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Editorial

Critical Perspectives on Sexualities & Health: Broadening the field

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Welcome to the first of two Special Issues on Sexualities & Health: Critical Perspectives. In the following two issues of *Psychology of Sexualities Review* (PoSR) you'll find research articles and commentaries from around the globe that provide critical perspectives on lesbian, gay, bisexual, trans and queer (LGBTQ) health. While I use the term 'critical perspectives' loosely for the purposes of these special issues, I should perhaps begin by addressing broadly what is meant here by taking a 'critical' perspective on health before outlining how the contributions to this special issue disrupt dominant paradigms of research on LGBTQ health.

The use of the label 'critical' when applied to academic disciplines is often controversial and used in various ways (Billig, 2006). However, within the context of psychology, it is possible to broadly identify key features which give meaning to the term 'critical'. Critical approaches within psychology typically claim to be critical of the present social order. For many critical health psychologists this takes the form of critiquing the individualism which pervades the discipline and its understanding of health and illness (Crossley, 2000; Murray, 2004). For instance, health psychology takes for granted that health is under the control of the individual in its focus on health behaviours and health cognitions. While health psychologists often claim to adopt a 'biopsychosocial' model of health, critical scholars have argued that the discipline fails to fully integrate the 'social' part of the model (Spicer & Chamberlain, 1996) and claim that the model is more rhetoric than theory, serving largely to establish psychology as a partner of the biomedical sciences (Ogden, 1997).

Critical health psychologists contend that health can only be understood in relation to wider social contexts. Critical approaches seek to emphasise the social embeddedness of health and illness, contending that illness is not a sphere of experience separate from other social realms of life, but always embedded within them (Radley, 1994). Moreover, critical perspectives view health and illness as inseparable from relations of class, ethnicity, gender and sexuality (Murray, 2004). For instance, feminism has proved a profitable lens through

which critical health psychologists have sought to understand issues of health, power and inequality (Wilkinson, 2004). A central theme of critical psychology has also been the explicit pursuit of social justice in efforts to promote the wellbeing of socially oppressed or marginalised groups (Fox, Prilleltensky & Austin, 2009).

So when applying critical perspectives to sexualities and health, a key concern must be on heterosexism and heteronormativity within healthcare and health research (Peel & Thomson, 2009; Jowett & Peel, 2012). Heteronormativity operates within health psychology and health research more broadly in numerous ways. For example, research that examines health within the context of couple relationships routinely focus exclusively on heterosexual relationships (Jowett, Peel & Shaw, 2009) and while socio-demographic information is routinely collected in health research, the sexual identity of participants often is not. As feminist psychologist Jane Ussher (2009, p561) asserts:

> The assumption of heterosexuality in health research and clinical intervention is an insidious practice which acts to make LGBTQ individuals invisible. This operates at many levels, starting with researchers not asking about sexual identity when collecting demographic information on participants, which discursively means that LGBTQ individuals do not exist.

In one sense then, much research on the health of sexual and gender minorities could be considered 'critical' as its focus on LGBTQ people challenges such heteronormativity (see Kitzinger 1999 for a discussion about the relationship between critical psychology and lesbian and gay psychology more broadly). Homophobia and heterosexism have been a recurrent theme within LGBTQ health research since the 1970s. Early research on sexualities and health commonly reported hostile interactions with health professionals and the malicious treatment of patients' same sex partners, often resulting in delays in seeking health care (Stevens, 1992). As social attitudes towards LGBTQ people in many Western countries have shifted from hostility to liberalism, it is likely that heterosexism within healthcare, as with society more broadly, has transformed largely from the overt to the mundane (Peel, 2001). The continued impact of heteronormativity within healthcare settings and the discursive erasure of sexual and gender minorities within health care is the focus of several of the articles in this issue (Morison & Lynch; Kuperman & Sznitman)

