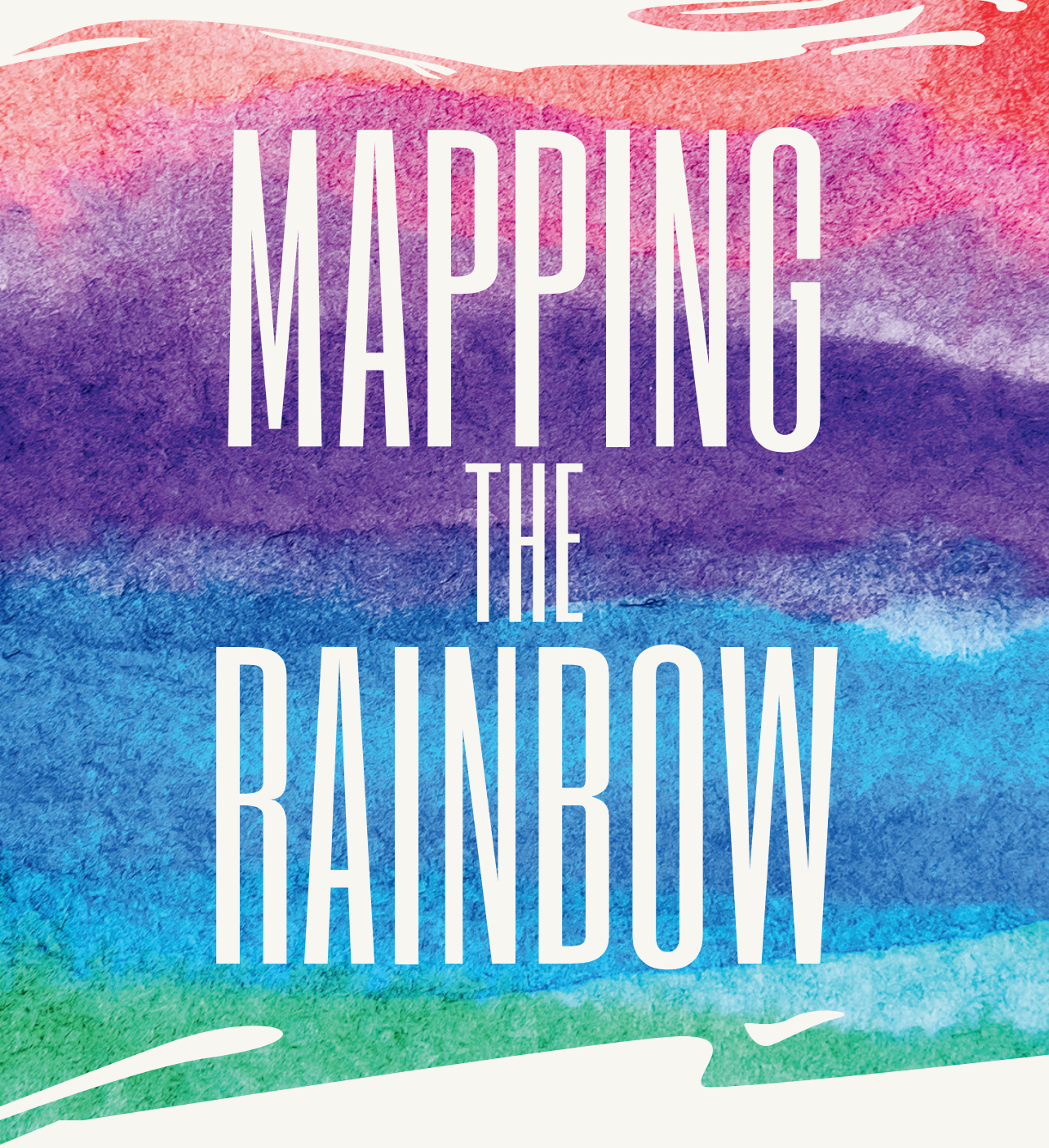
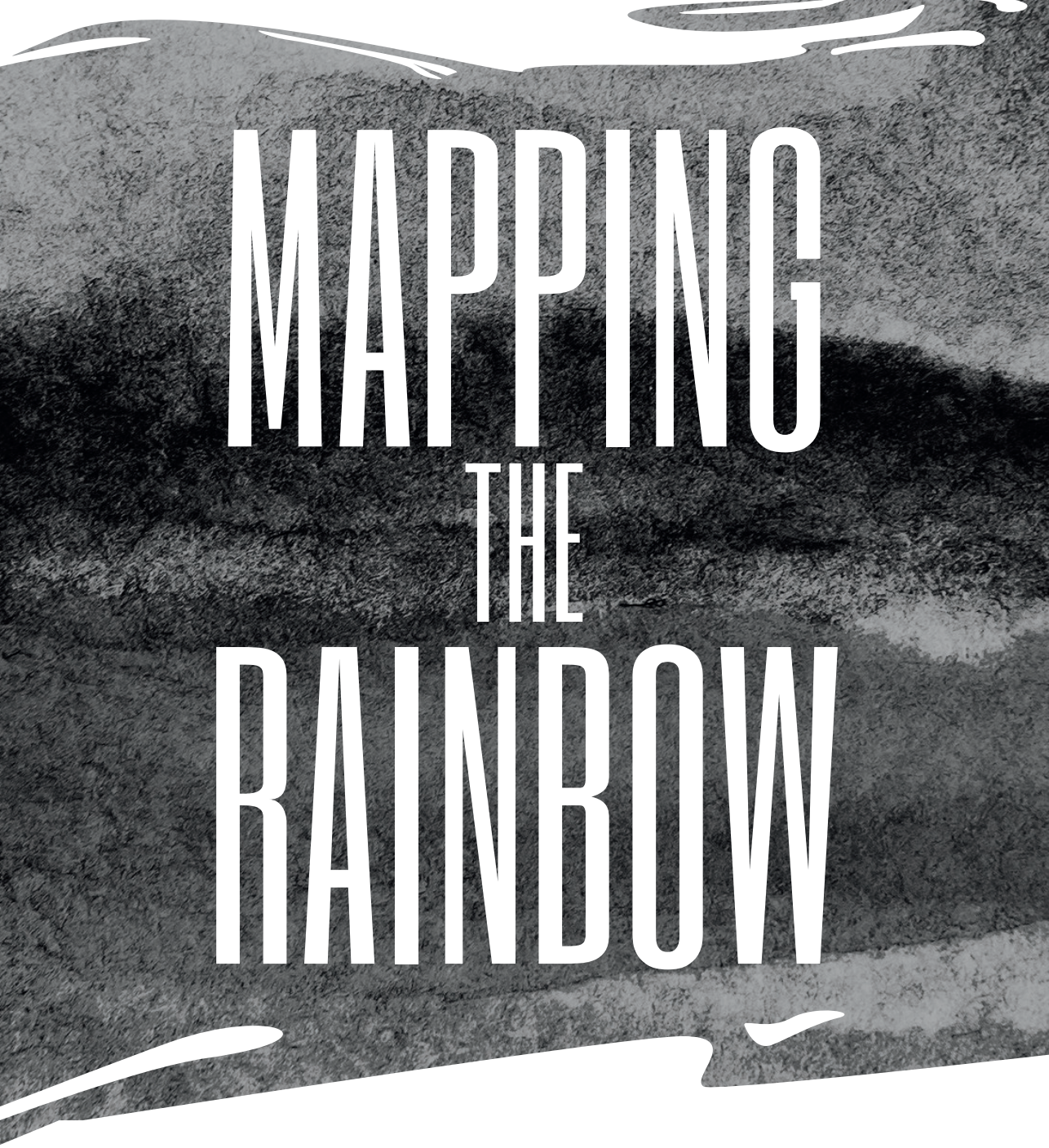


RESEARCHING THE DIVERSE COLOURS
OF THE LGBTIQ+ COMMUNITY

VOL. IV

EDITORS

Prof Marceline Naudi, Prof Mark Harwood & Dr Claire Azzopardi Lane



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Introduction

It is with great pleasure that I welcome the publication of the fourth edition of *Mapping the Rainbow: Researching the Diverse Colours of the LGBTIQ+ Community*. This volume continues a growing tradition of scholarship, dialogue, and knowledge generation that places the lived realities, experiences, and aspirations of LGBTIQ+ persons at the centre of academic inquiry. Building on the success of previous editions, this publication further strengthens our commitment to evidence-based policymaking and to ensuring that equality initiatives are informed by robust research and meaningful engagement with communities.

The papers featured in this volume reflect the richness and diversity of contemporary research being undertaken by academics, researchers, and students across a range of disciplines. Together, they explore issues relating to identity, wellbeing, culture, education, health, family life, policy, and social inclusion. By examining both emerging and longstanding challenges, these contributions help deepen our understanding of the realities faced by LGBTIQ+ persons while also highlighting opportunities for progress and positive change.

Research plays a fundamental role in shaping effective laws, policies, and services. As Malta continues to advance equality and human rights, it is essential that our actions remain grounded in evidence and informed by the voices and experiences of those directly affected. Publications such as Mapping the Rainbow provide an invaluable platform for critical reflection, innovation, and the development of solutions that respond to the evolving needs of our society.

I would like to thank all the researchers, authors, editors, and partner organisations whose dedication and expertise have made this publication possible. Their work contributes not only to academic knowledge but also to the broader goal of fostering a society where diversity is respected, inclusion is promoted, and every person can live with dignity and equality.

I encourage readers to engage with the insights contained within these pages and to continue supporting research that advances understanding, informs policy, and strengthens our collective commitment to human rights for all.

Hon Rosianne Cutajar

Minister for Equality and Civil Rights

Foreword

Research is essential to social progress. It helps us understand lived realities, challenge assumptions, identify emerging needs, and shape meaningful responses. In the field of LGBTIQ+ equality, research gives visibility to experiences that have too often been overlooked, misunderstood, or underrepresented, transforming individual stories into knowledge that can inform change.

This fourth volume of Mapping the Rainbow reflects the continued growth of LGBTIQ+ scholarship in Malta. What began as an initiative to encourage academic engagement with sexual orientation, gender identity and expression, and sex characteristics has become an important platform for researchers from different disciplines to share work on identity, belonging, wellbeing, culture, health, education, and social justice.

Academia provides space to ask difficult questions, examine emerging realities, and critically reflect on social structures and practices. In a rapidly changing society, this role is vital to developing more informed institutions, more responsive services, and more inclusive communities.

The chapters in this volume show the value of interdisciplinary inquiry. By bringing together diverse academic perspectives, they deepen our understanding of LGBTIQ+ experiences and remind us that meaningful knowledge emerges through dialogue across fields, methods, and perspectives.

Equally encouraging is the participation of both established academics and emerging researchers. The inclusion of undergraduate, postgraduate, doctoral, and professional research highlights the importance of nurturing new voices and strengthening the growing body of LGBTIQ+ scholarship in Malta.

As editors, we see this publication as part of an ongoing process of discovery and learning. We hope it will serve as a valuable resource for those already engaged in the field and as an invitation for others to contribute to future research, debate, and reflection.

We are sincerely grateful to all the authors for their dedication, curiosity, and commitment. Their contributions ensure that Mapping the Rainbow continues to illuminate experiences, expand understanding, and support a more informed and inclusive future.

Prof Marceline Naudi,
Prof Mark Harwood &
Dr Claire Azzopardi Lane

(Eds.)

Contents

LIVED EXPERIENCES, RELATIONSHIPS, AND WELLBEING

The perceived personal and social experience of sexuality and wellbeing in asexual individuals, from a Maltese context.

Alec Attard

Bachelor of Arts in Social Wellbeing Studies, university of Malta

Alec Attard is a queer, trans, asexual activist and researcher. Alec is passionate about amplifying the experiences of LGBTQIA+ individuals, especially those within multiple intersections of marginalisation. Alec seeks to contribute to a more inclusive and understanding society. This chapter focuses on research done that aims to shed light on the social wellbeing of asexual individuals in Malta, challenging misconceptions and providing a platform for their voices.

Abstract

Asexuality is an umbrella term which refers to people who have no or limited interest in sexual activity. Individuals who fall under this term can vary depending on their self-identification, desire, behaviour, and feelings of attraction among other factors. This group is often invisible and unmentioned when it comes to the LGBTIQ+ community which contributes to the identity being misunderstood and under researched. This research focuses on what it means to be asexual and how does this identity affect the wellbeing of individuals who identify as such when it comes to relationships, social experiences, and how asexuality is represented in society.

