



WRJBHS-25-066

An Examination of the Impacts of Anti-Blackness and Minority Stress on Queer, Transgender, Black and Indigenous People of Color

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Citation: FitzSimons FG (2025) An Examination of the Impacts of Anti-Blackness and Minority Stress on Queer, Transgender, Black and Indigenous People of Color. J Biol & Heal Sci 2: 66.

Abstract

As of late, academic research has been focusing on conceptualizing and developing the phenomenon known as “Anti-Blackness”, as part of exploring the depth and persistence of racism towards Black communities in the United States. This article further conceptualizes the impacts of Anti-Blackness and white supremacy on minority stress among QTBIPOC communities, as well as provides recommendations for mental health counselors to develop further awareness, theoretical frameworks and advocacy efforts to address and disrupt Anti-Blackness throughout counseling practice and healthcare.

Keywords: Anti-blackness; Minority stress; QTBIPOC counseling; Queer; Transgender; Black; Indigenous people of color

Received date: September 01, 2025; Accepted date: September 10, 2025; Published date: September 23, 2025

Introduction

Currently, academic research is focusing on conceptualizing and developing the phenomenon known as “Anti-Blackness”, which is defined as a theoretical framework that recognizes society’s inability to humanize Black communities and instead dehumanizes and engages in violence towards Black communities, as part of exploring the depth and persistence of racism throughout various disciplines (*e.g.*, mental health, healthcare, public policy, *etc.*) [1-5]. However, limited research explores how Anti-Blackness impacts Queer, Transgender, Black and Indigenous People of Color (QTBIPOC), especially through the lens of minority stress and mental health. Specifically, there is a demand for the counseling profession and the healthcare profession as a whole, to develop effective competencies in addressing and disrupting Anti-Blackness practices that currently impact QTBIPOC who seek out counseling services [6].

The United States (U.S.) has a significant history of Anti-Blackness that still contributes to QTBIPOC racism in

current times. Despite the current ideas of a post-racist America, racially oppressive systems still exist in America. In examining the impacts of Anti-Blackness on the well-being of Black communities, Geronimus et al. refer to the minority stress experienced from Anti-Blackness as a type of weathering, which prematurely deteriorates the human body when navigating oppressive environments [7]. As an example, research shows that the average life expectancy of Black communities is four years less than the rest of the U.S. population, indicating minority stress to be a tremendous stress on the human body [8]. These findings directly impact the work of healthcare providers as they explore physical symptoms of stress in relation to mental health stressors.

Anti-Blackness is not a phenomenon that stems from ignorance but instead from planned and deliberate tactics of oppression. For example, white theorists have deliberately constructed narratives about Black communities to justify slavery, violence and exploitation throughout history [9]. Narratives have demonized Black communities as lazy, evil and bestial yet also portrayed



them as grateful and obedient slaves who enjoyed their enslavement to justify the history of slavery and racial oppression [9]. The focus of such contradictory narratives about Black communities is dependent on white interests and racial dominance in the United States, as part of ongoing interest convergence and denying racism in present times [10]. These narratives are significantly harmful to Black communities and how they are perceived throughout healthcare settings.

This article examines how counselors can identify, address and disrupt Anti-Blackness throughout their counseling practice. First, this article will examine how affirming counseling services with QTBIPOC involves developing awareness of how racial and cultural stigma further harms these communities when seeking out counseling services. Secondly, this article will explore ways counselors can address Anti-Blackness in their counseling work. Lastly, this article will stress the importance of and contribute further insight into the development of advocacy approaches when supporting the rights and well-being of QTBIPOC. Implications for how health care providers can address Anti-Blackness is also explored. However, to engage in this transformative work, counselors must first understand Anti-Blackness, as well as how Anti-Blackness perpetuates harm toward QTBIPOC.

Understanding the Harmful Impacts of Anti-Blackness in Counseling

Given that stigma and oppression are harmful to QTBIPOC communities, counselors must understand minority stress from a historical lens of Anti-Blackness. Specifically, counselors must first identify Anti-Blackness as a source of minority stress among QTBIPOC in counseling to further address how their counseling practices may perpetuate Anti-Blackness through counseling practice. Specifically, this section explores the impacts of eugenics and historical resistance to multicultural counseling, racism within the mental health industrial complex and the dangers of essentializing Black clients, as well as all minoritized clients.

