences of people who identify outside binary and traditionally normative categories, and how we can develop more holistic assessments (Puzio & Forbes, 2022). In addition, it is paramount to increase attention to the strengths, coping strategies, and resilience of queer and BIPOC community (Singh et al., 2022), expanding and challenging what are often deficit and pathologizing models—a common trend particularly when we describe LGBTQ and BIPOC health and mental health (Mereish & Taylor, 2022; Velez et al., 2022). Research must also incorporate intersectionality, particularly in how we address the negative impacts of multiple marginalization on LGBTQ communities of color (Estrellado et al., 2022; Freeman-Coppadge & Farhadi Langroudi, 2022). Further, as stated in our introduction, we must also expand intersectional research to include LGBTQ people with disabilities—as such experiences have been minimal and/or erased in the field of psychology. We recognize a need for psychologists to become more aware of, and actively supportive of, the Queer Crip movements, especially in the ways that we learn about social justice and the ways that we can advocate for the holistic needs of historically marginalized people.

Some of our chapters addressed particular subfields of study, and our authors made specific recommendations regarding the dearth/gaps of research in their areas. In their chapter, Estrellado et al. (2022) make a case about the importance to include other family structures other than the heteronormative couple in research around parenting and families. According to these authors, research on queer families must include single-parent families, other-than couple parenting arrangements, families with bisexual parents (who constitute the largest percentage of queer parents), and queer BIPOC families (especially since there are higher percentages of BIPOC couples are parenting than there are White couples who are parenting). Meanwhile, in their chapter on queer youth, Torre and Avory (2022) exhort psychologists to center research about queer youth (and BIPOC queer youth in particular) on their perspectives, needs, and challenges. Their chapter—along with the chapter on gender identity and sexual orientation identity—remind us that more research is needed on queer childhood development. In its current state, what we know about queer identity is from retrospective narratives, as opposed to research conducted with LGBTQ children themselves.

Finally, Doychak and Raghavan (2022) state that research on issues involving queer people in Forensic Psychology needs to increase and that there is a need for more data collection (or access to disaggregated data) on forensic statistics regarding queer and trans people. These authors challenge forensic psychology to queer its methodology—letting go of its “reliance on old concepts of malingering, dangerousness, and the overuse of psychopathy as the only explanatory variable” (Doychak & Raghavan, 2022).

## 1.2 Training

To eliminate health and mental health disparities, part of what is needed is to improve the training of our health and mental health providers. Training programs must improve training around queer communities and issues in order to improve intervention outcomes and quality of treatment, while reducing bias, stigma, and barriers to services (Chan & Silverio, 2022; Mereish & Taylor, 2022; Velez et al., 2022). Training should also include knowledge on the history of systems of oppression and an understanding of intersectionality (Ford, 2022; Singh et al., 2022; Freeman-Coppadge & Farhadi Langroudi, 2022). Syndemics theory and its implications on health and mental health should also be included in the training of health and mental health professionals (Chan & Silverio, 2022; Velez et al., 2022).

Training programs for health and mental health professionals must challenge the emphasis on pathologization of queer and BIPOC communities by engaging in education to reduce bias (i.e., anti-racist education) and replace deficit models with an emphasis on strengths, resiliency factors, and affirming identity development (Velez et al., 2022; Freeman-Coppadge & Farhadi Langroudi, 2022). Curriculum needs to be improved to counter “queer erasure” and invisibility: readings and experiences need to be incorporated to learn about our queer communities’ affective, romantic, sexual, and familiar relationships (Doychak & Raghavan, 2022; Estrellado et al., 2022; Freeman-Coppadge & Farhadi Langroudi, 2022; Rider et al., 2022). Finally, providers must receive training in LGBTQ-affirmative therapies/interventions, adapted to consider additional marginalized identities (Baquet et al., 2022; Freeman-Coppadge & Farhadi Langroudi, 2022) (Fig. 2).