This research employed a qualitative approach using a social constructionist approach along with a feminist epistemology. Six participants were recruited to conduct interviews for the purpose of this research. The results showed how asexuality needs more visibility within media and education. Apart from this, there was an emphasis on the importance of how asexuality is perceived and understood in society, that impacted the participants wellbeing. This research shows how there needs to be better information and research available on the topic and more action from a policy perspective to increase visibility, awareness, and safety.

Keywords: LGBTIQ+, asexual, asexuality, sexuality, wellbeing, minority

Introduction

This acknowledges asexuality as an umbrella term for individuals experiencing a lack of, varying, or occasional sexual attraction. Despite its relevance, asexuality has been largely overlooked in research and society, leading to misrepresentation and denial of this "invisible orientation" (Klein, 2021). Though often unacknowledged in legal frameworks focusing on sexual behaviours, asexuality has gained increasing recognition in recent decades (Carrigan, 2016).

This study's rationale addresses the pathologization and limited local and global research on asexuality, building on Borg's (2019) findings of invalidation and relational unhappiness among asexual individuals. As the researcher, my personal asexual identity informs a positionality that aims to create a supportive research environment.

The study's purpose is to contribute local data on Maltese asexual experiences, examining their personal and social lives, well-being, and relationships. This research is vital due to potential intersections with other identities, given findings linking them to increased suicidality among asexual individuals (Chan & Leung, 2023). Key questions explore the meaning of asexuality, its impact on well-being and social experiences, and its societal representation.

Literature Review

This literature review delves into the understanding of asexuality, defined as a spectrum of sexual orientation marked by little to no sexual attraction (Brandley, 2023). Emphasizing a social perspective is crucial for countering medical and invalidating discourses. Historically, asexuality has received limited attention (Deutsch, 2017), with foundational self-definitions distinguishing it from celibacy emerging from early community efforts like Emma Trosse's advocacy in 1897 and Lisa Orlando's "Asexual Manifesto" (1972). The establishment of the Asexual Visibility and Education Network (AVEN) in 2001, largely driven by online engagement, significantly fostered community, activism, and visibility (Carrigan, 2015).

To understand asexuality, it is vital to distinguish between sexual attraction and romantic attraction. Asexual individuals may not experience sexual attraction but can still have romantic desire; those without romantic attraction are aromantic (Carrigan, 2016). The asexual spectrum is diverse, covering identities like demisexual (where sexual attraction forms only after a deep emotional bond) and grey ace (experiencing low levels of sexual attraction). Importantly, while asexual people might not feel sexual attraction toward others, this does not mean they lack sexual desire or arousal (Deutsch, 2017).

A primary challenge for asexual individuals stems from all normativity, the societal expectation and privileging of sexual and romantic attraction (Brandley & Spencer, 2022). This pervasive ideology leads to stigmatization, with asexual identities often pathologized or misunderstood as a choice like celibacy, or falsely linked to abnormality or disability (Carrigan, 2015). Asexuality is not a condition to be diagnosed or treated. However, societal invalidation, evident in responses like "late bloomer" or attributing asexuality to trauma, can cause significant internalized distress

(Deutsch, 2017), sometimes leading asexual individuals to seek "sex therapy" or medication in an attempt to "fix" what is a natural and valid orientation (Deutsch, 2017).

While asexual individuals often seek support within the LGBTIQ+ community, they can face internal prejudice, with some denying their inclusion despite shared experiences of marginalization (Galop, 2021). In romantic relationships, asexuality can foster deeper communication but also present unique challenges, including the risk of sexual coercion, as evidenced by high rates of assault reported by asexual individuals (Clark, 2023).

Finally, a consistent lack of education on asexuality persists within general sex education and among health practitioners and therapists, leading to misdiagnosis, bias, and a reluctance of asexual individuals to disclose their identities (Flanagan & Peters, 2020; Glass, 2022). It is crucial for therapists to recognize asexuality as a valid sexual orientation, not something to be "fixed." Limited and often stereotypical media representation further perpetuates misinformation, hindering societal understanding and acceptance of diverse asexual experiences (Webster, 2022), often portraying asexuality as something odd or needing correction (Olsen, 2022; Osterwald, 2017). This underscores the importance of foregrounding asexual individuals lived experiences to counter prevailing societal misunderstandings.

Methodology

This study's methodology was carefully chosen to explore the well-being of asexual individuals in Malta, examining how asexuality impacted their social lives, intimate relationships, and societal representation. Given asexuality's under-researched nature, especially in Malta, a qualitative approach was employed to explore participants' personalized experiences, yielding rich, nuanced data (Kalra et al., 2016). An inductive approach was chosen, allowing themes to emerge directly from raw data to highlight participants' significant experiences without pre-existing frameworks (Thomas, 2003). This was complemented by a social constructionist method, focusing on how social interactions shaped knowledge and reality (Beaumie, 2006).

The conceptual framework integrated a feminist epistemology, crucial for gathering insights from marginalized populations like the asexual community, whose experiences were often overlooked (Cartwright & Montuschi, 2014). This approach gave 'voice' to the voiceless, affirming that those experiencing marginalization were experts in their own situations (Green, 2010). It promoted an open-minded understanding of socially situated knowledge and subjectivity, while acknowledging individual differences in self-reflection and that understanding discrimination does not require identifying as asexual.

One-on-one semi-structured interviews were conducted to gather rich experiences. This flexible format used open-ended questions and follow-up probes, allowing elaboration on unique experiences informed by literature review themes (Adams, 2015). Six individuals were interviewed for 45-60 minutes each, choosing between in-person or online settings for comfort and participation ease (Flick, 2015). Participants could also choose between Maltese and English, with most interviews conducted in English and one mix-language.

Participant recruitment used voluntary response sampling and snowballing, advertised in local queer groups and personal networks to reach this 'invisible' community (Zach, 2021; Naderifar et al., 2017). Criteria included asexual/ace-spec individuals aged 18-28 residing in Malta, an age group often more aware of the label while acknowledging broader identity representation. During data collection, a question guide minimized interference, fostering free-flowing, comprehensive replies (Adams, 2015; Magnusson & Marecek, 2015). Participants retained control, able to refuse questions or end interviews. All interviews were audio recorded and transcribed.

Ethical considerations were paramount. University of Malta's ethical committee granted approval. Participants reviewed consent forms, chose pseudonyms, and were assured confidentiality and anonymity. Identifiable data was anonymized and redacted. Participants could review transcripts, request censorship, and were provided counselling resources. All data was stored securely on an encrypted, password-locked computer and hard copies were kept under lock and key. Participants were notified data would be erased post-completion and publication.

Thematic analysis was chosen for its versatility in identifying patterns across qualitative data (Clarke & Braun, 2016). This six-phase process (familiarization, coding, theme construction, review, naming, report production) (Terry et al., 2017) identified main themes: Identification (Asexuality Spectrum, Finding the Identity, Identity as Personal), Social Experiences (Misconceptions/Norms, Social Expectations, Coming Out, Relationships, Social Events), and Representation (Media Characters, Social Media, Information, Law/Policy/Advocacy).

Finally, reflexivity was integral, acknowledging the researcher's insider/outsider positionality within the asexual community and its potential research impact (Palaganas et al., 2017; Deutsch, 2004). Self-awareness and supervision addressed potential biases. Trustworthiness was ensured via meticulous documentation, transparency, and feminist epistemology's focus on authentic individual experiences, recognizing diverse participant backgrounds and intersecting identities (Connelly, 2016).

Analysis

This analysis explores the nuanced experiences of asexual individuals in Malta, examining how their identity impacts social lives, intimate relationships, and societal representation. The study, grounded in a social and feminist framework, addresses the significant research gap surrounding asexuality in this context. Data from six participants (Alice, Charlie, Claire, Jessica, Kai, and Riley, aged 18-28) provided rich insights, structured around three primary themes: Identification, Social Experiences, and Representation.

Identification

Participants' narratives consistently highlighted the diverse and evolving nature of the asexuality spectrum. They emphasized that no single experience defines asexuality, with Jessica noting it's "an evolving definition" that shifts with time and life circumstances. Personal definitions varied significantly, from being sex-repulsed (Alice, Charlie) to sex-neutral or sex-positive (Jessica, Kai,

Riley), including those identifying as demisexual who require emotional connection for sexual attraction. Beyond romantic or sexual attraction, participants also articulated other forms, such as platonic, aesthetic, or an emphasis on emotional intimacy, underscoring the multifaceted nature of attraction.

The journey of finding their identity was a pivotal experience for most, with five out of six participants self-identifying as asexual between ages 10 and 16. A common thread was the absence or atypical experience of 'crushes' leading some to "pretend" to conform to societal norms. This self-discovery often involved initial internalized conflict stemming from societal pathologization of asexuality. Jessica questioned if "maybe something is a bit broken" while Kai expressed immense "relief to find that this is a thing and that this is completely normal" Claire, who discovered their ace identity later in life, described prior anxiety around sexuality. For most, discovering the label brought profound clarity and a sense of belonging, validating feelings of always being "different."

The theme of identity as personal emerged strongly, with participants prioritizing self-validation over external affirmation. Alice, Jessica, and Riley considered self-acceptance essential, viewing their personal identity as a defence against allonormativity and societal judgment. Alice stated that, "It's of great importance for me to feel at calm with my own identity when I'm just by myself because at the end of the day that is the most important point, to feel good when I'm just by myself" showing the importance of claiming identity internally when external understanding is scarce for the participants.

Social Experiences

Participants reported pervasive misconceptions and societal norms that invalidate asexual identities. Asexuality is often misunderstood as celibacy, a result of trauma, or even a disorder, leading to dismissive remarks and intrusive personal questions. Religious, medical, and allonormative discourses are deeply invalidating, contributing to the perception of asexuality as a "lesser sexuality" (Riley).

Societal expectations to engage in sex, traditional relationships, and have children were a significant burden, pervasive from childhood. Participants felt immense pressure to conform, which often led to internalized dissonance and a feeling of alienation. Therapists even reinforced these norms by suggesting individuals would "find the right person eventually" (Claire). The expectation of sexual activity by a certain stage in dating, coupled with the stigma of inexperience, further highlighted the allonormative climate. Participants emphasized the fundamental right to choose whether to engage in sex or not.

The experience of coming out was varied and complex. While participants often found it simpler to disclose their asexual identity to fellow queer individuals who offered greater understanding. Coming out to family or in broader social contexts could be challenging, sometimes raising serious safety concerns, including threats of "corrective rape" (Kai). Many participants opted for limited public disclosure, viewing asexuality as an "invisible" and personal identity that didnecessitate

broader announcement, questioning the very premise of needing to "come out" in an allonormative society.

Relationships presented unique difficulties for asexual individuals. Past experiences often involved discomfort, a feeling of having to "perform" sexually, and misunderstandings with allosexual partners. Finding a supportive, understanding partner who respected their pace was a significant challenge but also a profound relief when achieved. Participants also strongly valued and pursued diverse, non-sexual intimate bonds, emphasizing the critical role of open communication and clearly defined boundaries in all types of relationships.

In social events and LGBTIQ+ spaces, allonormativity and a dominant 'hookup culture' often created discomfort, leaving asexual identities feeling invisible. While some found support in specific queer settings, others felt a distinct lack of belonging. Participants reported experiencing intra-community prejudice, with some queer individuals dismissing asexuality as not genuinely part of the LGBTIQ+ community. This highlighted the urgent need for more inclusive and ace-friendly events and spaces, moving beyond purely sexually charged atmospheres.

Representation

Participants noted a severe scarcity of asexual representation in media. Depictions were rare, often implicit, and typically focused solely on sex-repulsed asexuals, failing to reflect the spectrum's diversity. This narrow and often invisible portrayal of asexuality contrasts with the perceived 'cool' depiction of allonormative sexuality, contributing to the perception of asexual identities as different or of lesser value.

Conversely, social media platforms emerged as vital resources for asexual individuals, serving as primary avenues for learning, increasing online visibility, and fostering community locally. These online spaces often acted as havens, facilitating the formation of supportive communities despite the inherent risks of misinformation and the aforementioned prejudice from segments of the LGBTIQ+ community.

Participants highlighted a significant lack of information from traditional education systems and healthcare professionals, necessitating self-directed online searches for understanding. They strongly advocated for the inclusion of asexuality in comprehensive sex education, stressing its importance for younger generations by framing it as a natural variation in attraction. They also called for broader public awareness campaigns through media and parental education, and for specialized training within social sciences, education (especially for teachers), and therapeutic fields, noting instances where therapists lacked foundational knowledge of asexuality.