The History of Eugenics and Multicultural Resistance in Counseling

Since the 1940s, multicultural and social justice leaders fought to establish multicultural and social justice counseling competencies to affirm and support minoritized communities as they navigate Anti-Blackness, whose struggles remained invisible to the counseling profession for decades [11-15]. According to the Multicultural and Social Justice Counseling Competencies (MSJCC) that stemmed from these social justice movements, counselors should develop the awareness and advocacy practices necessary to affirm clients with minoritized identities in counseling practice [16].

To further address how the counseling field perpetuates Anti-Blackness, counselors must understand the history of the counseling profession and its connection to Anti-Black ideologies. For example, researchers must acknowledge the roots of eugenics in psychological practice to create ideas of white racial superiority (*e.g.*, stigmatizing communities of color as more likely to experience mood disorders, oppositional defiance and psychosis) [9,17]. Furthermore, multicultural and social justice leaders in the counseling profession encountered resistance from within the profession since the 1940s when developing multicultural and social justice counseling competencies, indicating the historical struggles in addressing Anti-Blackness in counseling [18].

Counselors who have historically engaged in resistance against multicultural competencies for counselors stated that counseling was culture-free and that good counseling was good counseling despite historical concerns of historically harmful counseling practices (*e.g.*, microaggressions) [11-15]. Counselors must remain aware of these influences in not only counseling practice in present time, but also counselor education, as educators may utilize traditional approaches to teaching counseling that are rooted in racism and structural oppression [19].

The Role of Racism in the Mental Health Industrial Complex

The mental health industrial complex also perpetuates systemic violence by centering mental health struggles as strictly biomedical issues rather than public health issues related to racial violence [20]. Through invisibilizing racial oppression in counseling, this complex allows the mental health counseling field to continuously profit off structural violence and its contributions to mental health injury in the United States, rather than work with minoritized communities to address and advocate for community concerns about racial violence and oppression to prevent ongoing mental health harm caused by systemic violence [20].

Across social settings, QTBIPOC are still demonized as drug traffickers, looters and aggressive, which ties back to historical demonization myths and currently contributes to the mass incarceration of Black communities in the United States [9,21]. Anti-Blackness also utilizes harmful stereotypes to criminalize, dehumanize and disenfranchise QTBIPOC, as well as target QTBIPOC through “the war on drugs”, which contribute to harmful mistreatment of QTBIPOC in counseling [22,23]. Yet, Black community members who can establish personal success are used as examples to support the illusion of a post-racial America, the idea that racial oppression no longer exists in present time, thus gaslighting Black communities about the Anti-Blackness they are experiencing [21]. Anti-Blackness also pervades queer and trans spaces [24]. Specifically, hypervisibility has been historically placed on white queer and trans individuals, leading QTBIPOC to protest and



advocate for increased visibility, especially to illustrate the continuous murders of QTBIPOC women in the United States and ongoing psychological violence caused by racism [24-26].

With this disfigurement and lack of visibility present throughout society, mental health counselors are called to examine their own practices for oppressive ideas, as well as focus on the development of multicultural perspectives and counseling approaches that affirm QTBIPOC and their lived experiences [6]. Counselors are called to examine their own practices and institutional codes, especially when working with mandated clients, as part of identifying Anti-Black traditions in treating Black clients in counseling. Medical providers are also invited to examine their treatment approaches with Black patients, especially when navigating stigma and stereotyping.

Essentialism as Stigma in Counseling QTBIPOC Clients

QTBIPOC also experience the risk of being essentialized by counselors in counseling practice. Specifically, minoritized experiences of discrimination and oppression include being misunderstood as similar across other individuals who share perceived similarities in racial identity, regardless of present differences in intersectional cultural identities [10]. Essentializing minoritized experiences (*e.g.*, treating all perceived Black clients the same in counseling) distorts and erases minoritized individuals' unique experiences, identities, cultures and needs by treating all minorities as entirely alike in their struggles in counseling [10].

Through this erasure, Anti-Blackness is maintained by erasing the voices and lived experiences of QTBIPOC, while also maintaining Eurocentric counseling norms that pervade counselor education and treat Black and Indigenous communities as persistently othered (*e.g.*, the exaggerated focus on treating Black clients, compared to focusing on how to treat both Black and white clients in counseling in counselor training) [6]. Essentialism can also influence counselors to engage in treatment planning similarly based on perceived shared cultural characteristics, ignoring distinct and diverse cultural needs across clients. Therefore, essentialism is a dangerous perspective that can neglect the unique needs and experiences of QTBIPOC when receiving counseling.