## 1.3 Clinical Work

*What is most needed at this time are evidence-based practices that utilize intersectional and social justice lenses to apply to sexual and gender minorities (SGMs) with multiple marginalized identities at individual, interpersonal, and institutional levels. (Freeman-Coppadge & Farhadi Langroudi, 2022)*

Many of the recommendations proposed by our chapter authors around clinical work complement the above recommendations towards improving training. Our queer and BIPOC communities need practitioners committed to liberation and that can engage in radical models of healing (Comas-Díaz et al., 2019; Doychak & Raghavan, 2022; Martín-Baró, 1998). Health and mental health professionals might need to make up for the invisibility of queer issues (“queer erasure”) and intersectionality in their training (Chan & Silverio, 2022; Estrellado et al., 2022; Freeman-Coppadge & Farhadi Langroudi, 2022; Rider et al., 2022). Clinicians need to be able to discuss racism (as well as other systems of oppression) and how it impacts queer BIPOC (Freeman-Coppadge & Farhadi Langroudi, 2022). Health and mental health providers must be able to understand how cultural differences (i.e., being part

**Fig. 2** A “Love is love” mural painted on the side of a building. Photo Courtesy of Annette Dawn



of a collectivistic culture, acculturation/enculturation) affect queer individuals differently according to the intersection of their identities (Chan & Silverio, 2022; Freeman-Coppadge & Farhadi Langroudi, 2022). Moreover, practitioners need to be knowledgeable about the impact of historical and transgenerational trauma in queer BIPOC (Freeman-Coppadge & Farhadi Langroudi, 2022).

While many health and mental health practitioners have received training around multicultural competence, this might not have included an understanding of intersectionality. Clinicians must understand how multiple-marginalized identities affect their clients, starting with acknowledging that LGBTQ clinical competence is not synonymous with intersectional LGBTQ clinical competence. Intersectional affirming care is sorely needed in our communities (Freeman-Coppadge & Farhadi Langroudi, 2022). Mental health interventions need to recognize and address the impact of systemic oppression in queer communities, particularly in people who have multiple marginalized identities. As an example, Velez, Zelaya, and Scheer mention an intervention (Effective Skills to Empower Effective Men, ESTEEM), that actively addresses the stress that oppression has on gay and bisexual men's syndemic conditions. Chan and Silverio also emphasize how health and mental health providers have a duty to assess and address “the accumulating effects sustained by health inequities and overlapping forms of oppression” in queer



communities (p. # \*\*). Practitioners also need to be knowledgeable about community resources for queer people, particularly for those that belong to multiple marginalized communities.

Various chapters stress the need for clinicians to include in their evaluations thorough assessments of strengths, resiliencies, and coping strategies of queer communities (Singh et al., 2022), as well as of the impact of the intersection of their identities (Freeman-Coppadge & Farhadi Langroudi, 2022). It follows then that interventions need to include self-advocacy as part of the skills to strengthen/develop. Singh, Estevez, and Truszczynski suggest incorporating role-play opportunities as part of clinical work with queer communities, as a way of ensuring that LGBTQ+ people and BIPOC know their rights. Aligned with the emphasis on self-determination advocated by indigenous communities (Smith, 1999), such practices are vital to community members' empowerment and healing processes (Trimble et al., 2014).

Intersectional approaches not only consider racial, ethnic, gender, class, and sexual identity. Often overlooked, age, spirituality, and (dis)ability are important dimensions for queer people. While some needs and challenges of queer youth and young queers are shared by older queer people, the cumulative effect of historical events in our older generation—in addition to changes regarding (dis)abilities and earning potential—need to be considered when assessing queer older adults (Chan & Silverio, 2022).

Clinicians must be also able to assess and include in their interventions discussions about religion/spirituality, particularly for queer BIPOC (Ford, 2022; Freeman-Coppadge & Farhadi Langroudi, 2022). Mental health practitioners need to understand that belonging to a religious/spiritual community means something different for queer people according to their racial/ethnic identity (Ford, 2022). Religion/spirituality can be simultaneously a source of resiliency and trauma for queer people. Mental health professionals need to be knowledgeable about the history and rituals of various religious/spiritual traditions, educate themselves about the stigma, trauma, and marginalization that LGBTQ BIPOC experience in their faith communities, and be able to provide appropriate resources (Ford, 2022).