Regarding law, policy, and local advocacy, participants acknowledged Malta's progressive legal framework but raised concerns about the lack of specific legal protection against acephobia, underscoring the need for asexuality to be explicitly covered under anti-discrimination laws. They emphasized that societal change primarily rested with "the people," (Claire) advocating for increased public discussion, the creation of less sexually oriented events, and expanded activism. Participants concluded by stressing the importance of considering intersectionality within

asexuality and promoting greater awareness of non-traditional relationship types as crucial next steps for the community.

Conclusion

This study, examining asexual experiences in Malta through a social and feminist lens, revealed participants' strong desire for greater visibility and awareness of asexuality, particularly in media and education. They emphasized promoting information across platforms to highlight the spectrum's diversity. Participants underscored that societal perceptions heavily impact asexual individuals' well-being, influencing social interactions and participation in spaces like LGBTIQ+ events, where sexual pressure can be detrimental. To improve this, they stressed the need for comprehensive education on asexuality across all age groups and settings, alongside clearer legal safeguards for asexual individuals as a sexual minority. This research corroborated previous local findings of invalidation and distress, while offering deeper insights into these experiences from a social constructivist perspective, including positive aspects allowed by a feminist epistemology.

Limitations included a participant age range of 18-28, potentially overlooking older asexual experiences and those with lower educational attainment who might be less aware of their rights or hesitant to speak. The study's predominance of women and gender-variant individuals suggested a need for more diverse social backgrounds and a deeper focus on intersectionalities. A significant challenge was the overall scarcity of research on asexuality, contributing to its "invisible orientation" status. For policy and practice, the findings call for explicit legal recognition of asexuality as a protected identity to combat acephobia, hate speech, and hate crimes. Increased visibility and awareness campaigns are crucial, as is the creation of more safe spaces for asexual individuals.

Recommendations for future research include exploring aromantic experiences, investigating why men are less likely to participate in such studies, and examining asexual experiences across diverse age, social, and cultural cohorts. Further research should also delve into how various forms of attraction impact relationships, and how best to implement effective asexual education within formal structures to inform policy.

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Bro, I'm Queer: An Autoethnographic Exploration of Inviting in, Coming out, and the Sibling Relationship in Gozo

Cathleen Sciberras

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Cathleen Sciberras is a family therapist with a background in Social Work. She holds a Bachelor of Arts (Honours) in Social Work and a Master's degree in Family Therapy and Systemic Practice. Her dissertation focused on the Coming out/ Inviting In process of LGBTQ individuals and its impact on the sibling relationship with particular attention to the Gozitan context. Her main areas of interest are working with LGBTQ issues, gender and multiculturalism, children and youths, intergenerational trauma and advocating for minority groups. In her free time Cathleen enjoys spending time with her loved ones, reading and painting and keeping active.

Abstract

This chapter explores the under-researched and complex terrain of the "inviting in" or coming out process within sibling relationships, using an evocative autoethnographic approach rooted in the author's personal experience as a lesbian woman in Gozo, Malta. Through fictionalised narratives and systemic reflections, the study examines how cultural, familial, and emotional dynamics intersect to shape LGBTIQ+ identity within a small, rural island community. Drawing on systemic family therapy and social constructionist perspectives, it highlights the often-overlooked sibling subsystem as a site of resilience, connection, and emotional meaning-making. Findings underscore the protective nature of sibling bonds, the role of cultural conservatism in shaping queer identity narratives, and the power of storytelling in therapy and social change. This research invites clinicians and researchers alike to consider more inclusive, narrative-based, and relational approaches in both family therapy and LGBTIQ+ studies.

Keywords: autoethnography, inviting in, coming out, sibling relationships, queer identity, Gozo

Introduction

The "coming out" process has long been viewed as a rite of passage for LGBTIQ+ individuals—a pivotal moment of self-assertion and identity disclosure. Yet, this narrative is increasingly being re-examined and redefined by members of the queer community. A growing number of voices advocate for a shift toward the concept of ""inviting in""—a process rooted in consent, safety, and relational trust. This framing reframes disclosure not as a demand for public confession, but as a conscious choice to share one's truth with those who have earned the right to witness it.

This chapter engages with the concept of "inviting in" through the lens of personal experience. As a lesbian woman raised in Gozo—a small, rural island in Malta—and a systemic family therapist in training, I offer an evocative autoethnographic exploration of what it meant to invite my siblings into my queer reality. This experience is situated within a broader

investigation of how sibling relationships, cultural norms, and personal identity intersect within tightly knit communities that are deeply influenced by tradition and religion.

This work emerges from a gap in both family therapy and LGBTIQ+ literature. While a significant body of research has explored parental responses to LGBTIQ+ disclosures, far less attention has been given to sibling dynamics. This omission is particularly striking given that siblings are often the longest-lasting relationships in an individual's life and can play crucial roles in both risk and resilience for queer individuals.

The purpose of this chapter is twofold: to contribute to a richer understanding of queer identity development in small island communities and to advocate for greater recognition of the sibling subsystem in both clinical practice and academic inquiry. Through storytelling, reflection, and systemic thinking, this chapter seeks not just to describe an experience—but to invite readers into it.

Literature Review

"inviting in" vs. "coming out"

The dominant cultural narrative of ""coming out"" has traditionally framed LGBTIQ+ identity disclosure as a public act, a declaration of one's sexual or gender identity to the world. However, scholars and activists alike have begun to critique the limitations of this narrative. Beckett (2010) introduced the idea of ""inviting in"," emphasizing agency, consent, and the power of selective disclosure. Unlike "coming out", which can feel compulsory or performative, "inviting in" acknowledges the relational and contextual nature of disclosure. It empowers queer individuals to decide who is allowed into their world.

Polk (2023) and the Fullerton LGBT Queer Resource Center (2023) note that "inviting in" allows for a more intimate, nuanced, and trauma-informed approach, particularly for individuals living in conservative or unsafe environments. While "coming out" may still serve a purpose in

advocating visibility, "inviting in" prioritizes emotional safety and honors the personal nature of identity.

Sibling Subsystems in Queer Research

While research on LGBTIQ+ family dynamics has expanded significantly in recent years, much of it continues to focus on parent-child relationships. Sibling dynamics, by contrast, remain under-explored. Yet, as Dunn (2014) and De Bernart (2018) argue, siblings are often the first peers and lifelong companions, profoundly influencing each other's development and identity. Szymanski and Hilton (2021) argue that siblings of queer individuals may go through their own emotional journey—ranging from confusion to pride—and play an essential role in acceptance or rejection.

Salvati et al. (2017) found that 62% of LGBTIQ+ individuals disclosed their sexual orientation to at least one sibling, often before telling parents. Pistella et al. (2019) also emphasized that siblings were generally more accepting and quicker to offer support. These studies suggest that siblings serve as key relational agents in the queer "coming out"/ "inviting in" process, often acting as buffers against parental or societal rejection.

Queer Identity in Small and Rural Communities

The experience of "coming out" or "inviting in" is shaped significantly by geographical and cultural context. In rural areas—often characterized by conservatism, religiosity, and strong communal ties—queer individuals face unique barriers to visibility and support (Butler, 2017; Brown, 2011). Gozo, with its population of just over 39,000, is deeply influenced by Catholicism and traditional gender roles, creating a socio-cultural landscape that often inhibits queer expression.

Studies by Scerri (2018) and LGBTI+ Gozo (2021) highlight that many queer individuals in Gozo experience isolation, stigma, and a lack of safe spaces. This context not only shapes their internal identity processes but also informs how, when, and to whom they choose to disclose their truth.

Conceptual Framework

Systemic thinking is grounded in the idea that society is composed of interconnected systems and subsystems that influence and depend on one another (Kerr, 1988, as cited in Metcalf, 2011). Within this framework, each individual is situated in a family unit, which itself exists within broader social, political, and cultural contexts. As Metcalf (2011)

explained, family structures are both shaped by and contributors to these wider systems. As a systemic trainee, I view this interconnectedness as central to understanding how individuals construct a sense of self and make decisions.

In parallel, social constructionism—a postmodern perspective—emphasizes how social and cultural contexts shape individual beliefs and identities (Dallos & Draper, 2010). Etherington (2004) noted that by recognizing ourselves as products of social constructs, individuals gain

the capacity to "deconstruct fixed beliefs" (p. 21) and create space for alternative ways of thinking. Postmodernism, therefore, enables marginalized voices to be heard alongside dominant narratives (Etherington, 2004).

Together, systemic thinking and social constructionism provide the conceptual framework for this work. They allow me to critically examine how contextual factors influence my understanding of self—particularly my identity as a lesbian woman raised in Gozo—and to explore how these same dynamics shape my sibling's identity as a non-binary gynosexual individual.

Methodology

Research Design

This study adopts a qualitative research design informed by systemic and social constructionist perspectives. These paradigms align with the research aim of exploring the lived experiences of myself and my siblings in relation to "coming out" and "inviting in" processes. As Creswell (2013) suggests, qualitative approaches are most suitable for understanding meaning making within personal and social contexts. By grounding the study in systemic thinking, the research acknowledges how individuals are situated within multiple interacting systems (Bateson, 1972, as cited in Dallos & Draper, 2010). Social constructionism further supports the exploration of how cultural and linguistic practices shape identities (Dallos & Draper, 2010).

A reflexive, autoethnographic approach was employed, enabling the researcher to integrate personal narratives with sibling accounts. Etherington (2004) highlights reflexivity as key in qualitative work, as it allows researchers to interrogate their positionality and assumptions.

This design supported the integration of both personal journal entries and interview data with siblings, offering layered insights into identity, disclosure, and systemic influences.

Participants

The study focused on myself, a lesbian woman raised in Gozo, and my three siblings: one non-binary gynosexual individual and two cisgender heterosexual brothers. Purposeful sampling was applied, as the siblings' involvement was intrinsic to the research aims. Sibling voices were deemed crucial given the limited scholarly attention paid to sibling dynamics in queer disclosure (Toomey & Richardson, 2009; Hilton & Szymanski, 2011, 2014). By including different gender and sexual orientations, the study captured diverse perspectives within one family system.

Data Collection

Data were collected through semi-structured interviews with siblings and personal journal entries written over time. Semi-structured interviews provided flexibility while still allowing exploration of core themes (Smith & Osborn, 2008). Questions were designed to elicit reflections on sibling relationships, experiences of disclosure, and perceptions of gender and sexuality within the Gozitan context.

The use of personal journals, particularly reflective entries from 2023 and 2024, enabled an integration of lived experience into the research. Autoethnographic data provided context for the interviews and revealed how social constructs and systemic influences shaped personal identity (Ellis et al., 2011).

Ethical Considerations

Ethical approval was sought and obtained in line with institutional guidelines. Informed consent was gathered from all participants, who were assured of confidentiality and the voluntary nature of participation. Pseudonyms were employed to protect identities, and siblings were given the right to withdraw at any stage.

Given the reflexive nature of the research, particular care was taken to manage dual roles as both researcher and sister. As Guillemin and Gillam (2004) argue, ethics in qualitative research extends beyond formal procedures to ongoing reflexivity about relationships, power dynamics, and emotional impact. This was especially relevant in addressing sensitive discussions on sexuality and gender.

Reflexivity

As both researcher and participant, I acknowledged the influence of my positionality on the study. Autoethnographic elements highlighted how my identity shaped the questions asked, the interpretation of siblings' narratives, and the overall framing of the study. Reflexivity served not only as a methodological tool but also as a means of honouring the relational and systemic emphasis of the research (Etherington, 2004).

Criticism to Autoethnography.

Ellis et al. (2011) remarked that autoethnography is frequently measured by standards applied to traditional ethnographies or autobiographical, resulting in criticisms of being either too artful or too scientific. Anderson (2006) described it as overly emotional and stated that autoethnography needs to be reclaimed as "a part of analytic ethnographic tradition" (p. 392).

This analytical approach to autoethnography runs the risk of becoming 'disembodied words on the page' (Ellis & Bochner, 2006, p. 430).

Findings

Coming out or inviting in?

The concepts of "coming out" and "inviting in" reflect different approaches to queer identity disclosure. "coming out" traditionally describes the process of recognizing, accepting, and disclosing one's sexual orientation or gender identity (Cass, 1979; Kus, 1985; Salvati et al., 2001; Bockting & Cesaretti, 2001). Rooted in the metaphor of the closet (Brown, 2000), it

often implies escaping shame imposed by heteronormativity. However, Adams (2010) critiques this, arguing that the closet exists only within heteronormative assumptions.

