

Guest Editorial: Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Psychology: International perspectives (volume 2)

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IN 2006, a panel of international experts met at Gadjah Mada University in Yogyakarta, Indonesia, to develop what is known as the Yogyakarta principles on the application of international human rights law in relation to sexual orientation and gender identity (O’Flaherty, 2015). These principles intended to provide international legal standards to promise ‘a different future where all people born free and equal in dignity and rights can fulfil that precious birthright’ (International Panel of Experts, 2007, p.7). Psychology is a science that has played and currently plays an important role in providing opportunities for the development of the human rights of Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) people (Chung & Klann, 2015). In this second volume, the *Psychology of Sexualities Review* – Special Issue on LGBTI Psychology: International perspectives, brings together four papers, for a total of nine international contributions in both volumes combined. These two volumes provide an overview of the role of psychologists and psychology organisations and their efforts to integrate sexual orientation, gender identity and other sexualities around the world, from a historical viewpoint, advocacy efforts, and an applied perspective of psychological science to sexuality. In both volumes, we tried to respect the use of several terms referring to sexualities as they may reflect different conceptions and local

views of sexual orientation, gender diversity, and other forms of expression of non-heterosexualities (e.g. LGB, LGBT, LGBTI, LGBTQ, LGBTQQ, among others).

We open this second volume with a paper about Greece. Zervoulis describes the evolution of the status of sexual minorities in Greece, particularly gay and lesbian people. Often considered as the Western roots of same-sex relationships, Greek societies have gone through different conceptions of sexual diversity issues, ranging from an open view of same-sex relationships in classical ancient Greece to the more homophobic attitudes that came with a conservative interpretation of Judeo-Christian texts. The author neatly helps the reader to understand this paradox and the transition from the polytheistic classical Greek view of same-sex eroticism to the Christian-era Greece and its influence in contemporary same-sex relationships. The reasons for a lack of research on LGBTI issues in Greece are presented, as well as the way institutional homonegativity permeates the scientific activities and the practice of psychology. The author concludes that there is a conflict between Greek cultural values and acceptance of sexual diversity. There is a need for more involvement of psychologists in the development of policies and ethical guidelines to help health care professionals to prevent harm and maximise their work to promote the right to a healthy, non-stigmatising sexuality among LGBTI people.

In the second manuscript, Lundberg and Wurm explore the current state of an LGBTQ psychology network in Sweden. The authors start by describing the antecedents that led to the need for an organisation addressing LGBTQ concerns in the 1990s. They then illustrate some legislative changes that were adopted following the consultation with psychologists. As a result, the need for an official position about LGBTQ issues coming from a major psychological organisation became more explicit. Currently, with almost 100 members, the Swedish network on LGBT psychology has biannual meetings and discussions are being held on whether it should be a part of the Swedish Psychological Association or an independent network. The authors offer insight into the norm-critical approach they take to LGBTQ psychology to understand prejudice reduction, power imbalances, and the relevance of interrogating norms to deconstruct their boundaries. They conclude that continuity of the network can be maintained by enhancing communications, working in regional groups, and providing opportunities for socialisation. An important contribution of this paper corresponds to the struggles that psychologists have had to go through to include LGBTI psychology as part of the mainstream Swedish psychology. We believe, their experiences will inspire other psychological associations or groups of psychologists to create their own LGBTI divisions or groups.

In the third paper, Ojanen, Ratana-shevorn and Boonkerd explain the health policy and needs of LGBT people in Thailand. Presented in three parts, they begin with a historical overview of LGBT identities in Thailand, where they claim that individuals with different gender expressions (independent of their sexual orientation) do not enjoy the right to participate in public life because they are stigmatised and discriminated against. The second part illustrates research coming from psychology, psychiatry, and nursing on mental health outcomes of LGBT people. They state that most of the

studies conducted have addressed the presence of depression among LGBT people and its link with stigma, victimisation, family and society rejection. They suggest that some health care practitioners lack sensitivity and training when working with LGBT people and that health care policies limit the quality of the health care services provided. The final part includes the role of professional associations and state-affiliated bodies in regulating the field of mental health. They affirm that professional associations could be more involved in terms of advocacy, regulations, and practice to promote an inclusive approach of sexual orientation and gender diversity in health care. The authors conclude that research has focused mainly on lesbian, gay, and bisexual individuals (much less on transgender and intersex issues) and review the limited policy statements and guidelines for LGBT clients in Thailand. They also provide some recommendations to promote LGBT health care.

