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Editorial
LGBTQ Psychology in a Globalised World: Taking a stand against homophobia, transphobia and biphobia internationally

Adam Jowett

According to several media reports in February this year, the Indonesian Psychiatrists Association released a worrying statement about lesbian, gay, bisexual and trans (LGBT) people and mental health. An article published in *The Jakarta Post* (Yosephine, 2016), claimed that "The leading Indonesian psychiatric body has classified homosexuality, bisexuality and transgenderism as mental disorders, which it says can be cured through proper treatment".

In response to these reports Professor Elizabeth Peel (Chair of the Psychology of Sexualities Section) worked with the BPS President to release a statement asserting that "The British Psychological Society (BPS) denounces the reported proposal by the Indonesian Psychiatrists' Association to classify lesbian, gay, bisexual, and transgender sexual and gender identities (LGBT) as mental illnesses". It went on to state that:

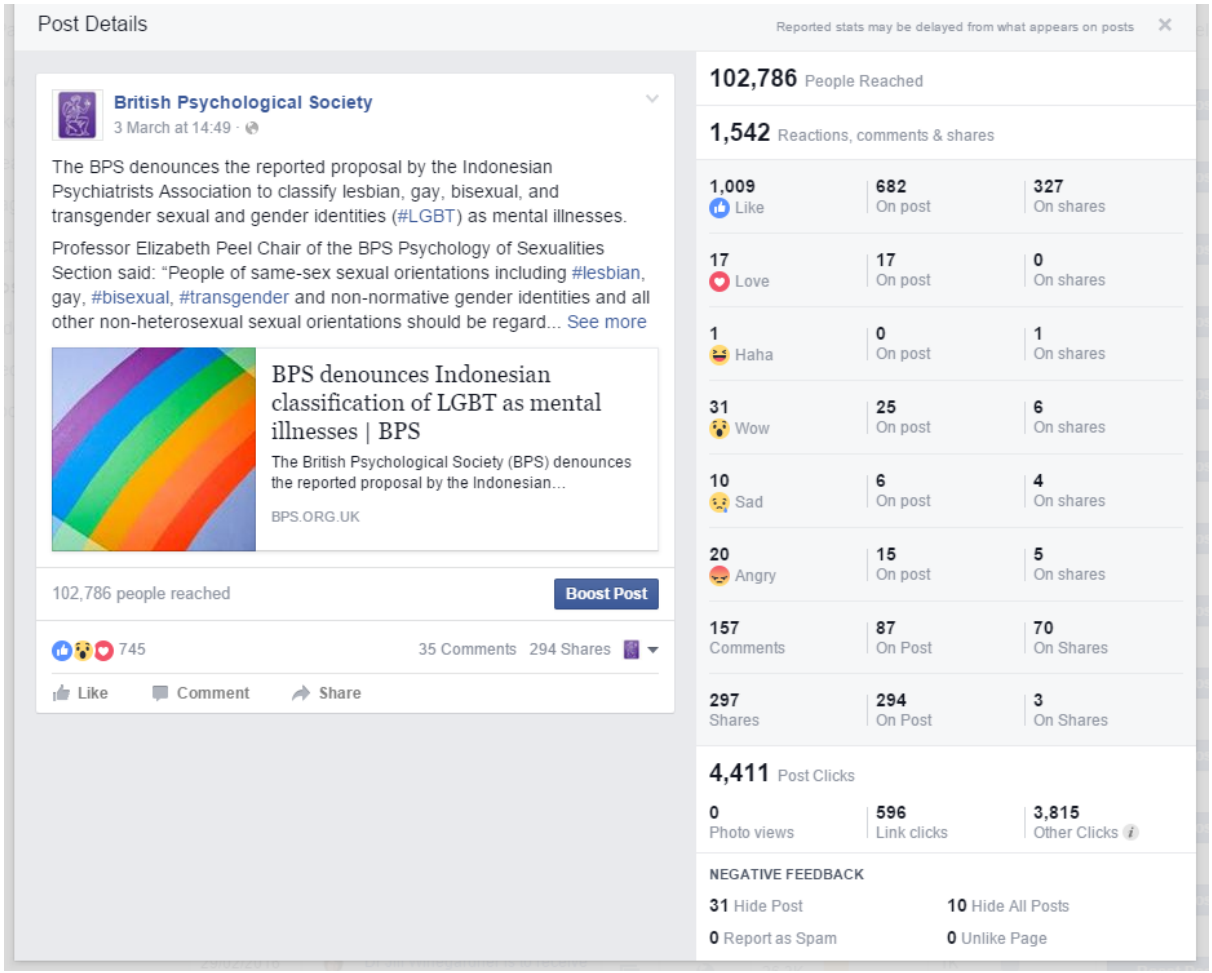
> "People of same-sex sexual orientations including lesbian, gay, bisexual, transgender and non-normative gender identities and all other non-heterosexual sexual orientations should be regarded as equal members of society. This includes freedom from harassment or discrimination in any sphere, and a right to protection from therapies that purport to change or 'convert' sexual orientation or gender identity. The BPS position statement published in 2012 clearly opposes any psychological, psychotherapeutic treatment or interventions. Same-sex sexual orientations are not diagnosable illnesses. We would advise those struggling with challenges related to same-sex attraction to talk to an unbiased, qualified therapist who will help them come to terms with their feelings about sexual orientation."[1]