By contrast, "inviting in" emphasizes agency, framing disclosure as a choice to share one's lived reality with others (Beckett, 2010). Within my wider community, I felt the need to come out due to heteronormative pressures (Middleton, 2023), while within my sibling

> subsystem, I felt safe to invite them in. Systemic thinking highlights how heteronormative beliefs within larger social systems influence family and individual experiences (Bateson, 1972, as cited in Dallos & Draper, 2010).

The Sibling Relationship

Research has largely focused on parents, with fewer studies exploring siblings' roles (Toomey & Richardson, 2009; Hilton & Szymanski, 2011, 2014; Szymanski & Hilton, 2021). My siblings' acceptance provided affirmation and safety, consistent with findings that disclosure often occurs first to sisters (Beals & Peplau, 2006; D'Augelli et al., 2008).

Close sibling relationships foster acceptance (Conger et al., 2009; Stewart et al., 2001). In Gozo's small, resource-limited context, we developed strong emotional ties, which increased mutual protectiveness against discrimination—reflecting Hilton & Szymanski's (2011) findings. Such relationships can also broaden empathy toward other minorities (Hilton & Szymanski, 2014), although awareness of systemic privilege gaps is not always evident (Worthington et al., 2002).

Gender Stereotypes and Colouring Outside of Them

Gender has historically been tied to biological sex, reinforced through cultural and religious norms (Hines, 2018). Feminist scholarship challenged these binaries (Hines, 2018; Sydie, 2007), yet socialization continues to assign roles as masculine or feminine (Brickell, 2003). Lesbian identities complicate these constructs, as gender expression within lesbian subculture is diverse (Harris, 2007).

My own gender expression has challenged stereotypes, revealing how heteronormative scripts of womanhood excluded same-sex attraction. My non-binary sibling's identity reflects similar tensions with binary gender frameworks (McCarty & Burt, 2023). Although my cisgender brothers struggled with neutral pronouns, they accepted our identities without concern for stereotypes.

The Gozitan Effect

Gozo's geographical and cultural context shapes identity through close community ties and limited resources (Xerri, 2002, 2021). While this created pressures of visibility within a small society, it also strengthened sibling bonds, as limited opportunities for external socialization increased family time (Brown, 2011).

Language

Language shapes identity and social interaction (Anderson, 2023). The Gozitan dialect facilitated openness in my sibling interviews, fostering familiarity (Schuman, 1982, as cited in Mishler, 1986). However, binary structures in Maltese and other languages constrain representation of non-binary identities (Barker, 2017; Harris, 2007; Hansen & Zoltak, 2020). Terms such as huma (they/them)

and huti (siblings) are strategies my family uses, though often requiring explanation in wider contexts (Hord, 2016).

Conclusion

Through systemic, social constructionist, and postmodern lenses, it becomes clear that larger social constructs (heteronormativity, gender binaries, language) influence the coming out/ "inviting in" process, while sibling dynamics can provide spaces of safety and affirmation that counter wider social pressures.

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The Challenges of Living with HIV: Some Experiences of Men Who Have Sex with Men

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Abstract

The study draws on the experiences of nine men who have sex with men (MSM) who live with HIV (Human Immunodeficiency Virus) in Malta. Five of the men were Maltese while the other four hailed from other countries but had been living in Malta for more than one year. The study is based on indepth face to face interviews with the men who shared aspects of their life with HIV. All interviewees identified as gay, were receiving free antiretroviral therapy (ART) from the state and were living a relatively 'normal' life. However, despite the many benefits of ART, living with HIV is more than just taking a daily dose of medicine. Study participants shared common challenges and dilemmas as well as distinct experiences, partly because they came from different backgrounds and cultures. Considering the stigma and the silence that still surrounds HIV in Malta, dilemmas and challenges abound for gay men who live with HIV from the moment they receive their diagnosis, which changed their life forever.

Keywords: MSM (men who have sex with men), HIV diagnosis, antiretroviral treatment (ART), HIV stigma, disclosure.

Introduction

The idea to conduct research about men who have sex with men (MSM) living with the Human Immunodeficiency Virus (HIV) came to mind when I was asked to chair a discussion on the topic and attendance was rather sparse. I realised how little I knew about such experiences and how little we hear about HIV on the media, from politicians and in everyday conversations. The silence, the stigma and the lack of knowledge that I felt existed in Maltese society about people living with HIV, decades after the AIDS pandemic of the 1980s, set me thinking. I wanted to know more about the life and challenges of MSM living with HIV in Malta.

I chose to study the experiences of MSM both because I am close to the LGBTIQ+ community as an activist and ally, but also because MSM have a high risk of contracting HIV (Sönmez et al, 2022, UNAIDS, 2024). In Europe, sex between men accounted for over one third of HIV cases in 2023 (ECDC/WHO, 2023). In 2021, over 60% of new HIV diagnoses in Malta and some other European countries involved MSM, despite a general decline in diagnoses among MSM in the region (ECDC/WHO, 2022). Furtheremore, Malta has one of the highest rates of HIV diagnosis among European countries. In 2023, there were 114 new cases of HIV, or 21 new diagnoses per 100,000 population in Malta, the highest rate in the European region (ECDC/WHO, 2024) compared to an average regional rate of 5.3. In 2024, about 750 persons were living with HIV in Malta, according to the National Sexual Health Strategy 2025-2030 (Government of Malta, Ministry for Health and Active Aging, n.d.). Among new cases, the majority (89) involved non-Maltese persons (Health Promotion and Disease Prevention Annual Report – 2023, n.d.). This trend was also noted in other European countries, where the rates of HIV diagnoses among MSM in recent years declined, while the rates among MSM not born in the reporting country increased (ECDC/WHO, 2022).

Methodology and Participants

I took a qualitative approach to study the experiences of MSM who live with HIV in Malta. After I obtained clearance from the Ethics Committee of the University of Malta, I contacted HIV Malta and Checkpoint Malta, local organisations working in the field of HIV, and asked them to help me recruit six to eight men living with HIV. Probably due to the stigma and the secrecy surrounding HIV in Malta, recruitment was difficult but, with the help of the two organisations, I managed to put together a convenience sample of nine participants. Five of the participants were Maltese and four were non-Maltese. The latter hailed from different countries and had been living in Malta for a number of years, but not less than one year. All MSM in the study were on Antiretroviral Treatment (ART) provided by the state and had an undetectable and therefore untransmittable viral load, referred to as U= U (Rodger et al, 2016). All MSM identified as gay. Maltese participants were diagnosed in Malta except for one while all non-Maltese participants knew they had HIV before they came to Malta. The men were in their late twenties or thirties except for one Maltese man who was over 50 years old. All the names are not the real names of the participants. Only three Maltese men were in a relationship. The others were single.

The interviews took place either at the home of the participants (3) or at my home (6). I prepared a few questions to facilitate the conversations, but the participants could narrate their story freely, so that they could make sense of it as they were sharing it with me (Gumbie, 2018; Kaplan, 2014; Melby, 2010; Spieldenner, 2014). The interviews were recorded and transcribed/transliterated verbatim and the data was then analysed thematically.

The Challenges of Living with HIV in Malta

In Malta, where testing for HIV and obtaining free and effective ART is accessible to Maltese citizens and to regularly employed non-Maltese persons, an HIV diagnosis often means that one lives with a chronic condition. Living with HIV still poses a number of challenges but if diagnosed in time, HIV does not develop into AIDS and inevitable death as it did in the past (Zheng, Zhao & Hu, 2019). While during the 1980s pandemic, HIV/AIDS was considered to be a gay plague (Vaughan & Power, 2023), the medical perception of HIV in Western countries has shifted. MSM who receive a positive HIV diagnosis can now live a relatively 'normal' life.

Coming to Terms with an HIV Diagnosis

Once anyone tests positive for HIV, they receive a phone call from Mater Dei, the general state hospital and are asked to go immediately to the Infectious Diseases Unit (IDU) where they are informed by the doctors that they have HIV and given the necessary information regarding treatment and monitoring. They are also reassured that if they follow the treatment, they will be able to live a 'normal' life.

Regardless of whether the diagnosis was expected or not, for most MSM it was a traumatic, shocking, confusing piece of news which brought up a sense of "being thrown into a new life against one's will" (Kaplan, 2014, p. 224). Martin was very angry at his partner who, he claimed, gave him the virus without telling him that he had HIV. Karim, who received the news in Pakistan, described it as a "bomb blast". It is as if there is life before and after the diagnosis. Bertu, who was diagnosed in the UK around 30 years earlier, told me that he was "scared shitless" and that his heart "turned upside down" even if at the same time he was determined not to let HIV alter or dominate his sense of self (Charmaz, 2002). However, the diagnosis may cause an identity crisis, conjur feelings of shame, guilt, fear (Attard, 2023) and uncertainty (Bury, 1982) and present various questions and delemmas. Within a context of stigma, prejudice and misconceptions about HIV, many MSM tended to keep the news to themselves, or to share it only with very few friends or with their long-term partner.

ART and its ramifications

ART stands for antiretroviral treatment, a combined medication which has transformed HIV from a virus leading to almost certain death to a chronic disease (Schuft et al, 2022). ART brought the life expectancy of those living with HIV at par with that of the general population and led to a drastic decline in AIDS-related deaths (UNAIDS, 2023), at least in the West. In Malta, ART is accessible for free for Maltese citizens and for non-Maltese who present evidence of employment.

Others, such as migrants without a work permit, foriegn students, migrants in detention, cannot get this life-saving medication, whose cost is prohibitive, at around €1200 monthly.

Despite its huge positive impact on those living with HIV, ART also has its downsides especially when outdated medication used to be provided by the state until recently, as well as issues related to adherence and keeping the medication hidden from others. Zheng, Zhao & Hu (2019) identified a number of symptom clusters which may negatively impact the quality of life of MSM living with HIV, their body image and functions, their social life and overall state of mind, and which may constrain MSM to reveal their HIV status. Until 2021, the ART that was dispensed for HIV infection in Malta caused a great deal of misery among patients who experienced multiple iatrogenic symptoms such as constant diarrhea. Ġanni and Bertu both experienced this, to the extent that they could hardly go out. At work, Ġanni used to receive comments from his colleagues about his frequent visits to the toilet. Toni claimed to have suffered "all the side effects", bad dreams, rashes, anxiety, tiredness, depression and gynecomastia, and there was not much anyone could do about them. Buying alternatives was not an option for most MSM. They had to find their own ways of dealing with the horrible side effects. The pill burden was also a problem. They had to take about seven pills daily, at the same time with food. This also posed a challenge to many. Ġiljan used to buy generics from his own pocket when he could not take it anymore. They still had their effects, but they were better. When the new ART regimen was introduced in 2021, the life of MSM living with HIV took a positive turn. Now they had to take only one or two combination pills a day with no visible side effects, and which they could get from the pharmacy of their choice, rather than from hospital as they did before.

Keeping HIV Secret: Stigma and Disclosure

ART has certainly had a positive impact on the life of MSM living with HIV. However, the 'normal life' that they were promised by healthcare professionals did not seem to take into consideration the many challenges that come with the huge stigma, the prejudices, the misconceptions about HIV that those living with the virus encounter in everyday life situations, within their families, at work with their colleagues, with partners, even at times when visiting health professionals. Consequently, MSM living with HIV may experience psychological traumas, dilemmas, anxieties, shame low self esteem and depression (ECDC, 2023). They may find themselves in awkward situations such as when Ġiljan had to console a man who he had just kissed and who thought that he would get the virus from Ġiljan and started crying in panic. They may also have to make major decisions such as to leave one's family behind and migrate to a safer country.

Stigma, or "the negative perception of people living with HIV based solely on their HIV status" is probably the biggest challenge that MSM living with HIV have to face (ECDC, 2023, p. 1) as HIV remains among the most stigmatised health conditions globally (Øgård-Repål, Berg & Fossum, 2023). Stigma may reduce the likelihood of MSM getting tested for HIV (Sullivan et al, 2020), to receive proper healthcare (Turan, 2017), to take their daily medication and to share one's HIV status (Cassar, 2020). MSM living with HIV may also experience a sense of judgement within the LGBTIQ+ community, they may be refused housing and other services (Attard, 2023; Jeffries

et al, 2015). Stigma and ignorance were also experienced at Mater Dei such as when Martin heard members of staff arguing because nobody wanted to push his wheelchair after he was diagnosed. Ġanni also claimed that he found it difficult to come out to his colleages at Mater Dei after observing how they reacted to patients with HIV, behaviour he did not expect from healthcare professionals.