Addressing the Harmful Impacts of Anti-Blackness in Counseling

Counselors must identify ways that Anti-Blackness can be disrupted in counseling, such as by adhering to counseling competencies that focus on social justice and affirming care with LGBTQ+ communities within institutional practice (Association of Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC)

[16,27,28]. This section focuses on concrete examples of how to address the harmful impacts of Anti-Blackness in counseling, including enhancing one's understanding of intersectionality, culturally affirming counseling theories and the importance of counseling advocacy.

Understanding the Importance of Intersectionality Theory

To disrupt how QTBIPOC experience Anti-Blackness in counseling, counselors must know and utilize the understandings of Intersectionality Theory when working with QTBIPOC in counseling. Sojourner Truth openly shared about her complex and intersectional experiences of sexism and racism as a Black woman, leading to the creation of what is known as Intersectionality Theory today by Kimberle Crenshaw [29,30]. Intersectionality is understood as when individuals experience oppression based on not just holding multiple minoritized identities, but on how various minoritized identities in a client's life intersect in unique and complex ways throughout life challenges and additional challenges brought on by concurrent minority stress [31,32].

Intersectionality Theory is essential in allowing minoritized communities to name their complex, unique and connecting experiences of oppression. Without understanding intersectionality, counselors and institutions can assume that one minoritized identity is more salient than another and miss important ways that intersectional minoritized experiences impact QTBIPOC [10,33]. QTBIPOC often have to learn how to navigate gender expectations while also navigating their intersectional racial identities, sometimes both simultaneously and at different times throughout one's lived experience [34]. For example, Black trans women can have uniquely different intersectional experiences related to their identities compared to Black trans men [34]. QTBIPOC communities, as well as various communities of color (*e.g.*, Pacific Islanders, Native Americans, Latine communities, *etc.*), also experience unique forms of cultural erasure due to white colonization, erasing their complex lived experiences and creating dominant white narratives about minoritized lives [35-37]. Though similar, these experiences can vary and are culturally unique across cultural communities.

QTBIPOC Story-Telling, Liberation Psychology and Counter-Narratives

Forms of therapy rooted in honoring personal narratives (*e.g.*, Narrative Therapy) allow QTBIPOC to re-story false narratives that have been projected onto them by oppressive lived experiences and social messages [38]. Counter-narratives, also known as *realismo critico*, are especially liberatory for QTBIPOC, given how the mental health industrial complex perpetuates ideologies of Anti-Blackness, heterosexism and cisgenderism [18,20]. In



addition, liberation psychology illuminates the importance of counter-narratives and how they can be restorative to minoritized communities (*e.g.*, QTBIPOC) while engaging in counseling spaces [39]. Queer Theory, Critical Race Theory and Hip-Hop Therapy are known therapeutic approaches that allow QTBIPOC to openly deconstruct models of oppression and establish their own stories of resilience within therapeutic settings [40-46].

When navigating Black queerness, Queer Theory can be utilized to resist dehumanizing myths about Black queerness and reshape dominant dialogue surrounding the lived experiences of QTBIPOC [47,48]. Furthermore, Queer Theory is utilized to provide a space where QTBIPOC can feel humanized in their lived experiences through affirmative self-exploration and validation [47]. Critical Race Theory can be utilized to allow QTBIPOC clients to gain further insight about systemic impacts on their lives, helping QTBIPOC clients overcome internalized guilt and shame around experiences of oppression [44]. Lastly, Hip-Hop Therapy can be utilized as a space for developing counter-narratives, story-telling, as well as queer self-expression in a safe counseling space [45,49]. Through affirming QTBIPOC and their counter-narratives in therapy settings, counselors can provide these communities with the space to explore their sense of purpose, self-acceptance and self-actualization when facing oppressive experiences related to Anti-Blackness [50]. Medical providers can also utilize knowledge of these methods when making referrals for counseling and updating counseling practices in hospital settings.