In addition to being published on the BPS website, a link to the statement was posted to Twitter (where the BPS has over 47,000 followers) and Facebook (where they have over

[1] For the full statement see: http://www.bps.org.uk/news/bps-denouces-indonesian-classification-lgbt-mental-illness

200,000 followers). The BPS' social media presence also has an international reach with followers from around the globe. Figure 1 provides a snapshot of how people reacted to the post on Facebook:

Figure 1: Facebook impact data



With almost 300 'shares' and over 4,000 post clicks, Facebook is clearly a useful tool for getting the message out there. However, some of the responses, as shown in Figure 1, are difficult to interpret. For example, 20 people indicated that the post made them 'angry' but its unclear if they were angry at the Indonesian Psychiatrists Association or the BPS. The written comments may give us a better indication of opinion.

A number of comments were critical of the Indonesian Psychiatrists Association, for example one person commented: "The Indonesian Psychiatrists Association, in conjunction with the Flat Earth Society have drawn these conclusions". While another commented:

> "I know for certain how lack of equity and freedoms feels in real life as I come from a third world country. It's much worse as a lived experience than most people

> commenting on this would ever even be able to imagine. And yes, rubbish cultural practices the world over should be rooted out. Be it genital mutilation in Nigeria, fox hunting in England, child labour in Vietnam, foot binding in China or lack of sexual freedoms in Indonesia"

Others however, expressed support for the Indonesian Psychiatrists Association (IPA) and suggested that they endorse the view that homosexuality is a mental illness:

> "I am strongly in support of this classification by IPA. My sadness is that it is 'too little too late'. I will never forgive the BPA [sic], APA, and every other Psychiatric/Psychological bodies in the frontline who are rather providing support to encourage this immoral trend in queer sex-styles. They are simply practicing negative psychology; working against Divine moral and sexual orientations"
>
> "It was removed from the DSM years ago after the gay lobby petitioned for it to be removed – But that doesn't mean its not a mental illness"
>
> "Honestly speaking same sex attraction is a serious abnormal behaviour and sex abnormality just like paraphilia, the Indonesian have made a very good proposal. The BPA [sic] should please give it a serious consideration"

While these comments appeared to come from profiles outside of the UK, they did not exclusively come from countries that one might consider to be highly 'conservative'. For instance, one of the above comments came from an Australian profile. Although such comments are worrying, they were strongly challenged by other Facebook users.

