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Editorial

Critical perspectives on sexualities & health: Closing the gap between LGBTQ health research and the LGBTQ community

Adam Jowett

Welcome to the second of two Special Issues on Sexualities & Health: Critical perspectives. As with the previous issue, we have an internationally diverse range of articles and commentaries which critically examine lesbian, gay, bisexual, trans and queer (LGBTQ) health. In particular, one theme that runs through most of the articles in this issue is a concern with ‘giving voice’ to the LGBTQ community and closing the gap between LGBTQ health research and LGBTQ communities.

It would be fair to say that LGBTQ people have historically had an uneasy relationship with the health professions. However, just as feminist health psychology has been influenced by the women's health movement (Wilkinson, 2004), affirmative LGBTQ health research has also had a symbiotic relationship with LGBT health activism. Indeed, the removal of homosexuality from the DSM, often cited as a major historical landmark in the LGBTQ health movement (Mail & Lear, 2006), was brought about both by political campaigning and evidence from gay affirmative research (Harris, 2009; Kitzinger, 1997). As Harris (2009) notes, the case of homosexuality's removal from the DSM illustrates both the importance of social movements in creating an atmosphere in which institutional prejudice can be challenged and the important role scientists can play in marshalling evidence to create social change.

Health professionals and researchers at times also play a leading role in political organizing. For example, in the late 1970s and 1980s health professionals who were often lesbian or gay themselves pioneered health clinics specifically for lesbians or gay men to attend without fear of discrimination (Fish, 2009; Mail and Lear, 2006). Similarly, gay health professionals and academics played their part in developing the infrastructure around gay men's (sexual) health which developed as a response to the HIV crisis. In the absence of an evidence base, academics have long engaged in LGBTQ health research alongside their local

LGBTQ community organisations in the form of community health surveys (Meads, Buckley and Sanderson, 2007; Fish, 2009), often conducted on shoe-string budgets and in academics' free time. Two shining examples of LGBTQ health academic-activists were Eric Rofes (1998) in the USA and Tamsin Wilton in the UK (1997, 2000). In addition to their academic work on AIDS, both played a key role in promoting a vision of a broader LGBTQ health movement. In 2002, Rofes, together with other activists in the US organised a 'LGBTI Health Summit' following earlier gay men's health summits, while in the UK Wilton was instrumental in developing a National LGBT Health Summit, the first of which took place in 2006.

Just as the BPS established a Lesbian and Gay Psychology (now the Psychology of Sexualities) Section, LGBTQ people in many other health professions have similarly mobilised within or outside of their professional bodies (e.g. the Gay and Lesbian Association of Doctors and Dentists) to have a collective voice. Epstein (2003) has commented on the important role such groups have played through an 'insider' approach to activism. By representing the interests of LGBTQ people, these groups have influenced their parent organisations from within. The pressure for inclusion that such groups have demanded has arguably been a success story. For example, the UK Government's Department of Health set up a Sexual Orientation and Gender Identity Advisory Group which commissioned guidelines for reducing health inequalities for LGBT people (Fish, 2007). Epstein (2003, p132) has characterized such developments as forms of 'State-centred LGBT health politics' which 'involves concerted efforts by advocates and researchers to make demands on the state for inclusion and incorporation – demands to institutionalise LGBT (or, often, just lesbian and gay) health as a formal concern of public health and health research bureaucracies'.

However, such success can also have its downsides. As the LGBTQ health movement has become more professionalised and state-centric, we may risk losing valuable input from LGBTQ communities at a grass roots level and research may become increasingly driven by academic interests or the priorities of government and, by extension, the priorities of funding bodies. For instance, Epstein (2003, p156) has suggested that it is unlikely that 'academic health researchers will be prone to value the kinds of experiential, community-based knowledge about health, illness and sexuality that are cultivated in grassroots activists' circles'.

