

Health Psychology & Pride! Where is LGBTQI+ in health psychology? Reflections from an EHPS2023 roundtable.

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People who are lesbian, gay, bisexual, transgender, questioning, and people who hold other marginalised sexual or gender identities (in short: LGBTQI+ or queer as an umbrella term) often experience notable health disparities. These disparities arise due to a complex interplay between social, cultural, structural, and political factors. Societal norms still favour and prioritise heterosexuality (i.e., someone whose primary romantic and/or sexual attraction is to individuals of a different gender), cisgender (i.e., identifying with the gender that corresponds to the sex assigned at birth), and endosex identities (i.e., being born with sexual characteristics that fit the typical notions of male or female), and non-conformity is often associated with immorality (de Wit et al., 2022). In addition, queer people often experience minority stress, victimisation, discrimination, and stigma at both individual, institutional, and societal levels (Zeeman et al., 2019) and at a higher level compared to their non-queer counterparts (Katz-Wise & Hyde, 2012). This discrepancy is further impacted by the stark differences in legal protection around the world. This ultimately impacts the extent of negative experiences and health outcomes individuals may

encounter (Zeeman et al., 2019). Examples include an increased burden of the human immunodeficiency virus (HIV) among men who have sex with men, a greater likelihood of substance abuse among sexual minority youth compared to their heterosexual counterparts, and the presence of negative healthcare experiences among transgender individuals (Blondeel et al., 2016; Zeeman et al., 2019). However, these experiences also colour lived experiences, identities of pride and resilience, beliefs, and other determinants of behaviour, that influence all facets of life in these LGBTQI+ communities (Gahagan & Colpitts, 2017), and there is much to be learned from how many of these communities have organised to promote health. This should make it evident why health psychology should explicitly encompass the study of queer individuals' health and recognise their unique position and dynamic within investigated populations to achieve an equal distribution of health, opportunity, and privilege. Yet, within the European Health Psychology Society (EHPS), queer-related topics, especially those beyond the scope of gay men and men who have sex with men, have received relatively little attention, as illustrated in Table 1.

We therefore decided to organise a roundtable focused on this topic during the 2023 EHPS conference in Bremen to (1) briefly present various projects as examples of how health psychology has and can make a positive contribution to LGBTQI+ health, (2) map out why LGBTQI+ issues receive relatively less attention within health psychology and what other areas can learn from decades of work focusing on LGBTQI+ health, and (3) generate new broad research goals to give new impetus to

Table 1

Citation frequency of LGBTQI(+) terminology in EHPS conference presentation titles (2018–2023)

	2018	2019	2021	2022	2023	Total
Lesbian and women who have sex with women (WSW)	0	2	0	0	0	2
Gay and men who have sex with men (MSM)	1	4	2	5	4	16
Bisexual	0	3	0	0	1	4
Transgender	0	1	0	1	0	2
Sexual minority / minorities	0	0	0	0	0	0
Gender minority / minorities	0	0	0	0	0	0
LGBTQI(+)	1	1	0	1	3	6

Note. Certain terms were referenced multiple times within individual presentations, such as research focusing on gay and bisexual men. Our roundtable is included in this count.

LGBTQI+ focused research within health psychology.

Health Psychology Projects With a Focus on LGBTQI+ Topics

Following the opening remarks by Thomas Gültzow, the roundtable proceeded with two presentations. Udi Davidovich delivered a historical overview of the LGBTQI+ community and its response to the HIV crisis from a health psychology perspective. Subsequently, Chantal den Daas presented findings from two population surveys conducted among men who have sex with men and bi+ populations. This was followed by three more presentations, with an intervening audience discussion focused on the question of what constitutes health psychology as predominantly cisheteronormative. Neil Coulson offered insights

into online peer support among individuals with HIV, while Chris Noone presented a study examining the discourses employed by clinical psychologists when addressing mental health within the LGBTQI+ community. In the prelude to our final discussion, Siobhán D. Thomas shared the findings of a systematic review about avoidance and delay of healthcare within the transgender community. The final discussion focused on new research goals to provide impetus to "LGBTQI+-focused" research within health psychology.

Discussions Involving the Audience

We first discussed the definition of the term "cisheteronormativity" and agreed it refers to society's emphasis on individuals whose gender identity corresponds to their sex assigned at birth,

and on individuals whose primary romantic and/or sexual attraction is to individuals of a different gender. We continued to discuss what makes health psychology cisheteronormative and what we can do about it. This discussion raised several points that related to four broad topics: (1) assessment and measurement of LGBTQI+-related characteristics and data analysis, (2) labelling and the potential for 'othering', (3) balancing idealism, activism, and scientific discourse, and (4) balancing individual and environmental foci and the role of interdisciplinary teams.