HIV Stigma may have an even worse impact on individuals when it intersects with other stigmatising factors such as homosexuality, race, nationality or religion (Arnold, Rebchook & Kegeles, 2014; Jeffries et al, 2015; Turan et al, 2017). Bertu felt that Maltese society did not change much from when he was engaged in gay activism in the 1990s. He compares the mentality of the Maltese to that of a "village woman". He argues that "Progress has been made, but when you see the comments section of newspapers, you know?"

According to Martin,

> The gay community is still horrendously … They say, because he has HIV [but then] unprotected sex is the rule. You have to fight almost to get protected sex. But you know if you show that you are HIV+ on your status, you will be less popular. Huge, huge stigma [...] Because I fall into a stereotype. A gay man with HIV.

Stigma makes HIV invisible, despite the statistics. Politicians, the media, the people in the street do not talk about HIV. The silence is deafening, as Toni claimed:

> It scares me that nobody speaks about it because it's a black sea and we don't know what's in it in the sense but honestly, I have never heard people speaking about it one way or the other.

Even at Mater Dei, the HIV nurse advises patients not to share their diagnosis with anyone so that they will protect themselves. However, this shocked participants, made them feel alone, and felt that it further contributed to the stigma. While whether or not to speak about their HIV status is ultimately their decision, participants did feel the burden of having to carry all the load on their own. As an activist, Ġiljan argued that speaking about HIV puts it on the political agenda, raises awareness and reduces the stigma.

Within such a cultural context, it is not surprising that participants tended to keep their HIV status to themselves. Disclosure to family members, friends, lovers and colleagues becomes a challenge riddled with difficulties and dilemmas (ECDC, 2023; Zeluf-Andersson et al, 2019), even though participants often claimed that they did not tell their families because they did not want them to worry. However, internalising the cultural stigma could well have an impact on their secrecy (Global Network of People Living with HIV [GNP+], 2023). Surveys (Aghaizu et al, 2023; ECDC, 2023) confirmed that those living with HIV consider disclosure to be a huge challenge, with the result that very few tell family members, friends or partners and only speak about their status with healthcare professionals. Ġiljan was the only Maltese participant who disclosed his status to his parents because he preferred to have their support, after he considered the pros and cons (Attard, 2023).

Migrants who came to Malta from countries where homosexuality, HIV exposure and transmission are illegal and shameful could not reveal the true reason for leaving their country and loved ones. Karim had no knowledge about HIV, coming from such a context and while he could tell his mother about his HIV status, he could never reveal his homosexuality (Philpot et al, 2023). After leaving Dubai, where he had been building a life, because his HIV status did not permit him to continue living there, he had to leave Pakistan as well because of the stigma, especially surrounding homosexuality and its association with HIV. He told me, "They accept it yes, because there are many reasons how you can get it but gay is gay".

Disclosing one's HIV status to sexual partners, especially casual ones, is another dilemma and one's decision depends on many factors including fear of possible consequences such as rejection and secondary disclosure, the type of relationship (Bird, 2019; Jeffries et al, 2015; Rutledge, 2007; Spieldenner, 2014; Turan et al, 2017,) as well as legal requirements (Herder & Agardh, 2019). Nowadays, with the popular use of gay online dating applications such as Grindr, MSM may choose how they want to present themselves on their profile and those they want to be open with (Philpot et al, 2022). There were those who felt comfortable disclosing their HIV status while others preferred to keep it a secret. Long-term partners were generally supportive, while casual partners reacted in different ways. They could be understanding and accepting, or they reacted in ways which were considered unreasonable or which showed complete lack of sensitivity or knowledge about HIV.

Conclusion

ART has certainly made life easier for MSM living with HIV. Thanks to ART, HIV in contemporary Malta has become manageable, and with proper and continuous medication, it eventually becomes undetectable and untransmittable. However, not all those who live in Malta and need medication have access to it and this presents another challenge both for those who need it and for policy makers. Furthermore, while from a medical and health perspective, ART enables MSM to live a 'normal' life, on its own it does not shield them from the stigma, the prejudice, the constant efforts of keeping their HIV status secret and their medication hidden from others. It does not shield them from the heavier life insurance premiums they have to pay. It does not bring migrants closer to their families or compensate for the lack of social and psychological support. Nor does it protect MSM from the possibly negative or prejudiced reactions of sexual partners, colleagues or even health professionals, or from the lack of anonymity when they visit what they call the HIV clinic at Mater Dei on Thursday mornings. The challenges I have discussed in this chapter are not exhaustive. There are challenges that MSM with HIV face every day, such as having to maintain strict routines especially in relation to their medication, having to take time off from work for regular testing and monitoring, because as Toni said, "Everything is in the morning, and how many times are you going to mention hospital visits, without disclosing the reason?". Living with HIV is about not being able to travel to or to work in certain countries, about not finding the necessary support and empathy associated with other illnesses and having to navigate the complexities of their life on their own. Living with HIV is

about finding ways of responding to these many challenges and coping with them in order to be able to function socially, physically, emotionally, psychologically, economically, politically, spiritually and sexually within a society which is hardly as embracing of MSM living with HIV as its top position on the ILGA-Europe Rainbow Map for ten consecutive years suggests.

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Intersex and Anti-Transgender Discourse

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Abstract

Research from the European Union shows sharp increases in violence and discrimination against intersex as well as against transgender people which is remarkable in that intersex people are a largely invisible population. This article introduces the reader to the concept of intersex and gives a brief history of the anti-transgender movement. John money's influence on the medical establishment's approach to management of intersex variations and how it relates to transgender experience is explored. The main body of the article explores how anti-transgender violence and discrimination is inextricably interwoven with intersex wellbeing as recognised by the Lemkin Institute for Genocide Prevention and Human Security. The article concludes with implications for intersex childhood and parenting in an environment that is increasingly hostile to sex and gender diversity.

Keywords: intersex, transgender, transphobia, intersex-phobia, moral panic, fascism

Introduction

Intersex is an umbrella term for more than 40 naturally occurring bodily variations blurring the borders of strict binary definitions of male or female anatomy (OHCHR, 2017). Intersex variations can affect a person's chromosomes, external genital structures, internal structures, gonads, sex hormone production, sex hormone response and/or secondary sex characteristics (HSS & OASH, 2025). For example, an intersex person might be born with both testicular and ovarian tissue (Baskin et al., 2023) or with XY chromosomes typically associated with males, but also a uterus (Bannour et al., 2025). Some traits are immediately apparent at birth, others in puberty while some are discovered post-mortem (Reis, 2021).

Although intersex people comprise almost two percent of the world's population, they remain largely hidden for reasons including stigma, shame, and medical erasure of evidence of their existence (Blackless et al., 2000; IHRA, 2019; Karkazis, 2008; Reis, 2021).

The anti-transgender movement and intersex people

More people are aware of transgender people due to a coordinated campaign by right-leaning political groups to demonise, other and exclude transgender people from society as part of broader goals to roll back societal progress which will be explored further in this article. Many people, however, remained unfamiliar with the term intersex and its pathologizing equivalent DSD (Disorders of Sex Development) until furore surrounding the victories of Algerian boxer Imane Khelif and Taiwanese boxer Lin Yu Ting during the 2024 Paris Summer Olympics. Following their wins, international outcry like that surrounding Caster Semenya some years beforehand erupted along with speculation that both boxers were men, transgender, or intersex, with claims this would give them unfair advantages over their cisgender, endosex (or non-intersex), white female competitors. These rumours were circulated internationally by news sources and celebrities known for anti-transgender bias (BBC, 2024; Bettiza, 2024; Carpenter, 2024; Topping, 2021).

Perhaps unsurprisingly considering proliferation of anti-transgender sentiment by politicians, celebrities and media since 2015 (Bilson, 2023; McLean, 2021), research shows sharp increases in violence and discrimination against transgender people across Europe (FRA, 2024). What might be surprising considering their invisibility is sharp increases in violence and discrimination against intersex people too suggesting even cisgender, or nontransgender, intersex people are harmed by growing intolerance to perceived deviation from binary sex and gender expectations. While the words intersex and transgender describe different phenomena, and while many intersex people are not transgender just as many transgender people are not intersex, there is overlap.

Gender dysphoria is reportedly higher amongst intersex participants than amongst endosex people (Cools et al., 2018; Haghighat et al., 2023). High rates of Klinefelter syndrome have been found amongst transgender populations and high rates of gender dysphoria have been reported amongst people with Klinefelter syndrome (Cai & Yap, 2022; Crocetti et al., 2020; Liang, Cheung & Nolan, 2022). Klinefelter syndrome, or 47-XXY, is a chromosomal variation affecting people assigned male at birth associated with development of atypically wider hips and gynaecomastia in

puberty (Butler et al., 2023). It is conceivable that even some cisgender people with Klinefelter syndrome might be mistaken for being transgender by individuals or groups aspiring to harm transgender people. Similarly,

> Polycystic Ovarian Syndrome, a variation affecting the endocrine system, can contribute to excessive facial hair growth which might incur misplaced transphobia for some cisgender women with the variation (Bai, Ding, & Wang, 2024). Suggesting no overlap exists between intersex and transgender people maintains surgeons have never erred when assigning one of two binary sexes to intersex children (Cresti, Nave & Lala, 2018; Davis, 2011; Haghighat et al., 2023; Holmes, 2008; Scannell, 2001).

As of this writing, there is much fearmongering about surgical procedures inflicted on children who conservatives say were brainwashed into believing they are transgender by left-leaning teachers and parents. This moral panic is explored in the next section. While paediatric transgender surgeries are almost completely imaginary, surgeries on intersex children are not. Beginning in the 1960s, based on the theories of psychologist Dr John Money, the practice of assigning a binary sex to intersex children born with ambiguous genitalia followed by irreversible surgery crafting the child's body to meet expectations typically associated with its sex assigned at birth gained international popularity amongst the medical establishment (Beh & Diamond, 2000; Karkazis, 2008; Migeon et al., 2002; Money, Hampson & Hampson, 1957). Around the world since then, intersex genitals have been routinely reconfigured to satisfy aesthetic sensibilities of society represented by paediatric surgeons. Vaginas are constructed on infants where none existed previously to accept future imagined adult penises with little thought given toward how the infant might eventually come to identify sexually (Karkazis, 2008; Money, 1968; Morland, 2009; Reis, 2021). Intersex children have been subjected to castration and vaginoplasties after being assigned female at birth because their phalluses were deemed inadequate by doctors (Dreger, 2006). Others were assigned female because vaginoplasties were considered easier to perform than phalloplasties (Hegarty, 2000; Holmes, 2008; Woodhouse, 2004).

Dr John Money, the psychologist whose theories led to the mainstreaming of this approach to the medical management of intersex variations (Reis, 2021), suggests enlarged clitorises be surgically reduced in size or removed completely (Money,1968):

> In the case of female hermaphrodites, it is fairly common to remove the enlarged, masculine-looking clitoris. Despite the importance of the clitoris as a focus of erotic feelings, its removal does not, so far as one can judge, reduce the feeling of sexual gratification. In the female as well as the male, it is remarkable how much erotic tissue can be removed without loss of erotic pleasure and the ability to reach a sexual climax (Money,1968, p. 93).

Follow up studies, however, discovered these procedures can diminish possibilities for future sexual pleasure, leading to long-term pain and other difficulties (Beh & Diamond, 2000; Jones, 2016; Karkazis, 2008; Morland, 2009; Reis, 2021; Woodhouse, 2004). That these procedures are performed without the consent of intersex people themselves suggests a fundamental disregard

for intersex personhood. There is little difference if any between these and procedures commonly referred to as Female Genital Mutilation (FGM) (Kehrer, 2022). FGM is banned in many countries where identical procedures on intersex children continue to proliferate. Due similarity between the practices, intersex human rights activists refer to these procedures as IGM or intersex genital mutilation (Pikramenou, 2024).

Other common procedures such as hypospadias surgeries are associated with high rates of disability (Skarin Nordenvall et al., 2017). Hypospadias is an intersex variation that manifests in the urethral opening being located on the underside of the phallus.

Hypospadias "repairs" involve rerouting the opening from the underside of the shaft to the tip. Individuals subjected to hypospadias surgery can require long-term medical care and risk of complications can increase with each subsequent procedure which can result in further surgeries to repair the damages of those subsequent procedures (Snodgrass & Bush, 2017).