One comment suggested that it was a question of cultural context, implying that Western professional bodies should not seek to impose their constructions of 'normality' onto those in other parts of the world:

> "Isn't all of this just another example of cultural context? Western world medicalise and criminalise things that other parts of the world think are completely normal. Western world think some things are completely normal that other parts of the world criminalise and medicalise. Is the BPS going to respond to every single instance of this, because there are literally thousands"

Critical psychologists who view mental health classifications as social constructs may have some sympathy with elements of this argument. However, using cultural relativism as an argument for inaction while gender and sexual minorities are persecuted in other parts of the world would be morally deplorable. Several people also commented that "Szasz does come to mind". Indeed, Thomas Szasz, who famously argued that psychiatry functions as a form of social control (Szasz, 1961), is commonly credited as the first psychiatrist to challenge the

notion of homosexuality as a mental illness and stated that "When psychiatrists diagnose homosexuality…their work is psychiatric in name only; actually those psychiatrists act as judges, condemning people for being homosexuals" (Szasz, 1965, p. 134).

Another Facebook comment questioned the accuracy of the media reports and claimed that the Indonesian Psychiatrists Association made no such statement:

> "While this is nice, the Indonesian psychiatrist association has never made such a statement. BPS was misled by a report from a non news website"

Meanwhile, someone else argued that trans people are still pathologised in diagnostic categories in the West, implying that the BPS was hypocritical in its criticism:

> "Transgender is still a defined mental disorder in DSM and ICD is the BPS going to denounce that?"

These last two comments raise interesting points that deserve further consideration.

The statement by the IPA was made in response to a recent media furore in Indonesia about LGBT issues and sought to clarify how LGBT people related to their Guidelines for Classification of Mental Health and Diagnosis of Mental Disorder[2]. The statement differentiates between "people with psychiatric problems" (*orang dengan masalah kejiwaan, ODMK*) and "people with mental disorders" (*orang dengan gangguan jiwa, ODGJ*). The former is described as people who are at "risk of mental disorders" and states that "not all ODMK will develop into ODGJ" but that "many factors contribute to the onset of psychiatric disorders in a person, including genetic factors, neurobiological, psychological, social, cultural and spiritual". The statement suggests that lesbian, gay and bisexual (LGB) people fall into the former category (ODMK) as people at risk of developing mental disorders, although the statement does not make clear why LGB people have an elevated level of risk. Meanwhile, they stated that trans people are categorised as people with a mental disorder (ODGJ) under the diagnostic category of Gender Identity Disorder.

It is not clear exactly what is meant by describing LGB people as 'people with psychiatric problems' and if quoted out of context (at least in English) it appears highly problematic. However, anyone wishing to give the IPA the benefit of doubt could argue that their description of LGBT people is in many ways similar to how many psychological associations in the West have conceptualized LGBT people's mental health (or at least until very recently). While homosexuality was declassified as a mental disorder by the American

[2] The original statement by the Indonesian Psychiatrists Association (PDSKJI) is available on their website in Indonesian http://pdskji.org/home. An article in *The Guardian* suggested that the media controversy the statement refers to arose from gay content of social media apps including emojis of two men or two women holding hands (Holmes, 2016).

Psychiatric Association in 1973 and by the World Health Organisation (WHO) in 1990, it is widely acknowledged that LGB people are at a higher risk of mental health problems, due to prejudice and stigma resulting in minority stress (Meyer, 2003, see also Meyer, this issue). And although there have been recent moves to de-pathologise trans people, for example by replacing gender identity disorder (GID) with 'gender dysphoria' in the DSM-5, GID continues to be used in the WHO's International Classification of Diseases (ICD-10) and there are currently only a few countries where it is possible to change one's legally recognised gender without a psychiatric diagnosis (see Bedos, this issue).

While the meaning and intension of the Indonesian statement is unclear, it was widely interpreted within both local and international media as an anti-LGBT statement. The Indonesian statement failed to explicitly highlight the impact that prejudice and stigma may have on LGBT people's mental health and it is unclear what the organisation considers to be appropriate 'treatment'. The statement simply states that the IPA provides health services for ODGJ and ODMK "through promotive, preventative, curative, and rehabilitative services" which could be interpreted by its members as endorsing conversion therapies. Furthermore, media interviews with members of the IPA were certainly troubling. For instance, *The Jakarta Post* (Yosephine, 2016) quoted a psychiatrist and member of the organisation as saying "What we are worried about is, if left untreated, such sexual tendencies could become a commonly accepted condition in society". The same psychiatrist is reported to have gone on to say that a person's sexual appetite was similar to a drug addiction and that "without constant intervention a person can easily return to their previous sexual tendency". The negative Facebook comments above also illustrate that there are people, from around the world, who believe homosexuality should be reclassified as a mental disorder.