Much 'mainstream' work on sexualities and health has also explicitly been concerned with drawing attention to the disparities in health between LGB people and the general population (Wolitski, Stall & Valdiserri, 2008). These health inequalities have typically been attributed to societal prejudice, discrimination and stigma (Meyer, 2016). As a result, a

comparative model of research has arguably become dominant within the literature on sexualities and health. As Epstein (2003, p158) notes, this has led the research agenda to become defined around "questions that are amenable to quantification and measurement". Moreover, those health concerns that are found to be more prevalent among sexual minorities come to be defined as 'lesbian and gay health issues' (Plumb, 1997) while other health concerns experienced by LGBTQ people are typically ignored (Jowett & Peel, 2009; Jowett, 2016). Epstein (2003, p158) has argued that this focus on what he refers to as "epidemiological similarity" - treating LGBTQ people as having a distinct health profile - may have a number of unintended consequences:

> [LGBT] group members may overemphasize the threat posed by those conditions that are seen as group specific, while failing to attend to health risks (such as cardiovascular disease) that may be substantially larger for many individuals in the group but that are not restricted to the group. In addition, group members may assume that what the group has in common (a sexual identity) is necessarily more consequential for the health of group members than the ways in which they differ (by social class, race, ethnicity, nationality, region, religion, and so on).

By contrast then, many of the papers in this issue may also be considered 'critical' in a second sense, as they move away from this comparative model of research, seeking instead to study LGBTQ health in its own right. Most of the papers in this issue employ qualitative and/or participatory approaches more common within critical health psychology (Murray & Chamberlain, 1999). Indeed, another key feature of critical approaches is that they tend to question the methods typically used within mainstream psychology. Chamberlain and Murray (2009) claim that mainstream health psychology has largely adopted the methodological assumptions and practices of traditional psychology, which "saw itself as a science applying an agreed scientific method to the study of individuals and their psychological processes" (p145). Many of the papers here depart from that model of research, instead applying a range of critical and creative approaches such as discursive (Morison & Lynch), narrative and arts-based (Rinaldi et al) methodologies. There is also critical reflection on the politics of engaging LGBTQ people in qualitative health research (Gibson & Wong). However, qualitative research is not inherently critical and quantitative research can be put to critical ends. For instance, one of the articles in this issue (Jankowski et al) adopts a quantitative approach but questions the pathologising assumptions within much mainstream comparative work in the area.

Indeed, several papers in this issue critique the pathologisation of LGBTQ people and their bodies within much LGBTQ/health research either implicitly or explicitly. As Flowers

(2009) notes, much of the focus on LGBTQ health has tended to be on the negative aspects of health rather than the strengths and resilience of LGBTQ communities. By contrast, one of the papers in this issue focuses specifically on those who abstain from a behaviour considered to damaging to health (Ward et al), while another explores how queer women resist pathologising discourses about variant body shapes and sizes (Rinaldi et al).

In addition to avoiding the (re)pathologisation of LGBTQ bodies, Peel and Thomson (2009) argue that critical perspectives on LGBTQ health should seek to widen the field beyond the narrow focus on sexual health. The dominance of HIV and sexual health research on gay and bisexual men within the field of LGBTQ health has been widely commented upon and critiqued (e.g. Peel & Thomson, 2009; Jowett & Peel, 2009; Jowett & Peel, 2012). This has also had an impact on lesbian health research by placing sex centre stage (Fish, 2009). As a result, LGBTQ health has largely come to be "located under the umbrella of sexual health" (Wilton, 2000, p258). On the other hand, Dowsett (2007) has suggested that HIV paradoxically both hindered and stimulated research on a wider range of health issues by, at the very least, placing 'gay health' firmly on public health and research agendas. Issues of sexual health are not intentionally avoided within this issue and are touched upon within some of the articles. However, the contributions found in these special issues will also go some way to broadening the research agenda of sexualities and health.

The papers in this issue also counters the dominance of US based research within the field of sexualities and health with articles from a wide range of countries including South Africa (Morison & Lynch), Israel (Kuperman & Sznitman), Australia (Ward et al; Gibson & Wong), the UK (Jankowski et al) and Canada (Rinaldi et al). In doing so, the institutional, legislative and cultural influences of these geographical contexts on LGBTQ health come to the fore.