## ***1.4 Policy Work***

There are numerous policy implications in the knowledge contained in this book. Queering psychology means that we must use research to develop and support policies that address the structural and institutional barriers that impact queer people's lives and well-being (Mereish & Taylor, 2022). Since all oppressions are interconnected, queer advocacy should pursue policies that will impact our society as a whole, such as access to universal health care, increasing available resources and countering racist, sexist, heterosexist, anti-immigrant, and anti-disability policies/laws (Singh et al., 2022). Universal healthcare is necessary to bridge health and mental health disparities in our queer communities, and such care must include and

facilitate access to mental health treatments, gender-affirming interventions, and assisted reproductive technology, among many other services (Estrellado et al., 2022).

Queer advocacy must also seek to impact training guidelines and accreditation standards. Curricula for health and mental health practitioners must include instruction in systemic oppression, intersectionality, and how oppression of people with multiple-marginalized identities affect communities, including our queer community. In addition, it should also include training in intersectional and LGBTQ-affirming interventions.

Some chapters include policy recommendations specific to subgroups within queer communities. Estrellado, Felipe, Nakamura, and Breen address issues related to queer parenting and families. These authors urge us to support policies that recognize and protect the rights of queer parents in all aspects of society, from de-facto inclusion in official records such as birth certificates, to protecting their rights to adopt and foster children. Baquet et al. (2022) remind us that policy changes are still needed to fully protect the rights of queer people in the workplace, ensuring that both gender identity and sexual orientation are protected classes in current and future laws. Ford reminds us that we must continue our efforts to ban conversion “therapies”. Finally, Doychak and Raghavan challenge traditional forensic psychology to advocate for deconstructing and challenging standard adversarial forensic tools, which adversely impact queer and multiple marginalized identity people.

Queer advocacy needs to be intersectional. We need to be advocating for BLM, immigration reform, (dis)ability rights, children/youth/elder welfare, universal healthcare, food security, housing justice/rights, sex workers’ rights, elderly rights, workplace protections, prison reform, stopping to school-to-prison pipeline, and the dismantling of all systemic/institutional oppression (Baquet et al., 2022; Chan & Silverio, 2022; Freeman-Coppadge & Farhadi Langroudi, 2022; Mereish & Taylor, 2022; Rider et al. 2022; Singh et al., 2022). Queering psychology means centering the margins, writing and supporting policies that challenge systemic oppression and the inequities it perpetuates.

## 1.5 *Epistemic*

Our contributors queer psychology by challenging many of its hegemonic assumptions, definitions, and stances. As mentioned earlier, they challenge the assumption of generalizability of theories and instruments developed for and with people from WEIRD countries (Cerezo & Renteria, 2022). Ferguson challenges the prevailing epistemological approach to identity models and research (“single-axis” analysis), which has historically focused on one-dimensional considerations of identity. Intersectionality upends this approach, centering analysis in the interaction between social identities in relation to their positionality within systems of privilege/oppression. Queering psychology challenges us to examine our reality taking into



consideration our multiple positions within these systems, all of which are interrelated in complex ways that create different lived experiences within single-axis identity communities. Thus, our LGBTQ community is not a monolithic group, but a collection of communities.

Psychological theory and research need to reflect this plurality and complexity in order to better capture and address our realities. This epistemic shift involves a decentering of the historical hegemonic discourse, as well as centering what has traditionally been considered marginalized. It also urges our field to look outside of the US/Eurocentric reality and acknowledge the contributions to queer psychology from other regions and countries (Freeman-Coppadge & Farhadi Langroudi, 2022; Scharón-Del Rfo, 2020b). Queering psychology also means to welcome interdisciplinary scholarship, such as the work of social scientists and indigenous scholars outside of psychology (Puzio & Forbes, 2022).