The IPA statement should also be viewed within the current social climate for LGBT people in Indonesia. Although homosexuality is not illegal in Indonesia (with the exception of several provinces under provincial Islamic sharia laws), there has been a recent spate of inflammatory anti-LGBT statements by Indonesian public officials (Holmes, 2016). Human Rights Watch (2016) recently sent an open letter to the Indonesian president highlighting concern over the growing anti-LGBT sentiment in the country. For example, as Human Rights Watch note, the Indonesian higher education minister recently forbade LGBT-oriented academic research groups. The letter also documented growing incidents of harassment, threats and violence against LGBT people in the country. As has been noted elsewhere (e.g. APCOM, 2016), it is both ironic and disheartening that this surge in anti-gay rhetoric is taking place in Indonesia, where the ground-breaking Yogyakarta Principles on international

human rights law in relation to sexual orientation and gender identity were established in 2006.

As a professional body the BPS includes, not only mental health professionals but also, social psychologists who may have much to offer towards efforts to change attitudes on an international stage. The way we frame our messages may be vitally important. However, insights from social psychology may also give pause for thought. When 'we' (The *British* Psychological Society) denounce 'them' (The *Indonesian* Psychiatric Association) there is a risk of a misplaced nationalism. For example, one comment on Facebook stated "I feel lucky that I don't live in said country and sorry for those of the LGBT community that do!" while another commented "Being Indonesian is a mental illness". Condemning the Other can inadvertently function as a form of self-congratulation; denouncing 'their' intolerance can serve to pat ourselves on the back about 'our' tolerant virtues. But by damning 'them' we might kid ourselves into thinking that 'we' can claim to speak for all of 'us' (Billig, 1995). While the BPS has rightly adopted a clear and progressive position, we would be naïve to think it speaks for all of its members or that there are not still BPS members who think homosexuality is a mental illness. Indeed, the Consensus Statement on Conversion Therapy that the BPS signed with other UK mental health professional bodies[3], along with the Memorandum of Understanding on Conversion Therapies[4], came about following the publication of research which revealed that 1 in 6 psychological therapists in the UK, when asked by clients, had engaged in efforts to change their client's sexual orientation (Bartlett, Smith & King, 2009). Given this, it is all the more important that the BPS restated its clear position on these matters when the media reported the story, not only for the benefit of an international audience but also for the benefit of its own members.

There is also a risk that when showing support for LGBT people in other countries we may be viewed as seeking to impose a Western value system. For example, the psychiatrist interviewed in *The Jakarta Post* was also quoted as saying "We must respect Indonesian traditions, which culturally do not accept same-sex marriage, and we should not bow to the influence of foreign values that may not fit in with our values" (Yosephine, 2016). If this psychiatrist can appeal to 'Indonesia traditions' and contrast these with 'foreign values' then stating how 'they' should be more like 'us' is unlikely to persuade. In addition to making our own stance clear, we should consider working closely with LGBT-affirmative psychologists in Indonesia and the region to instigate change from within, as well as working with

[3] See: http://www.bps.org.uk/system/files/Public%20files/conversion_therapy_final_version.pdf
[4] See: http://www.psychotherapy.org.uk/UKCP_Documents/policy/MoU-conversiontherapy.pdf

international institutions and networks to establish and demonstrate international, cross-cultural consensus. The World Psychiatric Association led the way in March this year by releasing a position statement on gender identity and same-sex orientation, attraction and behaviours[5]. It is unclear whether the statement was released as a direct result of the furore surrounding the Indonesian statement but they do refer to the need for clarity in light of "recent controversies in many countries". The statement asserted that:

1. The World Psychiatric Association (WPA) holds the view that lesbian, gay, bisexual, and transgender individuals are and should be regarded as valued members of society, who have exactly the same rights and responsibilities as all other citizens. This includes equal access to healthcare and the rights and responsibilities that go along with living in a civilised society.
2. WPA recognises the universality of same-sex expression, across cultures. It holds the position that a same-sex sexual orientation *per se* does not imply objective psychological dysfunction or impairment in judgement, stability, or vocational capabilities.
3. WPA considers same-sex attraction, orientation, and behaviour as normal variants of human sexuality. It recognises the multi-factorial causation of human sexuality, orientation, behaviour, and lifestyle. It acknowledges the lack of scientific efficacy of treatments that attempt to change sexual orientation and highlights the harm and adverse effects of such "therapies".
4. WPA acknowledges the social stigma and consequent discrimination of people with same-sex sexual orientation and transgender gender identity. It recognises that the difficulties they face are a significant cause of their distress and calls for the provision of adequate mental health support.
5. WPA supports the need to de-criminalise same–sex sexual orientation and behaviour and transgender gender identity, and to recognise LGBT rights to include human, civil, and political rights. It also supports antibullying legislation; anti-discrimination student, employment, and housing laws; immigration equality; equal age of consent laws; and hate crime laws providing enhanced criminal penalties for prejudice-motivated violence against LGBT people.

[5] See: http://www.wpanet.org/uploads/WPA_Position_statement_on_same_sex_FINAL-21March2016.pdf

6. WPA emphasises the need for research on and the development of evidence-based medical and social interventions that support the mental health of lesbian, gay, bisexual, and transgender individuals

Furthermore, the statement asserts that "Psychiatrists have a social responsibility to advocate for a reduction in social inequalities for all individuals, including inequalities related to gender identity and sexual orientation". No doubt some will argue that such international bodies are dominated by Western organisations, however by appealing to statements by the United Nations Human Rights Council and the WHO's International Classification of Diseases, the WPA statement appeals to ideas that transcend the nation.

The BPS should be congratulated for taking a stand and re-stating its progressive position on LGBT issues, but psychological associations around the world must work together on these issues. Making an impact globally is vitally important but it is going to be far from straightforward and we must ensure our message is not lost in translation

The Current Issue

Many of the issues raised above are themes that are discussed in various contributions to this issue of *PoSR*. This is the second of two special issues on International perspectives on Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Psychology. As in the previous issue, Guest Editors Roshan das Nair and Alexander Moreno bring together a collection of four papers from around the world that discuss the state of LGBTI Psychology in their respective countries. As summarized in Roshan and Alexander's guest editorial, the articles in this special section focus on Greece (Karyofyllis Zervoulis), Sweden (Tove Lundberg & Matilda Wurm), Thailand (Timo T. Ojanen, Rattanakorn Ratanashevorn, & Sumonthip Boonkerd) and the Philippines (Eric Julian Manalastas & Beatriz A. Torre). I'd like to thank Roshan and Alexander for all their hard work on the last two issues and I very much hope that *PoSR* will continue to attract submissions from around the globe.

Staying on the international theme, we then have several comment pieces to mark International Day Against Homophobia, Transphobia and Biphobia (IDAHOT)[6]. Originally conceived as the International Day Against Homophobia, IDAHOT annually commemorates the decision to remove homosexuality from the International Classification of Diseases of the

[6] Originally abbreviated as IDAHO, in 2009 transphobia was added to the name of the campaign and the 'T' added to the acronym (IDAHOT) although it sometimes still appears as 'IDAHO'. Biphobia was added to the name of the campaign in 2015 but the 'B' is not typically included in the acronym (e.g. the official twitter handle is @may17IDAHOT and uses the #IDAHOT hashtag). While the Editor acknowledges that this is problematic and potentially contributes to bisexual erasure, for consistency with the official acronym it shall be referred to as IDAHOT throughout this issue.

WHO and each year has a theme to raise awareness around a particular issue. This year the chosen theme is 'Mental Health and Well-being'. In his comment piece, Joel Bedos, the Executive Director of the IDAHOT committee, provides an insight into the history of IDAHOT, explains why mental health was chosen as this year's theme and sets out a vision for a future agenda with regards to these issues internationally. He suggests that three key areas may include advocating for the de-pathologisation of trans identities, tackling conversion therapies and expanding our notions of homo/trans/biphobia beyond the individual.