According to Barbagli et al, "In adults with complications after failed hypospadias repair, all urethroplasty procedures, despite meticulous technique, have the potential to fail and any substitute material can deteriorate over time" (2006, p.893). Common problems resulting from hypospadias surgeries include wound dehiscences, recurrent fistulas, strictures, and scarring (Snodgrass & Bush, 2019; Verla et al., 2020). Individuals subjected to multiple failed hypospadias 'repair' surgeries are designated the distressing label of "hypospadias cripple" by surgeons (Barbagli et al., 2006; Fam & Hanna, 2017; Badawy et al, 2019; Horton & Devine, 1970; Stecker et al., 1981) with "limited options for reconstruction" (Neheman et al., 2020, p.163.e2). Even when surgeons consider the surgery a success, intersex people subjected to them can suffer greatly as a result as Wouter explains:

> …for me, with the complex hypospadias, even, even in normal intercourse, I'm hetero. But intercourse is not a funny thing. I think my first masturbation attempts, yeah, I always had this pain memory. Something that should be really pleasing, like ejaculating and orgasm for me is linked with pain …You see, there's an association that has robbed me sexually (Wouter in Berry, 2024, p. 165).

Following a review of 408 patients subjected to hypospadias surgeries, Sansalone et al. (2016) question reasoning behind performance of these procedures:

> Our data showed a high number of repeated operations for patients with hypospadias revealing an unthought-of scenario. No other congenital anomaly of the human body requires so high number of operations to be repaired. Our findings cast doubts about some statements of paediatric urologists about primary hypospadias repair (p.371).

These and other intersex procedures were declared a form of torture by the United Nations Special Rapporteur because of their infringement on the human rights as well as their detrimental effects on wellbeing and reproductive ability (Méndez, 2013). In 2015, these surgeries were criminalised in Malta followed by bans in Portugal, Iceland, Germany, Greece, and Spain (Middleton, 2023; Pikramenou, 2024). These bans are imperfect however, as parents sometimes travel with children

to countries where intersex surgeries are not banned. Despite decades of work by intersex human rights activists and allies, Dr Money's approach to medical management of intersex variations remains in practice in most countries today (Beh & Diamond, 2000; Karkazis, 2008).

The rise of a moral panic

In the wake of Obergefell v Hodges, the Supreme Court case that in 2015 legalised same-sex marriage throughout the United States, conservative groups such as the Family Research council (FRC) organised to regain ground lost to social progress. In a 2017 FRC YouTube video, Meg Kilgannon explained their strategy for a broader roll back of human rights focusing on what they perceived as the weakest link, "Divide and conquer. For all its recent success, the LGBT alliance is fragile… Gender identity by itself is a bridge too far. Separate the T from the alphabet soup" (Kilgannon, 2017, 18:44). Dismissing decades of science behind gender care and likening it to lobotomies performed in the 1950s, Kilgannon suggests LGBT opponents claim instead it is their opinions that are backed by science, "…if you can help yourself, don't use religious arguments. It's just not effective. What is more relevant to most people is the case based on biology and reason" (Kilgannon, 2017, 20:30). She continues, "Secular arguments are seen as more inclusive and open the door to many other people who really want to engage on this issue. It's all-hands on deck and we need help from as diverse a coalition as we can assemble" (Kilgannon, 2017, 20:56).

Although the FRC believes, "…the context for the full expression of human sexuality is within the bonds of marriage between one man and one woman" (FRC, n.d.) and have a section on their website named, "Why Sexual Orientation and Gender Identity Should Never Be Specially Protected Categories Under the Law" (Sprigg, n.d.), Kilgannon reveals how they joined with members of the LGB community to oppose rights and protections for transgender people, "I've been working with a group of women in an organization called Hands Across the Aisle Coalition and it that proves that there's a broad opposition to gender identity if you can leave the religious talking points to the side" (Kilgannon, 2017, 21:13). Although the FRC positions itself as anti-feminist, they promote trans acceptance as a threat to the safety of women and girls, highlighting concerns of sexual assault survivors, female athletes and ethnic minorities who value modesty.

Despite efforts over several years by transgender activists to draw attention to looming threats to the rights of women and minorities posed by the FRC and other conservative religious organisations targeting transgender people (Zoledziowski, 2022), their warnings went largely unheard and the FRC and others have been successful in efforts to undermine not just transgender rights but female reproductive rights also. The FRC's 2015 paper, 'Understanding and responding to the transgender movement', offered a five-point plan for transgender erasure concluding with a section entitled 'Sidebar: Intersex Conditions', "The needs of 'intersexed' persons should be addressed on a case-by-case basis. They should in no way be confused with the transgendered, because the overwhelming majority of 'transgender' persons are not 'intersexed'" (O'Leary & Sprigg, 2015, p.11). An anti-transgender communication from the Catholic Church four years later entitled 'male and female he created them' (Vatican City, 2019) asserted authority of surgeons over

parents not only to decide whether genital surgeries should be performed on intersex children, but also which binary sex should be assigned to them:

> …in cases where a person's sex is not clearly defined, it is medical professionals who can make a therapeutic intervention. In such situations, parents cannot make an arbitrary choice on the issue, let alone society. Instead, medical science should act with purely therapeutic ends, and intervene in the least invasive fashion, on the basis of objective parameters and with a view to establishing the person's constitutive identity… (p.13).

Anti-transgender discourse and intersex people

The decade since Obergefell v Hodges has seen more than 2,880 anti-transgender bills proposed in the United States with 972 in 2025 alone (Trans Legislation, n.d.). Many of these purport to protect the wellbeing of transgender children from irreversible medical procedures almost always restricted to adolescents of consenting age following protracted vetting (Giordano & Horowicz, 2023). Some of these bills, however, ironically contain protections for performance of irreversible and non-consensual genital surgeries on intersex infants (InterACT, 2020). This disparity highlights a stark contrast between the rush to perform harmful, non-consensual surgeries on intersex children and difficulties faced even by transgender adults attempting to access transition related care (Puckett et al., 2018). This also means intersex adults wishing to reverse surgical and hormonal procedures they were subjected to as children may experience similar difficulties as those faced by transgender endosex adults (Berry, 2024; Puckett et al., 2018).

In January 2025, the Biden administration published the United States Government's first report on intersex health, 'Advancing Health Equity for Intersex Individuals' (HSS & OASH, 2025). Days later, the incoming Trump administration removed the report and published an executive order entitled, 'Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government', which, like the FRC before them, promised to, "…defend women's rights and protect freedom of conscience" by ridding government policy of the concept of gender identity (The White House, 2025). The order states, "gender ideology" makes a "false claim that males can identify as and thus become women and vice versa" and it is impossible, "for a person to be born in the wrong sexed body". The order also rescinds a document from the Department of Education entitled, 'Supporting Intersex Students: A Resource for Students, Families, and Educators' (United States Department of Education Office for Civil Rights, 2021).

Following a case brought by a Scottish anti-transgender organisation, reportedly funded by an influential celebrity known for their anti-transgender sentiments (Baska, 2024), the United Kingdom Supreme Court issued a unanimous ruling that under the Equality Act 2010 sex would exclusively refer to "biological sex", or "man" or "woman" synonymous with the sex a person was assigned at birth (Connolly, Meads, Wurm et al., 2025). In addition to nullifying gender recognition certificates and pre-empting exclusion of transgender individuals from single-sex spaces including hospital wards, bathrooms facilities and domestic violence refuges, the ruling served to cement legal erasure of intersex people, especially those who identify as non-binary or

as a sex and/or gender different from the one they were assigned at birth (Berry, 2024; Connolly et al., 2025). While making no mention of intersex, the Equality and Human Rights Commission (EHRC) in the United Kingdom issued guidance shortly afterwards supporting the ruling (EHRC, 2025). Having previously put out a Red Flag Alert for the Anti-Trans Agenda of the Trump Administration in the United States in February 2025, The Lemkin Institute for Genocide Prevention and Human Security issued a Red Flag Alert on Anti-Trans and Intersex Rights in the United Kingdom following the EHRC guidance issuance (The Lemkin Institute, 2025).

Conclusion

Many older intersex people report difficult lives filled with family rejection, effects of non-consensual and harmful surgeries, gender identity struggles, employment discrimination, bullying and ostracisation at school and work (Berry, 2024). Until right-wing response to marriage equality reversed decades of progress for minorities including transgender and intersex people, it seemed society was progressing toward increasing acceptance of bodily diversity, gender expression and diverse sexuality (Steinmetz, 2014). An increasingly conservative socio-cultural-political environment evident in the United Kingdom, the United States and elsewhere indicate a return to previous levels of intolerance which could make ending non-consensual surgeries and improving necessary care for intersex people more challenging (InterACT, 2020). More challenging too might be efforts to increase intersex representation in popular culture and include non-pathologizing intersex representation in relationship and sex education curriculums (Kilgannon, 2017).

For many parents, the first time they learn about intersex is after the birth of their intersex child. Doctors may feel less inclined to offer new parents holistic approaches that do not include harmful and irreversible surgeries. Growing intolerance of deviation from sex and gender norms may see parents raising their intersex children in less tolerant neighbourhoods and sending them to less tolerant schools. Intersex children may be more likely to grow up with families that reject them, predisposing them to abuse of various types leading to worse later life outcomes (Berry, 2024; FRA, 2024; Laird, Bridges & Marsee, 2013; Stern & Rule, 2018). This paper highlights an urgent need for resistance, academic and otherwise, to antitransgender efforts not only for the benefit of transgender and intersex people, but also for cisgender, endosex women and other minorities targeted by right-wing agents.

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The Parents' Experience of Spirituality and Meaning Making in Relation to Their Child's Gender Identity And, or Sexual Orientation

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Abstract

This qualitative study explores how spirituality shapes the experiences of parents in Malta whose children identify as lesbian, gay, bisexual, transgender, intersex, or queer (LGBTIQ+). Guided by social constructionism, attachment theory, and systems theory, the research examines how spiritual beliefs and practices influence meaning making, parenting approaches, and family relationships following a child's LGBTIQ+ disclosure. Semi-structured interviews with seven parents revealed five overarching themes: (1) spirituality as a source of strength and resilience, (2) spirituality deepening the meaning of the parenting role, (3) parents' spiritual positioning shaping parenting style, (4) conflicts between spiritual beliefs and their child's identity, and (5) child disclosure as a catalyst for spiritual and personal transformation. Findings highlight the dual role of spirituality as both a resource and a constraint, influenced by Malta's predominantly Roman Catholic context. Implications include the integration of spirituality into systemic family therapy training and culturally responsive interventions that address the unique tensions experienced by parents in faith-based societies.

Keywords: spirituality, parenting, LGBTIQ+, Malta, family therapy, qualitative research

Introduction

Spirituality is increasingly recognised as a significant influence on family relationships and coping, particularly in contexts where religious norms shape societal values (Mahoney & Boyatzis, 2019). For parents of LGBTIQ+ children, spirituality can serve both as a foundation for resilience and as a source of tension (Bertone & Franchi, 2014; Campbell, 2017).

In Malta, where the 2021 national census reported that 82.6% of residents identify as Roman Catholic (National Statistics Office, 2023), religious traditions strongly influence cultural norms and family life. Catholicism has historically shaped public discourse on sexuality, with earlier laws criminalising same-sex relationships (Bonello, 2007) and contemporary debates continuing in faith-based communities despite Malta's top ranking in the ILGA-Europe Rainbow Index for LGBTIQ+ rights.

While LGBTIQ+ equality legislation in Malta is among the most progressive globally, personal acceptance within families often remains mediated by religious values (Cassar & Grima Sultana, 2016). Parents navigating their child's disclosure may struggle to reconcile unconditional love with spiritual teachings, often turning to prayer, religious communities, or spiritual reflection for guidance. This interplay of support and strain is under-researched in the Maltese context.

This study addresses this gap by exploring how parents in Malta experience and interpret spirituality when their child identifies as LGBTIQ+. Using a qualitative design and reflexive thematic analysis, it aims to illuminate how spirituality functions as a resource, a challenge, and a catalyst for transformation in these families.

Method

Design

A qualitative approach was employed to capture parents' lived experiences, using reflexive thematic analysis (Braun & Clarke, 2020) to explore patterns of meaning across diverse spiritual backgrounds. The study was informed by social constructionism, attachment theory, and systems theory to contextualise individual narratives within broader relational and cultural systems.

Participants

Seven parents (six mothers, one father) participated. All had at least one child identifying as LGBTIQ+. Most identified as religious and spiritual with Christian roots; three described themselves as spiritual but not religious. Spouses varied in religiosity, from devout Catholic to atheist.