The contributions to this Special Issue all, in different ways, attempt to close this gap between academic health research and the grassroots of LGBTQ communities. Critical health psychologists often seek to take a more social activist approach to research and define themselves 'not as scientist-practitioners but rather as scholar-activists' (Murray & Poland, 2006, p. 383). As mentioned in my previous editorial (Jowett, 2016) such scholar-activists

often (but not exclusively) adopt a qualitative paradigm of research precisely to capture experiential and community based knowledge. There are also many overlaps between critical and community health psychology in this regard with more participatory approaches to research often being preferred (Murray & Poland, 2006). Such an approach is also often adopted within critical sexuality studies. As Dowsett (2007) observes, a legacy of oppression from earlier scientific research on homosexuality, together with AIDS activism, which challenged the lack of democracy within health research, has led critical researchers to embrace qualitative research

Contributions to the Special Issue

The first paper in this special issue specifically addresses the disparity between how sexual health researchers and gay and bisexual men themselves define and understand 'barebacking'. Marcus and Gillis note that sexual health researchers typically understand bareback sex as high-risk, impulsive and irrational behaviour occurring due to misinformation or self-destructive tendencies. However, many of the American and Canadian gay and bisexual men who took part in their survey described engaging in condomless sex as a way of increasing relational intimacy and often described engaging in risk reduction practices whilst barebacking. They suggest that if sexual health promotion is to be effective, it must be informed by the definitions and meanings gay and bisexual men themselves give to their sexual practices.

The second paper by Nagington, Dickson, Hicks and Pilling describes an approach to incorporating LGBTQ people's views when setting research priorities in the field of LGBT ageing. The authors report on an approach they used which involved holding a symposium, developing a community survey and conducting an agreement analysis to identify how LGBTQ people would prioritise a range of research topics. The findings highlight areas where the community feel further work is needed but the levels of priority identified for different areas may also help to explain why some topics continue to be underresearched.

The third paper in this issue also employed an online survey to gather the views and perspectives of the LGBTQ community. Easpaig and Fox report on a research project with a youth mental health service and youth stakeholder group which aimed to improve services to this community in Australia. The authors take a community health psychology perspective and their research is underpinned by an ethic that 'there should be no research about us without us'. They therefore worked with young people to examine their experiences of health care in order to inform training programmes for health professionals.

The final paper in this Special Section is also from the Antipodes. Treharne and Adams provide a critical narrative review of LGBTQ health literature in Aotearoa/New Zealand drawing upon literature from both within the discipline of psychology and beyond. Many of the points raised within the review correspond to issues that run throughout the Special Issue. The authors suggest that research undertaken in this area within Aotearoa/New Zealand ‘often seems to arise from researchers’ personal interests as a LGBTQ person’ and that much of the LGBTQ health research in Aotearoa/New Zealand grew out of AIDS activism, and a belief that LGBTQ health would be ignored if LGBTQ people did not address it themselves. Yet, they also highlight that there is often a gap between research and activism. For example, they observe that there is dearth of literature on the health and experiences of Māori and other ethnic minority LGBTQ people, despite considerable LGBTQ activism and organisation within these communities.

Also in this Issue

In addition to the Special Issue papers, we also have a regular contribution by McCarthy and das Nair in the form of a qualitative study that explores how older gay Irish men understand their sexual identity. They examine the challenges that these men often face when developing a gay identity and the identity conflicts experienced within their particular religious and cultural context. The authors also provide recommendations when working with such clients within therapeutic settings.

We then have an interview with Bernadette Wren who is a Consultant Clinical Psychologist at the Gender Identity Development Service at the Tavistock and Portman NHS Foundation Trust. Jos Twist, who is also a clinical psychologist working at the service, asks Bernadette what in her experience has changed for the service and users of the service over the years, and how this might reflect broader changes in societal attitudes relating to gender. They discuss how they see the field evolving in future and how longitudinal studies which follow today’s trans youth will be vital in informing services with this population in future.

To end this issue, we have a review of a talk by Thom Gray on asexuality which was held at the University of the West of England (UWE), Bristol, on 2nd November 2016. The review is written by undergraduate students at UWE and I hope this inspires readers to further encourage undergraduate students to get involved by writing event or book reviews or interviewing their lecturers for *PoS*R.

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