Assessment and Measurement of LGBTQI+-Related Characteristics and Data Analysis

One of the first ideas that was brought up during the discussion was that promoting a less cisheteronormative measurement approach in health psychology research could increase the diversity of our studies and therefore yield more robust conclusions. However, it was also noted that implementing such an approach would necessitate considerations of how such data can be effectively analysed as included groups could be too small, recognising that we may not always have the necessary analytical tools at our disposal. As part of this discussion, different ways of measuring gender were discussed, such as the explicit inclusion of non-binary categories. However, it was also acknowledged that, in practice, these categories were frequently omitted during the data analysis stages due to low numbers or insufficient statistical power. The discussion also delved into the concept of adopting a more inclusive understanding of gender. This understanding could explicitly involve how study participants express their gender through behaviour, clothing, body characteristics, voice, and other facets. These aspects convey aspects of masculinity, femininity,

both, or neither, including nonconforming expressions that may transcend traditional binary categories. This aspect is known as gender expression (The HRC Foundation, n.d.). It was also emphasised that assessment should not be framed in a cisheteronormative manner, e.g., by not listing non-binary gender identities as "other" on questionnaires. Using open-ended responses that can be analysed with tools like the *gendercoder* R package could provide an even more flexible and unrestricted approach (Beaudry et al., 2020). Other problems in relation to assessment were that we often make assumptions about which characteristics are important in relation to specific health behaviours without knowing if queer identities impact these. This is in stark contrast to other demographic characteristics, such as age, which are consistently assessed. This raised questions among the audience about whether we should consistently assess LGBTQI+-related characteristics, such as sexual identity, until a better understanding of their impact on health behaviour is achieved. Yet, it was also noted that the assessment of these characteristics may not always be appropriate or safe in research settings where LGBTQ+ discrimination or anti legislation is common. It was emphasised that the principle of data minimisation should be applied, meaning that only essential data is collected, ensuring that participants are not put at risk. In this context, we also briefly discussed a workshop also hosted during EHPS2023 focused on a diversity minimal item set (Stadler et al., 2023).

Labelling and the Potential for 'Othering'

Research involving non-queer individuals is often not explicitly identified as such, while research involving queer individuals is consistently labelled as such. Although this latter practice is useful in terms of raising awareness, it can also

unintentionally contribute to the feeling of 'otherness.' Relatedly, it was noted that the conversation brought up points that seemed to zero in on specific LGBTQI+-related topics (e.g., studies focused on queer experiences), while others focused on integrating these concepts into the broader landscape of health psychology research (e.g., making measurement practice more inclusive towards queer study participants). Although these directions may seem divergent, they might in fact be quite complementary.

Balancing Idealism, Activism, and Scientific Discourse

A member of the audience raised the point that our discussions encompass both idealistic and activist elements, as well as the pursuit of 'doing good science.' It was acknowledged that scholars can have different roles that they can actively choose and that scientific discussions (e.g., those focused on measurement) might be more comfortable for many than those focused on activist elements (e.g., that we should strive for a field that is less cisheteronormative).

Balancing Individual and Environmental Foci and the Role of Interdisciplinary Teams

As we wanted to provide space for the audience to delve into the raised topic, we only had limited space left to discuss new broad research goals. Still, some brief ideas emerged during the last part of the discussion. These mainly focused on the fact that we might focus too much on individuals and individual change and that a greater emphasis on environmental and contextual factors, such as structural stigma (Hatzenbuehler, 2014), is needed. A concrete example of structural stigma is being

unable to amend name or gender markers. However, the question was raised of whether health psychologists are sufficiently equipped to address these aspects given our focus on individuals and individual change. The idea of interdisciplinary teams was proposed as a possible solution to this challenge.

Conclusion

The roundtable discussion covered a diverse array of topics. It is worth noting that a significant portion of the discussion was dedicated to exploring ideas and challenges related to assessments and the subsequent data analysis. To a certain degree this might reflect the scientific audience, but it could also underscore the necessity for health psychology as a field to effectively address fundamental measurement questions before we can address other questions effectively. That said, we also noticed that this roundtable was only a first step. While it sparked in-depth discussions both inside and outside the roundtable, there remains a critical need for a more comprehensive exploration of this topic. Therefore, we plan to collaborate with a group of interested participants on a commentary paper in the near future. Similar to other EHPS initiatives (Gardner et al., 2023), our intention is to utilise the conference discussion as a foundation for generating questions that will then be sent to all interested participants. These questions will serve to engage all interested participants, facilitating the identification of areas of consensus and divergence. For now, we encourage everyone to view this as an initial step towards integrating LGBTQI+-related topics into the broader discourse of health psychology and specifically within the EHPS. Drawing from insights gathered from our roundtable discussions and subsequent reflections, we offer the following suggestions and insights to facilitate this integration:

-Promoting a less cisheteronormative measurement approach in health psychology research, such as explicitly including non-binary gender identities in gender assessment, could increase the diversity of our studies. This could lead to more robust conclusions and help normalise the inclusion of queer identities, thereby reducing stigma.

-Incorporating LGBTQI+ themes into broader health psychology research promotes inclusivity and a more comprehensive understanding of phenomena studied in health psychology. This approach can also play a vital role in destigmatising queer identities by actively normalising their inclusion, thereby reducing societal stigma.

-Scholars can advocate for the inclusion of LGBTQI+ identities and concepts in the pursuit of advancing science, potentially by combining their academic pursuits with more activist-oriented roles.

-Interdisciplinary teams could be essential for achieving LGBTQI+ equity within the field of health psychology.

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