Recruitment and Data Collection

Following ethics approval from the University of Malta's Faculty Research Ethics Committee, recruitment was facilitated through the Rainbow Support Service of the Malta LGBTIQ Rights Movement (MGRM). Purposive sampling was used to identify parents with direct experience of

parenting an LGBTIQ+ child. Interviews were conducted in English or Maltese (later translated), lasting approximately one hour, in-person or online.

An interview guide prompted discussion of participants' spiritual beliefs, reactions to their child's disclosure, family dynamics, and meaning-making processes. Interviews were audio-recorded, transcribed verbatim, and anonymised.

Data Analysis

Reflexive thematic analysis followed Braun and Clarke's (2023) six-phase process: familiarization, coding, initial theme generation, reviewing, defining, and reporting. Both semantic and latent meanings were explored. Researcher reflexivity was maintained through journaling and supervision to address potential biases, particularly given the researcher's own LGBTIQ+ identity and spiritual background.

Results

Five themes emerged, reflecting spirituality's complex role in parenting LGBTIQ children in Malta.

Spirituality as a Source of Strength and Resilience

Parents consistently described prayer and connection to God as central coping mechanisms. One mother reflected: "I wake up in the morning and ask God to give me the strength to continue. When He wants me to stop, I will stop". This reliance on divine support aligns with previous research linking spirituality to resilience in parenting stress.

Spirituality Deepening the Parenting Role

Several parents described their parenting as a sacred calling. One stated: "God is perfect, and my child is made by God. If anyone says they are not perfect, they are contradicting God". This sanctification of parenting provided a framework for unconditional acceptance.

Spiritual Positioning Shaping Parenting Style

Differences in spiritual engagement between co-parents sometimes created tension, particularly around religious rituals. Shared spiritual values, however, were described as enhancing unity and emotional support.

Conflict Between Spiritual Beliefs and Child's Identity

While some found alignment between their beliefs and acceptance of their child, others experienced internal and communal conflict. A father recalled confusion when church leaders' teachings clashed with his understanding of God's love.

Child Disclosure as Catalyst for Transformation

For many, their child's coming out prompted profound personal growth and revaluation of beliefs. Several participants engaged in advocacy within their religious communities.

Discussion

This study demonstrates that in Malta's Catholic cultural context, spirituality plays a dual role in shaping parents' experiences of raising LGBTIQ+ children. On one hand, spiritual practices like prayer provided emotional sustenance, resilience, and a lens for unconditional love. On the other, doctrinal interpretations and community attitudes sometimes hindered acceptance and family harmony. The findings align with international research showing that religious frameworks can both support and constrain parents' responses. However, Malta's unique combination of rapid legislative change and enduring Catholic influence created specific tensions. The theme of sanctification illustrates how spiritual beliefs can be mobilised to affirm a child's identity, reframing acceptance as a religious duty rather than a compromise. Conversely, when parents' spiritual communities rejected LGBTIQ+ inclusion, participants reported disillusionment or disengagement from organised religion. Implications for practice include the need for systemic family therapists in Malta to develop spiritual literacy, enabling them to address both supportive and constraining aspects of clients' faith. Policy-wise, fostering dialogue between faith communities and LGBTIQ+ advocacy groups could reduce the dissonance experienced by parents and promote inclusivity within religious spaces.

Conclusion

For parents of LGBTIQ+ children in Malta, spirituality is neither uniformly protective nor uniformly harmful; it is a dynamic force that can foster resilience, deepen parental meaning, and catalyse transformation, but also provoke conflict and exclusion. Recognizing this complexity is essential for culturally competent therapeutic support. Future research could examine secular spirituality's role in Maltese families and explore longitudinal changes in parents' beliefs over time.

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CULTURE, DISCOURSE, PERFORMATIVITY, AND POWER

Gender, Performativity, and Fashion: A Queer Perspective

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Christabelle Borg is a queer sociologist with a Bachelor of Arts (Hons) in Social Wellbeing Studies. Her academic work critically explores societal perceptions of bisexuality, drawing on innovative research methods to challenge deep-rooted stereotypes. Her interests include sexuality, gender and gender expression, intersectionality, and equality.

Abstract

Fashion is a medium used for individual expression and visual identity. This paper aims to discuss fashion from a queer perspective, which challenges the understanding of the innateness of gender and sexuality. The sociological perspective of meaning-making, material objects as cultural markers, and the understanding of fashion as a gender marker will be discussed. The link between fashion, identity, and femininity throughout history will be considered before moving on to critically analyse the fashion modelling industry's role in fortifying normative identities. Models become the symbolic embodiment of gender competence and the ideal self. The critical works of Simone de Beauvoir and Judith Butler will inform the following segment. In her work, Simone de Beauvoir critiques the sex/gender binary, suggesting that whilst sex is genetically influenced, gender is socially constructed through cultural meanings assigned to the body. Expanding on this theory, Judith Butler brings forth the concept of gender performativity; gender does not exist outside of its expression. Gender brings into being the concepts of the feminine and masculine through dominant discourse and language. The essay notes Butler's understanding of the art of drag as a political parody. Drag artists intentionally inflate gender identities through makeup, discrediting the idea that gender is a natural extension of sex. Considering these critical works, this paper concludes with an illustration of the evolution of the fashion industry from a medium which historically endorsed traditional gender norms, to a powerful voice for change. Gender-fluid and gender-neutral collections strive to deconstruct gender stereotypes along with celebrities identifying as queer such as Billy Porter and Tilda Swinton, who challenge gender norms through their gender expression and outfits. Agentic social actors thus, provide the fashion industry with a platform to reflect the social and political context in which it exists, bringing forth the politicisation of life.

Keywords: gender, gender expression, fashion, sex/gender binary, performativity, queer fashion

Introduction

For early civilisations, clothing served as protection of the body from natural elements such as rain and low temperatures. By time however, this has taken on a second role; individual expression. But it would be wrong to assume that these are the only two functions as clothing extends beyond protection and appearance (Kodžoman, 2019). Informed by symbolic interactionism, meaning-making and queer theory, this essay analyses fashion as a cultural, identity and gender marker. From a symbolic interactionist perspective, clothing communicates gender, status, and individuality whilst the performative and socially constructed nature of gender is exposed by queer theory through the questioning of the sex and gender dichotomies. This work journeys through history and exposes fashion's shifting relevance and how this has been queered in recent decades. By placing fashion within these sociological perspectives, this paper highlights its pivotal operation as a marker of culture, identity and gender. By examining fashion's role in reinforcing and challenging already established categories, a clearer understanding of fashion as a powerful site of social and cultural change and consequently, the politicisation of personal life, is provided.

Fashion as a Cultural and Identity Marker

To understand fashion and its cultural importance, it is apt to discuss the meanings people attribute to fashion. Scholars such as Crane and Bovone (2006) and Aspers and Godart (2013) highlight the salience of the social context in which fashion exists. Crane and Bovone (2006) posit that fashion is embedded in social relations and contexts thus informing the experience of social life. Clothing and dress are a fundamental part of material culture as they shape and embody cultural, social and economic structures. Through the embodiment of symbolic values, the consumption of fashion becomes not an expression of economic values, but a symbolic one. Crane and Bovone (2006) remark that throughout history fashion signified social status as it was only accessible to the upper social classes however, the introduction of industrialisation made it accessible to other social groups. Despite this, the authors note that fashion is still used to distinguish people. Inspired by Pierre Bourdieu's concept of 'distinction', the authors theorise that people declare their social and cultural capital through their choice of dress. They continue by emphasising the role of fashion in upholding social hierarchies and norms such as the traditional ideas of femininity and masculinity. The work concludes by stressing the global influence of the Western world.

As claimed by Aspers and Godart (2013) social actors express their social status, acceptance, and/or disapproval of societal norms, making fashion a means of social signalling. In 'Sociology of Fashion: Order and Change', Aspers and Godart (2013) explore fashion and its dualistic operations. They bring forth their views on the complex relationship between fashion, social order and social change. Fashion is viewed as a social phenomenon which is capable of both reflecting existing values, structures and norms as well as encouraging cultural shifts. The authors highlight the significance of the production and distribution of fashion and discuss trends, stressing the

influence of luxury brands, fashion designers and social institutions. Ultimately, Aspers and Godart (2013) emphasise the prominence of fashion's duality, constantly shifting through cycles of reminiscence and innovation. Fashion is not simply a reflection, but also a key driver of broader shifts in culture. Through a symbolic interactionist lens, Ambás and Gárgoles (2025) present fashion as a communicative symbolic system. They analyse how throughout history fashion elements such as crowns and shoulder pads conveyed status whilst others symbolised rebellion such as the safety pin, namely associated with the oppositional Punk movement. Likewise, the 'hanky code' allowed LGBTIQ+ communities to communicate various sexual preferences during the 1970s; a time of extensive discrimination against LGBTIQ+ individuals (Cornier, 2008). Furthermore, clothing enables social actors to adhere to or challenge the established symbolic meanings, enabling both self-expression and conformity (Entwistle, 2015). Ultimately fashion is viewed as a means of collective interactions amongst social actors, interactions which carry profound social and cultural implications.

Fashion as a Gender Marker

These implications extend to bodies and how these are perceived in society. Joanna Entwistle (2015) argues that clothing draws attention towards the body and this brings into being "the sexed body" (p 141). This process begins in infancy; parents dress their babies in fabrics, colours and styles to signal the baby's sex. This process continues in adulthood as clothes highlight bodily differences such as the male broad shoulders (accentuated in jackets) and the female breasts (accentuated in styles of clothing such as low-cut tops etc..). In her work Entwistle references Marcel Mauss's work 'Techniques of the Body' (1973) in which he reflects on how fashion inscribes different embodiment techniques and meanings for men and women such as walking in high heels which encourages further swaying of the hips in women.

Joanna Entwistle (2000) also analyses fashion from a Foucauldian lens, the body as subject to power. In this sense, the author integrates fashion's function as being a cultural, identity and gender marker and puts it in the context of a patriarchal and capitalist society. Entwistle (2000) explains how dress codes and uniforms are used by corporations as a means of exercising power over the bodies of their employees. She asserts that female employees are scrutinised for the way they dress at much higher rates than their male counterparts, iterating the need for them to look smart and professional without looking too provoking. Dressing for success in a capitalist and patriarchal society demands the balance between femininity and masculinity. This discourse was popularised by John Molloy's 'The Woman's Dress for Success Book' (1977) and emphasises the rejection of fashion trends and embracing the tailored skirt and structured jacket (the 'power' suit). It is only through this dressing style that women are seen as equal to men (Pittman, 2023).

Adding on to the issue of power, Aanchal Jha (2018) notes how in the 19th and early 20th century, garments made for women ensured their submission to men. She discusses the laced corset, addressing the restriction of movement which came with it. This garment often resulted in physical deformities due to the extreme cinching of the waist expected of women to emulate the hourglass figure, the ideal body type in England and America during those times. Crinoline, a

petticoat "made of spring steel hoops, increasing in diameter towards the bottom" (Jha, 2018, p. 253) became a staple in 19th century fashion as it gave volume to dresses, creating a bell-shaped effect. These steel cages continued to limit women's movement and made it difficult for them to do basic things such as fitting in carriages or to move comfortably through narrow doorways. Another troubling issue with crinoline was the fabric used. Horsehair is a light fabric which is highly flammable, and at the height of crinoline's popularity, ample instances of women being injured or burnt to death because of it were reported. The early 20th century saw yet another restricting garment. The hobble skirt limited women's ability to walk due to its tight and narrow hem. The author suggests that this was created as retaliation to the fact that "women were getting more physically active. This was designed to stop women from progressing" (Jha, 2018, p. 254).

Fashion produces the notions of masculinity and femininity as per the sex/gender binary, resulting in the creation of power imbalances. Items of clothing become feminine or masculine assuming the person's sex and dictate one's identity and social roles as women or men (Morgenroth & Ryan, 2021). Fashion, therefore, "turns nature into culture, layering cultural meanings on the body" (Entwistle, 2015, p. 143).

Fashion and Femininity

Gendered social roles can be traced back to medieval times during which dress making and textiles skills were heavily pushed onto girls and women as such work was seen to improve and indicate the social status of the household. Furthermore, women and fashion were both associated with inconsistency and up until the eighteenth-century, women with an interest in fashion were thought to be wiccans and immoral; attitudes stemming from ancient mythical characters such as Eve and Lilith who are perceived to be deceitful and vain and who use their beauty and false decoration to manipulate and entice men (Entwistle, 2015).