Anti-Blackness and Counseling Advocacy

As counselors learn about the impacts of Anti-Blackness towards QTBIPOC, all counselors are called to engage in advocacy efforts to disrupt Anti-Blackness in their personal and professional environments [51]. However, to do so, counselors must consider concrete strategies that can be utilized throughout their social environments to reduce Anti-Blackness and bring about systemic change. For example, Ward (2022) discusses the importance of normalizing conversations about racism and additional forms of oppression that impact QTBIPOC in counseling (*e.g.*, trans/queer antagonism) [52]. Counselors must normalize these discussions and build up dialogue outside of counseling throughout their social systems, especially throughout the counseling institutions they work for as part of bringing further awareness and thought regarding the real and harmful experiences of Anti-Blackness as a public health issue, not an individualized biomedical issue [20].

However, it is also important to recognize that not all counseling institutions will be open to engaging in dialogue about Anti-Blackness, especially if their philosophies and business models perpetuate Anti-

Blackness for profit in the mental health industrial complex (*e.g.*, pathologizing Black communities intentionally without addressing social issues to extend counseling participation and business) [20,21]. Therefore, counselors can utilize Singh et al. social justice strategies, as an example, throughout their work environments as part of engaging in advocacy [53]. These strategies include, but are not limited to, building intentional relationships/allyship in the workplace, learning and teaching others self-advocacy skills, educating others about the advocacy role of counselors and using research data to illuminate social justice issues for counseling practices who would otherwise be resistant to social justice change [53].

As counselors continue to learn about QTBIPOC lives and experiences, they can utilize their professional and social privileges and positions as counselors to advocate alongside QTBIPOC community movements and leaders to promote social justice change [49,53-55]. Healthcare providers can also benefit from these insights to utilize their professional privileges to advocate alongside clients and patients during every stage of care (*e.g.*, medical treatment). For example, healthcare professionals can apply insights related to Anti-Blackness by understanding the stressors and lived experiences of Black communities, as part of building rapport with Black patients who may experience cultural mistrust in healthcare settings and advocating for specialized needs and cultural considerations. Furthermore, these insights can develop a stronger understanding of biomedical consequences of Anti-Blackness across Black patients.

Counselors and healthcare institutions can collaborate with activists and community leaders to address community needs and forms of structural harm which contribute to Anti-Blackness and minority stress [51]. For example, counselors and healthcare providers can identify local community leaders and consult their expertise regarding Anti-Blackness related stressors that directly impact Black communities in not only their health, but also in the care they receive from providers as part of preventing further minority stress. Furthermore, counselors and healthcare professionals can benefit QTBIPOC by continuously examining their own social systems they work in, while utilizing knowledge, awareness, skills and action around QTBIPOC issues to disrupt institutional oppression [53,56,57].

Through dedicating themselves to enhancing their knowledge, awareness, skills and advocacy in working with QTBIPOC, helping professionals can transform potentially harmful counseling spaces into liberating and empowering healing spaces for QTBIPOC (**Figure 1**). Though counselors and healthcare providers may experience challenges during advocacy engagement, utilizing these strategies provides helping professionals with the unique privilege to advocate alongside QTBIPOC and disrupt the Anti-Blackness that impacts their



experiences in counseling. Furthermore, Bell hooks remind all activists that despair is the greatest threat and that when despair prevails, we as a community cannot develop communities of solidarity and resistance [58]. As advocates alongside QTBIPOC, counselors and healthcare professionals can face advocacy challenges through solidarity, support and sincere efforts to make the world a better place for all.