Many chapters challenge dichotomous categories and perspectives, including gender identity (Doychak & Raghavan, 2022; Puzio & Forbes, 2022) and sexual orientation (Adames & Chavez-Dueñas, 2022). At the same time, they challenge the pathologizing discourses and approaches that stem from traditional hegemonic discourses (e.g., Eurocentric, heteronormative), including the identification of gender identities outside of the binary as part of what is to be expected within normative gender identity development (Puzio & Forbes, 2022). Eurocentric cis-het hegemonic discourses erase queerness, and along it, our queer communities affective, romantic, sexual, and familiar relationships (Doychak & Raghavan, 2022; Estrellado et al., 2022; Rider et al., 2022).

Queering psychology also involves challenging the focus on the decontextualized individual person as it relates to identity development and their well-being. In their chapter regarding gender, Puzio and Forbes enumerate various contemporary theories on gender identity that include the impact of immediate social and cultural factors (i.e., typicality, felt pressure, available gender categories) and their dynamic between the person as part of the process of gender identity development. Adames and Chavez-Dueñas incorporate in their Racial Queer Identity (RQI) Framework the impact that affirming and non-affirming messages regarding our identities affect their development. Challenging the idea that the different aspects of our identity develop separately from the others, the RQI Framework transcends single-axis identity theories in order to showcase how “racism, heterosexism, and cissexism overlap” (p. \*\*) and their impact in identity formation among Queer People of Color (QPOC).

Acknowledging that our well-being entails more than our individual present experiences, Freeman-Coppadge and Farhadi Langroudi highlight the importance of recognizing historical/transgenerational trauma, as well as how psychology must incorporate indigenous healing practices and approaches. Similarly, by incorporating syndemics theory, some of our authors also challenge individualistic and traditional views regarding well-being: queer and multiply marginalized people may at times engage in health-risk behaviors as a way of coping with the effect of minority stress in their lives (Mereish & Taylor, 2022; Velez et al., 2022).

## 2 Queering Psychology Is Liberatory Praxis

In order to truly queer psychology, to genuinely challenge the institutional barriers and systems of oppression that keep our psychological theories, research, and interventions representative of mainly WEIRD (Western, Educated, and from Industrialized, Rich and Democratic) countries—therefore excluding and marginalizing our queer and BIPOC communities—we must engage in intersectional liberatory praxis. We must capture the voices of the marginalized (Torre & Avory, 2022) using multiple methods (Cerezo & Renteria, 2022). We must recognize indigenous knowledge and the contribution of queer BIPOC. We must train health and mental health providers how to provide intersectional affirming care. Our policies and advocacy need to procure liberation from all members of our queer communities, particularly at the intersection of additional oppressions. We must continue to challenge dichotomous/binary, decontextualized, and pathologizing theories and approaches, and engage in decolonization of our field and in liberation praxis. There is much to be done.

To queer psychology we need a greater amount of queer BIPOC psychologists, counselors, health and mental health professionals, and researchers. To achieve this, we must address educational disparities that keep BIPOC youth out of undergraduate and graduate education. These disparities are a consequence of the racism, ethnocentrism, classism, and the pervasive underfunding of public P-12 and higher education, among other factors. We need to challenge the intersection of systems of oppression that stacks layers of barriers against the success of queer BIPOC and non-traditional students (Brim, 2020).

Queer BIPOC students often do not see themselves in the research (Scharrón-Del Río, 2020a; b), an academic invisibility that compounds queer erasure. We need to challenge academia to recognize poor queer studies (Brim, 2020): to look at the production of queer scholarship and research that is produced by scholars, advocates, and communities outside of elite institutions. Within these poor queer studies, we often find the intersectional scholarship that the field sorely needs, often produced by multiply marginalized students, advocates, and scholars.

In addition to a greater amount of queer BIPOC psychologists, we also need more psychologists of all sexual orientations, gender identities, racial and ethnic groups, and others to be more willing to stand up and advocate for justice. People with more historically privileged identities (e.g., White people, cisgender people, men, educated people, academics with tenure) need to be more willing and vocal in advocating for equity. People with less privileged identities must strategize to create opportunities to advocate for justice too—whether they get involved in community organizing, collective actions, or even subtler ways of infusing justice into their practice. Either way, it will take people across all walks of life to work collectively together in order for us to decolonize and queer psychology in the way that it needs to be.