In the final article of this volume, Manalastas and Torre depict the current state of LGBT psychology in the Philippines. The authors start by describing the paradox between a country that is highly conservative and, at the same time, one of the most (seemingly) LGBT-friendly in south-east Asia. They then present the political issues that led to the creation of a non-discrimination policy resolution (Psychological Association of the Philippines, 2011). They also illustrate the needs of Filipino psychologists and their accomplishments in four spheres: research, education, advocacy, and professional practice. In their conclusion, they affirm that building LGBT psychology needs a collective work of like-minded talent, legitimised by professional bodies, and advocacy efforts against homonegativity and stigmatisation. Future directions include reaching a wider critical mass, having an impact on other divisions of their psychological organisation, becoming a provider of evidence-based knowledge on LGBT psychology, and gaining (further) international recognition for their efforts. We believe this is yet

another excellent example of how LGBTI psychology has successfully emerged in a country that is seen as being traditional and religiously conservative. We have no doubt that their experiences will motivate other psychological associations to develop their own LGBTI divisions and/or policy documents.

We hope that the two volumes of this special issue represent how psychology, psychologists, and psychological organisations can help assert the right to the universal enjoyment of human rights and sexual rights for LGBTI people. We recognise, however, that the international response of mental health professionals to LGBTI issues in several parts the world is far from perfect. For instance, disregarding the international consensus and the scientific evidence available about the negative consequences of sexual orientation and gender identity change efforts (IPsyNet, 2016), when this editorial was written, the Indonesian Psychiatric Association decided to classify LGBT identities as mental disorders (Ahmed, 2016). In parallel, Russia proposes dedicated health facilities to treat 'disorders of sexual preference' (Stepanov & Lester, 2016). Therefore, even when there are basic general standards of practice, there is a need to develop country-specific guidelines for health care professionals to improve mental health care practice, particularly for transgender and gender non-conforming people (American Psychological Association, 2015) and intersex people (Council of Europe Commissioner for Human Rights, 2015). One way to facilitate this is through the sharing of experiences between LGBTI psychology groups/organisations, to guide and motivate other nascent groups.

Taken together, the nine articles included in these two volumes of the special issue on the international perspectives on LGBTI psychology reflect a path towards the construction of a global LGBTI psychology. Psychologists must embrace human diversity to meet everyone's needs and help them to develop their full potential, as stated by the Yogyakarta principles: 'everyone is entitled to enjoy all human rights without discrimination on the basis of sexual orientation or gender identity' (International Panel of Experts, 2007, p. 10). In bringing together the work of the contributors of this special issue (from Belgium, Canada, Colombia, Greece, Mexico, Philippines, Sweden, Thailand, and the US), we hope we have contributed to this effort.

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References

- Ahmed, B. (2016). *Indonesian psychiatrists classify LGBT people as mentally ill in order to 'treat' them*. Retrieved from: <http://thinkprogress.org/world/2016/02/24/3753311/indonesia-lgbt/>
- American Psychological Association (2015). Guidelines for psychological practice with transgender and gender non-conforming people. *American Psychologist*, 70(9), 832–864.
- Chung, B. & Klann, E. (2015). International lesbian, gay, bisexual, and transgender psychology: Past, current and future agendas. *Psychology of Sexualities Review*, 6(1), 37–55.
- Council of Europe Commissioner for Human Rights (2015). *Human rights and intersex people*. Retrieved from <https://wcd.coe.int/com.instranet.InstraServlet?command=com.instranet.CmdBlobGet&InstranetImage=2870032&SecMode=1&DocId=2346276&Usage=2>
- International Panel of Experts (2007). *The Yogyakarta principles: The Principles on the application of international human rights law in relation to sexual orientation and gender identity*. Retrieved from: http://www.yogyakartaprinciples.org/principles_en.pdf
- IPsyNet (2016). *International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues member policy resolutions*. Retrieved from: <http://www.apa.org/ipsynet/advocacy/policy/index.aspx>
- O'Flaherty, M. (2015). The Yogyakarta principles at 10. *Nordic Journal of Human Rights*, 33(4), 280–298.
- Psychological Association of the Philippines (2011). Statement of the Psychological Association of the Philippines on non-discrimination based on sexual orientation, gender identity and expression. *Philippine Journal of Psychology*, 44(2), 229–230.
- Stepanov, V. & Lester, J. (2016). *Russia proposes dedicated health facilities to treat 'gender identity disorders'*. Retrieved from: <http://www.buzzfeed.com/victorstepanov/russia-proposes-dedicated-health-facilities-to-treat-homosex-.eteDG3E6nm>