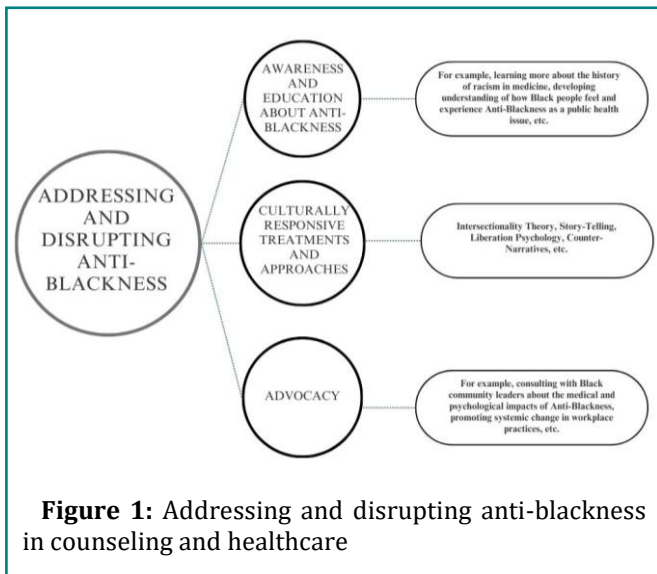


Figure 1: Addressing and disrupting anti-blackness in counseling and healthcare

Limitations

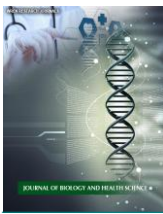
While this manuscript is conceptual, there are some limitations that should be considered. For example, empirical data is needed to test the efficacy of current counseling interventions and advocacy strategies regarding experiences of Anti-Blackness among clients and patients in healthcare. This manuscript is also mainly centered in the United States, limiting applicability when exploring the impacts of Anti-Blackness on a global scale. Still, the information provided in this article provides practical recommendations to identify Anti-Blackness and its psychological and physical impact, as well as recommendations for addressing such impacts in counseling and healthcare.

Conclusion

By developing ongoing awareness, knowledge and strategies for action, counselors are able to utilize the tools necessary to identify and address Anti-Blackness throughout counseling practice. The counseling profession is still in its infancy of developing culturally affirmative counseling for QTBIPOC, especially as research related to Anti-Blackness continues to emerge and educate counseling professionals on lived experiences of minority stress among QTBIPOC. Through solidarity and continuous professional development, counselors and healthcare providers have the unique opportunity to engage in social justice change alongside QTBIPOC, for a better world that disrupts oppression rooted in Anti-Blackness.

References

- Allard T (2022) Appreciative inquiry in elevating Black-led social change and reducing Anti-Blackness. *AI Practitioner* 24: 9-11. [Crossref]
- Auguste E, Bowdring M, Kasperek S, McPhee J, et al. (2023) Psychology's contributions to Anti-Blackness in the United States within psychological research, criminal justice and mental health. *Perspectives on Psychological Science* 18: 1282-1305. [Crossref] [Google Scholar] [Indexed]
- Mason MW (2022) Establishing 911: Media infrastructures of affective Anti-Black, pro-police dispositions. *Critical Studies in Media Communication* 39: 394-407. [Crossref] [Google Scholar]
- Nnaji C, Smith JC, Daffin GK, Wallace SE, et al. (2022) Engaging in intersectional liberation for every (Black) body impacted by Anti-Blackness and HIV-related stigma. *American Journal of Public Health* 112: S380-S383. [Crossref] [Google Scholar] [Indexed]
- Ross KM (2020) Call it what it is: Anti-Blackness. *The New York Times*.
- Arredondo P, D'Andrea M, Lee C (2020) Unmasking white supremacy and racism in the counseling profession. *Counseling Today*: 40-42.
- Geronimus AT, Hicken M, Keene D, Bound J (2006) Weathering and age patterns of allostatic load scores among Blacks and whites in the United States. *American Journal of Public Health* 96: 826-833. [Crossref] [Google Scholar] [Indexed]
- Dews F (2021) Charts of the week: Black men's life expectancy; student debt and Black households; struggling families. *Brookings Now*.
- Kendi IX (2017) *Stamped from the beginning: The definitive history of racist ideas in America*. Bold Type Books.
- Delgado R, Stefancic J (2017) *Critical race theory: An introduction*, 3rd edition. New York University Press. [Crossref]
- Guthrie R (1976) *Even the rat was white: A historical view of psychology*. Harper & Row.
- Halleck S (1971) Therapy is the handmaiden of the status quo. *Psychology Today* 4: 30-34 & 98-100.
- Katz JH (1985) The sociopolitical nature of counseling. *The Counseling Psychologist* 13: 615-624. [Crossref] [Google Scholar]
- Singh AA, Nassar SC, Arredondo P, Toporek R (2020a) The