We then have a second comment piece by Ilan H. Meyer in recognition of IDAHOT's theme of mental health and well-being. As many readers will be aware, Ilan developed the minority stress model in relation to LGBT health disparities and his work has been hugely influential in our understanding of the relationship between prejudice, stigma and mental health outcomes for LGBT people. Ilan asks 'does an improved social environment for sexual and gender minorities have implications for a new minority stress research agenda?'. He discusses how recent shifts to more liberal attitudes towards LGBT people in some regions of the world may require social scientists to adapt their research agendas and calls for researchers to explore the impact that a changing social environment may have on health disparities.

Next, we have an interview with Martin Milton. Martin served on the inaugural committee of the Psychology of Sexualities Section, when it was first established as the Lesbian and Gay Psychology Section, and was a keynote speaker at the Section's 2015 AGM in London. I spoke to Martin about his career as both an academic and practitioner, about the relationship between homophobia and mental health from a practitioner's perspective and how psychologists might make a difference in a globalised world.

Following this, we have an article from the winner of our 2015 Student Award, Matthew Wood, based on his undergraduate dissertation that examined how LGB Christians negotiate their Christian identities in the context of religious hostility towards homosexuality. When placed in the context of the other contributions to this issue, Matthew's article illustrates Meyer's point that even in countries where LGBT people enjoy greater equality and acceptance, such as the UK, this may not reflect the experience of all LGBT people in these areas. Even in 21st century Britain, tolerance towards LGBT people cannot be taken for granted. Many LGBT people of faith continue to experience prejudice and stigma from religious institutions and communities, although as Matthew's research illustrates, LGB

people also show resilience in the way they are able to negotiate and challenge religious hostility.

We then have two event reviews. Jos Twist reviews the book launch of the *Palgrave Handbook of the Psychology of Sexuality and Gender* (Edited by Christina Richards and Meg John Barker). This London based event was sponsored by the Psychology of Sexualities Section and consisted of talks by a range of book's contributors. Periklis Papaloukas then reviews the 'Taking pride in our health' event that took place in Leicester. The event marked the launch of a new LGBT Research Centre at De Montfort University (DMU) and coincided with DMU Pride.

To round this issue off we have three book reviews. Please do take a moment to look at the list of books available to review and note that we are also launching a new type of book, details of which can be found towards the end of this issue. At the end of the issue you will find a call for submissions for an upcoming special issue on 'Bisexualities and Non-Binary Sexualities'.

Acknowledgements

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References

APCOM (2016, March 1). *A Call to Stand Up against Growing Discrimination towards LGBT Individuals in Indonesia – and Across Our Region.* Retrieved from: http://www.apcom.org/2016/03/01/a-call-to-stand-up-against-growing-discrimination-towards-lgbt-individuals/

Bartlett, A., Smith, G., & King, M. (2009). The response of mental health professionals to clients seeking to help change or redirect sexual orientation. *BMC Psychiatry 9*(1), 1.

Billig, M. (1995) *Banal nationalism*. London: Sage.

Holmes, O. (2016, February 22). Trangenderism is a mental disorder says Indonesian psychiatric body. *The Guardian*, Retrieved from: http://www.theguardian.com/society/2016/feb/22/transgenderism-mental-health-disorder-says-indonesian-psychiatric-association-lgbt

Human Rights Watch (2016, February 11). *Letter to president Widodo re: LGBT Rights in Indonesia*. Retrieved from: https://www.hrw.org/news/2016/02/11/letter-president-widodo-re-lgbt-rights-indonesia

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697.

Szasz, T. (1961). *The Myth of Mental Illness*. New York: Hoeber.

Szasz, T. (1965). Legal and moral aspects of homosexuality. In J. Marmor (Ed.), *Sexual inversion: the multiple roots of homosexuality* (pp. 124-139). New York: Basic Books.

Yosephine, L. (2016, February 24). Indonesian psychiatrists label LGBT as mental disorders. *The Jakarta Post*, Retrieved from: http://www.thejakartapost.com/news/2016/02/24/indonesian-psychiatrists-label-lgbt-mental-disorders.html