Some of the common threads in the epistemic shifts contained in the chapters of this book include topics that are also part of decolonization and liberation efforts within psychology. As Hunt and Holmes (2015) state:

Decolonization involves actively challenging or disrupting systems of knowledge that do not fully account for the lives of Indigenous people, queer and trans people, and many others whose lives are erased through epistemic and material violence. (p. 159).

Recognizing and resisting hegemonic Euro-centric discourses (Adames & Chavez-Dueñas, 2022; Freeman-Coppadge and Farhadi Langroudi, 2022), including indigenous knowledge and practices (Adames & Chavez-Dueñas, 2022; Puzio & Forbes, 2022; Ford, 2022), embracing intersectionality (Adames & Chavez-Dueñas, 2022; Baquet et al., 2022; Cerezo & Renteria, 2022; Chan & Silverio, 2022; Doychak & Raghavan, 2022; Estrellado et al., 2022; Ferguson, 2022; Ford, 2022; Freeman-Coppadge & Farhadi Langroudi, 2022; Mereish & Taylor, 2022; Rider et al., 2022; Singh et al., 2022; Torre & Avory, 2022; Velez et al., 2022), reclaiming our space and history—despite invisibilization and erasure—(Adames & Chavez-Dueñas, 2022; Baquet et al., 2022; Cerezo & Renteria, 2022; Estrellado et al., 2022), and supporting self-determination (Puzio & Forbes, 2022; Singh et al., 2022; Torre & Avory, 2022) are part of the process of decolonizing psychology.

Moreover, queering psychology requires us to embrace solidarity, embracing interconnection across multiple dimensions of oppression (Scharrón-del Río & Aja, 2020). This dynamic of solidarity is a revolutionary resistance to the process of “othering” that propelled colonialism and that is the basis of all systems of oppression. Thus, solidarity across “interconnected identities and positionalities” is key to decolonizing and liberatory praxis (Hunt & Holmes, 2015; Martín-Baró, 1998).

Queering psychology involves a commitment to a psychology of liberation (Martín-Baró, 1998; Singh, 2016). Thus, we must center our scholarship around conscientization and liberation: acknowledging and challenging oppressive approaches, systems, and institutions, and engaging communities in processes and interventions that will assist in their liberation. As we move towards a queer and liberatory psychology, Martín-Baró (1998) offers our field some direction: “to examine not only *what we are* but *what we could have been*, and most importantly, *what we could be* regarding the needs of our peoples” (p. 167). The editors and contributing authors in this book have undertaken this call, providing the field with a review of its contributions and limitations, to finally propose concepts, models, theories, methods, interventions, and approaches that intend to better represent and serve our queer and BIPOC communities. It is our hope that readers and future psychologists, practitioners, and scholars will also do the same.

### 3 A Final Note to LGBTQ Readers

To end this text, we offer a final note to our LGBTQ readers—particularly our queer and trans youth who may have happened upon this text. We hope that you continue to not just queer psychology, but to queer society however, whenever, and wherever you can. We hope you have grown up in a world that has been a little bit easier because of the people who sacrificed their lives for you to have the things they never

**Fig. 3** A same-sex couple enjoying a moment of queer love and joy. Photo Courtesy of Ketut Subiyanto



did. Please remember that loving yourself is a revolutionary act. Loving each other is revolutionary act. Having the audacity to live in your truest and most authentic ways is a revolutionary act.

We also hope that you use all of the opportunities that you have to always fight for justice. Please always remember that even if you have it easier than others—whether it be privileges that you were born into or love and support that you were lucky or fortunate enough to have or come across—we hope that you will always pay it forward to others. Be kind to each other. Be as supportive as you can be. Do not ever inflict the pain onto others that has been inflicted onto our communities. Always strive to be your best self, and please encourage others to be too. And if we all can commit to this, we do not only make the world a queerer place for everyone to live, but we can also make the world a kinder and safer place for all of us too (Fig. 3).

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