Contributions to the Special Issue

As has already been mentioned, LGBTQ people's experiences of and interactions with health care systems has been an important focus of research within the field of sexualities and health. The first two papers in this special issue address this topic using different approaches and within different geographical and cultural contexts. Morison and Lynch adopt a discursive approach to examine how sexual and gender minorities are discursively invisiblised in South African health care settings. Although the rights of sexual minorities are supposedly guaranteed constitutionally within South Africa, Morison and Lynch demonstrate how heterosexism is discursively and institutionally ingrained in sexual and reproductive health services.

The second paper by Kuperman and Sznitman also examines heteronormativity within health care settings, but this time in Israel. In particular, Kuperman and Sznitman demonstrate how the Israeli context (e.g. the gendered nature of the Hebrew language and the influence of Judaism) in particular shapes LGBTQ people's interactions with health care workers.

The third paper in this special section by Ward, Riggs and Breen focuses on gender diverse and transgender students' accounts of abstaining from alcohol. While comparative research has identified elevated alcohol use among trans people, Ward et al shift the focus away from those who consume high levels of alcohol to those who refrain from doing so. They demonstrate how oppression of trans people within society may not only lead them to drink more alcohol but how concerns for their personal safety might also influence decisions about not drinking.

The next two articles focus on body image concerns of gay men and queer women respectively. Jankowski and colleagues critique dominant explanations of greater levels of body dissatisfaction among gay men as being the result of an appearance obsessed gay culture. By conducting a content analysis of media portrayals of men and women's bodies (in the form of dating and porn websites), Jankowski et al seek to shift the focus to the social conditions that may produce different expectations and appearance ideals for gay and straight men.

Unlike gay men, lesbians are typically portrayed in the LGBTQ health literature as more likely to be overweight but less dissatisfied with their bodies. Rinaldi and colleagues argue that this dominant narrative risks ignoring queer women's body image concerns. In their article, Rinaldi et al report findings from a community arts-based research project on queer women's body image. Through a narrative analysis of autobiographical films, they examine how these queer women negotiate discourses around body size, how they internalise the shaming of fat bodies but also resist shaming discourses to embrace variant body shape and size.

The final paper in this first part of the special issue by Gibson and Wong provides a critical discussion of the problems many qualitative researchers, including themselves, face when trying to recruit LGBTQ people to research studies. In particular, they discuss how socio-historical factors affecting this population may impact the trust that LGBTQ people have of health researchers and propose greater participation of community groups in all parts of the research process.

Also in this Issue

In addition to the papers making up this special section, we also have several other regular contributions to this issue of *PoSR*. Following the previous two special issues on International Perspectives, *PoSR* received a letter from two scholars in South Korea who wish to raise awareness of the rising anti-LGBT movement in their country. Their letter, which documents how this movement is actively being supported by psychiatric and psychological professionals within the country, is published in this issue.

Following this we have a piece by Anne Goodwin, a former clinical psychologist turned fiction writer. Goodwin writes about the challenges she experienced in making this career change, and how psychology and gender identity found its way into her debut novel *Sugar and Snails.*

We then have a review of LGBTI and sexuality related content at the 2016 International Congress of Psychology (ICP) which this year took place in Yokohama, Japan. Due to the active role the International Psychology Network for LGBTI issues (IPsyNet) played in promoting LGBTI-related programming at ICP, this year's congress contained over 100 papers and posters related to LGBTI issues from around the globe. Alexander Moreno, Julie Koch and lore m. dickey provide an overview of the topics covered and where presenters were based to highlight gaps and absences.

To round this issue off we have three book reviews; Mona Al Sheddi reviews *Gender and Sexuality in Muslim Cultures* (edited by Gul Ozyegin), Glen Jankowski reviews *Middle-aged gay men, ageing and ageism* (by Paul Simpson) and Damien Riggs reviews *Psychology and gender dysphoria: Feminist and transgender perspectives* (by Jemma Tosh). I hope you enjoy reading the issue!

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