- past guides the future: Implementing the multicultural and social justice counseling competencies. *Journal of Counseling & Development* 98: 238-252. [Crossref] [Google Scholar]
15. Wrenn GC (1962) The culturally encapsulated counselor. *Harvard Educational Review* 32: 444-449. [Google Scholar]
16. Ratts MJ, Singh AA, Nassar-McMillan S, Butler SK, McCullough RJ (2015) Multicultural and social justice counselling competencies. [Crossref] [Google Scholar]
17. Sue DW, Neville HA, Smith L (2024) Racism in counseling and psychotherapy: Illuminate and disarm. *American Psychologist* 79: 593-605. [Crossref] [Google Scholar] [Indexed]
18. Singh AA, Parker B, Aqil AR, Thacker F (2020b) Liberation psychology and LGBTQ+ communities: Naming colonization, uplifting resilience and reclaiming ancient his stories, herstories and t-stories. In L. Comas-Diaz & E. Torres-Rivera (Eds.), *Liberation Psychology: Theory, method, practice and social justice* (pp. 207-224). American Psychological Association. [Crossref] [Google Scholar] [Indexed]
19. Gorritz FB (2024) Addressing elements of white supremacy in counselor education: The path forward for racial justice in the counseling field. *Counselor Education and Supervision* 63: 131-144. [Crossref] [Google Scholar]
20. Greene EM (2019) The mental health industrial complex: A study in three cases. *Journal of Humanistic Psychology*: 1-19. [Crossref] [Google Scholar]
21. Alexander M (2020) *The new Jim Crow: Mass incarceration in the age of colour blindness*. The New Press.
22. Kerrison EM (2018) Exploring how prison-based drug rehabilitation programming shapes racial disparities in substance use disorder recovery. *Social Science & Medicine* 199: 140-147. [Crossref] [Google Scholar] [Indexed]
23. Mogul JL, Ritchie AJ, Whitlock K (2011) *Queer (in)justice: The criminalization of LGBT people in the United States*. Beacon Press. [Google Scholar]
24. Furman E, Singh AK, Darko NA, Wilson CL (2018) Activism, intersectionality and community psychology: The way in which Black Lives Matter Toronto helps us to examine white supremacy in Canada's LGBTQ community. *Community Psychology in Global Perspective* 4: 34-54.
25. Cohen CK (1997) Punks, bulldaggers and welfare queens: The radical potential of queer politics? *GLQ: A Journal of Lesbian and Gay Studies* 3: 437-465.
26. Schares EM (2019) The suicide of Leelah Alcorn: Whiteness in the cultural wake of dying queers. *QED: A Journal in GLTBQ Worldmaking* 6: 1-25. [Crossref] [Google Scholar]
27. Association of Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC) (2009a) Competencies for counseling with lesbian, gay, bisexual, queer, questioning, intersex and ally individuals.
28. Association of Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC) (2009b) Competencies for counseling with transgender clients. [Crossref] [Google Scholar] [Indexed]
29. BlackPast.org (1851) Sojourner Truth' Arn't I a woman? BlackPast.
30. Crenshaw K (1991) Mapping the margins: Intersectionality, identity politics and violence against women of color. *Stanford Law Review* 43: 1241-1299. [Crossref]
31. Bowleg L (2012) The problem with the phrase women and minorities: Intersectionality an important theoretical framework for public health. *American Journal of Public Health* 102: 1267-1273. [Crossref] [Google Scholar] [Indexed]
32. Hooks B (1981) *Ain't I a woman: Black women and feminism*. South End Press.
33. Hoy-Ellis CP (2021) Minority stress and mental health: A review of the literature. *Journal of Homosexuality*: 1-25. [Crossref] [Google Scholar]
34. De Vries KM (2012) Intersectional identities and conceptions of the self: The experience of transgender people. *Symbolic Interaction* 35: 49-67. [Crossref] [Google Scholar]
35. Crozier S (2021) For Pacific Islanders, 'AAPI; can render them invisible. How communities demand power by combatting erasure. *Insider*.
36. Goodluck K (2020) The erasure of Indigenous people in U.S. COVID-19 data. *High Country News*.
37. Urrieta L, Mesinas M, Martinez RA (2019) Critical Latinx indigeneities and education. *Association of Mexican American Educators Journal* 13: 145-174. [Crossref] [Google Scholar]
38. Moe J, Bower J, Clark M (2017) Counseling queer and genderqueer clients. In M. Ginicola, C. Smith, & J. Filmore (Eds.), *Affirmative counseling with LGBTQI+ people* (1st ed.). American Counseling Association: 213-226.
39. Martin-Baró I (1994) *Writings for a liberation psychology*. Harvard University Press.
40. Frank DA, Cannon EP (2010) Queer theory as pedagogy in counselor education: A framework for diversity training. *Journal of LGBT Issues in Counseling* 4: 18-31. [Crossref] [Google Scholar]
41. Goodrich KM, Ginicola MM (2017) Evidence-based practice for counseling the LGBTQI+ population. In M Ginicola, C



- Smith, J Filmore (Eds.), *Affirmative counseling with LGBTQI+ people* (1st ed.). American Counseling Association: 97-107.
42. Levy IP, Cook AL, Emdin C (2019) Remixing the school counselor's tool kit: Hip-hop spoken word therapy and YPAR. *Professional School Counseling* 22: 1-11. [Crossref] [Google Scholar]
43. Love BL (2017) A ratchet lens: Black queer youth, agency, hip hop and the Black ratchet imagination. *Educational Researcher* 46: 539-547. [Crossref] [Google Scholar]
44. Shannon J, Shell EM, Loury J, Bayne HB (2024) Four theories to empower Black men's existence: Meaning making in dehumanizing contexts. *The Journal of Humanistic Counseling* 63: 89-105. [Crossref] [Google Scholar]
45. Veltre VJ, Hadley S (2012) It's bigger than hip-hop: A hip-hop feminist approach to music therapy with adolescent females. In S. Hadley & G. Yancy (Eds.), *Therapeutic uses of rap and hip-hop* (pp. 79-98). Routledge.
46. Washington AR (2015) Addressing social injustice with urban African American young men through hip-hop: Suggestions for school counselors. *Journal for Social Action in Counseling and Psychology* 7: 101-121. [Crossref] [Google Scholar]
47. Goodrich KM, Luke M, Smith AJ (2016) Queer humanism: Toward an epistemology of socially just, culturally responsive change. *Journal of Humanistic Psychology* 56: 612-623. [Crossref] [Google Scholar]
48. King-Shaw S (2022) Refusing erasure: Nugent, fire!! and the legacies of queer Harlem. *Journal of the National Collegiate Honors Council* 23: 153-187. [Google Scholar]
49. Wilson DM (2007) Post-pomo hip-hop homos: Hip-hop art, gay rappers and social change. *Social Justice* 34: 117-140. [Google Scholar]
50. Chavez TA, Fernandez IT, Hipolito-Delgado C, Torres RE (2016) Unifying liberation psychology and humanistic values to promote social justice in counseling. *The Journal of Humanistic Counseling* 55: 166-182. [Crossref] [Google Scholar]
51. DeBlaere C, Singh AA, Wilcox MM, Cokley KO, Delgado-Romero EA, et al. (2019) Social justice in counseling psychology: Then, now and looking forward. *The Counseling Psychologist* 47: 938-962. [Crossref] [Google Scholar]
52. Ward EK (2022) "You're my inspiration" How I came to understand racism in America and what we can do about it. *American Educator* 46: 4-11.
53. Singh AA, Urbano A, Haston M, McMahan E (2010) School counselors' strategies for social justice change: A grounded theory of what works in the real world. *Professional School Counseling* 13: 135-145. [Crossref] [Google Scholar]
54. Ingram MV, Speedlin S, Cannon Y, Prado A, Avera J (2017) A seat at the table: Using social media as a platform to resolve microaggressions against transgender persons. *Journal of Creativity in Mental Health* 12: 289-304. [Crossref] [Google Scholar]
55. Stark C, Crofts G (2019) Advocacy-in-action: Case portrait of a helping professional pursuing positive social change for transgender and gender-expansive youth. *Journal for Social Action in Counseling & Psychology* 11: 17-34. [Crossref] [Google Scholar]
56. Brubaker MD, Harper A, Singh AA (2011) Implementing multicultural-social justice leadership strategies when advocating for the rights of lesbian, gay, bisexual, transgender, queer and questioning persons. *Journal for Social Action in Counseling and Psychology* 3: 44-58. [Crossref] [Google Scholar]
57. Simons JD, Chan C, Beck MJ, Asplund N (2019) Using the emancipatory communitarian approach to increase LGBTQI advocacy. *Journal of Gay & Lesbian Social Services* 31: 458-475. [Crossref] [Google Scholar]
58. Hooks B (2003) *Teaching community: A pedagogy of hope*. Routledge.