Such association continued to be solidified in Christian Europe whereby finery, seen as a vice in itself, became grossly linked to femininity due to women being more susceptible to temptation (Entwistle, 2015). The association between fashion and women is also tackled by Simmel (1957) who argues that it is a result of the confinement of women to social roles such as that of a wife and mother. The author posits that, "in a certain sense fashion gives woman a compensation for her lack of position in a class based on a calling or profession" (Simmel, 1957, p. 551), suggesting that women use fashion to make themselves more attractive both to themselves and others. Contrastingly, men are viewed as many-sided creatures thus the need for constant change in appearance is not necessary.

Fashion Modelling and Normative Identities

The link between fashion, women's idealised beauty standards and seduction has shifted from laced corsets to being professionally showcased through models on runways. In her biographical work, Patrícia Soley-Beltran (2006) argues that being a model is the equivalent of having an official certification in normative and compliant beauty and social acceptability. Models convey symbolic meanings of gender proficiency, class and race and, represent and reproduce the "collectively

defined standards of identity" (Soley-Beltran, 2006, p. 41). Extending on this, Entwistle and Mears (2013) view cat walking as a highly gendered practice. Female models are instructed to embody their female identity by flirting on the runway as well as moving their body in unnatural ways such as lifting the legs and exaggerating their walk by strutting [echoing the Techniques of the Body (Mauss, 1973)]. Contrastingly male models are encouraged to seem indifferent to the performance and do not exaggerate or sexualise their masculinity (Entwistle & Mears, 2013). These practices continue to solidify the notion of fashion being a gender marker as a result of the sex/gender binary and the historical connection between fashion, femininity and women.

Simone de Beauvoir, Judith Butler, and Gender Performativity

Despite its popularity, the sex/gender binary has been heavily criticised by authors such as Simone de Beauvoir and later, Judith Butler. In her work, Simone de Beauvoir (1949, 1960) posits that "one is not born, but rather, becomes a woman. No biological, psychical, or economic destiny defines the figure that the human female takes on in society" (de Beauvoir, 1960, Part IV, The Formative Years, Chapter 1, Childhood, p. 273). In this work the author differentiates sex from gender and argues that gender is socially constructed and malleable. Gender comes into being through cultural meanings and this determines the experience of the individual as either a man or a woman (He, 2017).

Judith Butler (1990) extends on this theory by suggesting that the relation between sex and gender is unnatural, giving way to possibilities of bodies becoming loci of other gender constructions. The author argues that whilst sex is a fixed set of natural facts, gender is characterised by a lack of permanence and a process of self-construction. She adds that gender is a choice made by the individual, nonetheless this choice is not fully conscious, what Sartre calls 'quasi knowledge'. Despite this choice being semi-unconscious, it is one which the individual becomes aware of after making it. Becoming a gender, according to Butler, is an interpretational process which is both impulsive and mindful. Butler argues that choosing a gender implies an interpretation of already established gender norms and a renewal of the individual's cultural history. The body therefore, becomes a situation with more than one meaning. First, the body represents a material reality which is defined and rooted in a social context and secondly, the body "is a field of interpretive possibilities" (Butler, 1998, p. 45), whereby individuals are agentic and can reinterpret approved styles and gender norms, resulting in the politicisation of personal life.

One of the most influential concepts devised by Judith Butler is performativity. The author suggests that one is not gender but rather, one does gender through practicing repeated acts which happen within a rigid and regulated frame. This concept was introduced in Butler's seminal work 'Gender Trouble' (1990) in which she posits that gender identity does not exist outside of its expression, but it is formulated through it. Butler, therefore, differentiates between the notions of performance and performativity. Whilst performance assumes an already existing subject, gender is performativity as it challenges the concept of the pre-existing subject. She maintains that gender is performativity as it brings into being the masculine and the feminine through discourse and language (Salih, 2007). This performativity, posits Butler, is not voluntary but rather it is bound

to compulsory heterosexuality and the sex/gender dichotomies. Interesting to note is that through her work, Butler discredits the authenticity and naturalness of gender as an extension of sex with a discussion about drag; a form of performance art in which individuals dress up in extravagant clothing and makeup with the intention of exaggerating a particular gender identity with which they do not identify. This can be viewed as a political parody and highlights in the most explicit ways the performative aspect of gender (Rupp et al., 2010).

Queering Fashion

Parallel to drag, in recent years fashion has been striving to steer away from the sex/gender binary through the deconstruction of gender stereotypes. The 1960s social context provided the opportunity for the fashion industry to reflect the sexual and gender political revolutions occurring during this time. The jean pants, the original 'unisex' garment became a symbol of rebellion against gender stereotypes and gender-based discrimination. In 1966, fashion designer Yves Saint Laurent debuted the collection Le Smoking which included the first ever female tuxedo, a garment previously reserved for men. Gender fluidity in fashion continued with Pierre Cardin's Space Age collection which featured new synthetic fabrics which did not have any gender connotations. The music industry also played a pivotal role in the dismantling of the gender binary in fashion, with celebrities such as Jimi Hendrix, David Bowie (and his persona Ziggy Stardust) and the newly found popularity of music genres and accompanying aesthetics such as glam rock and disco (Akdemir, 2018; Elle India, n.d.).

The 1990s music scene also brought gender blurring to the mainstream. Inspired by Kurt Cobain and his band Nirvana, combat boots and flannel lumberjack shirts became trendy amongst both male and female fashion. These examples are all testament of the fashion industry's attempt to deconstruct the gender binary. In 2016, at the Milan Men's Fashion Week, Gucci male models wore traditionally female-associated silhouettes, patterns and embellishments. Calvin Klein also joined the gender fluid movement in fashion and presented an androgynous collection at the 2018 New York Fashion Week. (Akdemir, 2018; Elle India, n.d.). As Nihan Akdemir (2018) posits, "fashion revolutionaries are not interested in feminising men or emasculating women, rather they are aiming to blur the masculine/feminine divide and eliminate those labels" (p. 261). When speaking of fashion revolutionaries, one cannot not mention Rick Owens. Rick Owens defies tradition and normativity by creating pieces which distort the human body making it difficult to attach gender norms to. He contests traditional gender with his gender-fluid and avant-garde designs which emphasise asymmetry and draping, creating dark sculpturesque silhouettes that blur the lines between femininity and masculinity. His designs prove that self-expression transcends the sex/gender binary construct (Clark & Rossi, 2020).

Fluidity in fashion is embraced by a variety of celebrities such as Billy Porter and Tilda Swinton. Billy Porter, an openly queer person, is famous for challenging gender norms through his red carpet looks such as the Christian Siriano ballgown worn at the Oscars of 2019, and Scott Studenberg's form fitting, sequined turquoise jumpsuit at the 2020 Grammy Awards (Olito & Lakritz, 2022). Another example is Tilda Swinton, an actress well known for her ability to

transform and shift, both in her acting career (one can think of her role as Orlando in the movie Orlando) and her fashion modelling career, such as her campaign for Pringle of Scotland Fall-Winter 2010 Menswear campaign where she wears suits, brogues and sweaters whilst presenting a highly androgynous look (De Perthuis, 2018). Ultimately, fashion is a political space in which identity, culture and gender intersect.

Conclusion

Fashion is not passive, it is political. It reflects the society in which it exists. It is a powerful platform for the construction of cultural meaning-making, highlighting its relevance in challenging and redefining the understanding of gender and its expression. Historically, dominant thought paradigms and ideologies such as the sex/gender binary as well as the subordination of women and femininity were solidified through fashion. It has upheld traditional notions of gender, with models symbolising idealistic socially constructed identities. However, the industry is rapidly evolving into a locus of resistance and revolution. The rise of discussions surrounding gender along with unapologetic queer personalities like Billy Porter and Tilda Swinton gaining more visibility, brought forward countless gender-fluid collections. Fashion designers such as Rick Owens are receiving widespread recognition and critical acclaim for their experimentation with bodies, proportions and gender. Ultimately, this serves as a testament to fashion's capacity to destabilise and overthrow normative identities and cultures, bringing queerness to the mainstream.

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Queerness as Cultural Imperialism? Examining the Origins of 'White Sickness' in African Responses to Western LGBTIQ+ Norms

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Abstract

This chapter explores the historical and cultural factors that have led to the perception of LGBTIQ+ identities and activism as 'white sickness' in Africa. It focuses on two key areas: the genesis of modern Western-centric norms regarding sexual identity, and the subsequent imperialist interventions that sought to globalise these norms. The study traces the origins of the homosexual/heterosexual binary to 19th century Europe, examining how this conceptual framework transformed same-sex attraction from a set of behaviours to a core aspect of identity. This Western-centric understanding of sexuality, developed over more than a century of social and political evolution, became the foundation for LGBTIQ+ identities and rights movements.

The research then analyses how these Western norms were exported globally, particularly during and after the Cold War era. It examines the role of international organisations and Western governments in promoting LGBTIQ+ rights as part of broader human rights agendas, often intertwined with geopolitical interests. This interventionist approach, reminiscent of earlier colonial missions, frequently disregarded local cultural contexts and histories. The chapter argues that the convergence of these factors, the imposition of Western sexual norms and the aggressive promotion of LGBTIQ+ rights, has contributed to the perception of queerness as a 'white sickness' in many African societies. This view is not merely an expression of homophobia, but a complex response to perceived cultural imperialism and a defence of post-colonial sovereignty.

By linking the development of Western LGBTIQ+ norms to subsequent imperialist interventions, this study offers a nuanced understanding of why these identities are often viewed as foreign imports in Africa. It concludes by calling for a more culturally sensitive approach to global LGBTIQ+ advocacy, one that recognises the complex interplay between identity, power, and post-colonial resistance.

Keywords: colonial legacy, cultural imperialism, LGBTIQ+ activism, neo-colonialism, sovereignty, white sickness

Introduction

"Homosexuality is something we don't know in Africa [...] It's white sickness and we don't want that kind of people in our community," remarked a Malian refugee, reflecting a widespread belief that homosexuality is alien to African culture. His words, featured in the documentary Rainbow Bridge (2021) by the Malta LGBTIQ Rights Movement (MGRM), underscore the profound sense of displacement, violence, and marginalisation experienced by many Africans whose gender expression and sexual identity diverge from societal norms. This narrative of rejection, rooted in the belief that homosexuality is a foreign import, encapsulates what has come to be known as "White Sickness", a term reflecting the perception that LGBTIQ+ identities and activism are a Western intrusion on African culture.

The notion of "White Sickness" does more than label queerness as foreign; it also embodies a deep-seated resistance to Western influence, one that is inextricably linked to Africa's colonial past and its ongoing struggle for cultural sovereignty (Mambondiyani, 2023). This resistance is not simply a manifestation of homophobia; it is tied to broader concerns about the imposition of Western values, the legacy of colonialism, and the ways in which LGBTIQ+ rights activism has often been seen as a vehicle for neo-colonial intervention (Rao, 2022). For many on the continent, the language of sexual identity is bound up with histories of domination, making queerness an ideological battleground where issues of identity, power, and culture collide (ILGA World, 2023).

This chapter seeks to explore the origins and implications of this perception by examining two key areas: the genesis of LGBTIQ+ identities within a Western context, and the role of Western interventionist activism, particularly during and after the Cold War era, in shaping how queerness is perceived in Africa. The development of LGBTIQ+ identities in the West, underpinned by the emergence of the homosexual/heterosexual binary in the late 19th century, created new social categories that were later exported globally, often without regard for local cultural contexts. In parallel, the Cold War's geopolitical landscape saw Western nations, particularly the United States, weaponising human rights, including LGBTIQ+ rights, within their broader foreign policy strategies, often leading to a perception of LGBTIQ+ activism as a tool of cultural imperialism.

By analysing these dynamics, this chapter aims to clarify why LGBTIQ+ identities, as articulated within a Western framework, are perceived as foreign and linked to "White Sickness" in African contexts. In doing so, it seeks to move beyond simplistic narratives that dismiss African resistance as merely homophobic or culturally regressive and instead offers a more critical examination of the intersections between identity, power, and post-colonial resistance.

The Genesis of Modern Western-Centric Norms

To understand the origins of the concept of homosexuality within a Western context, we must look back to the year 1869, when the binary distinctions of homosexual/heterosexual emerged. These distinctions now form the cornerstone of LGBTIQ+ identity politics globally. Austro-Hungarian journalist and translator Karl-Maria Kertbeny is credited with coining the term "homosexual," a pivotal moment that marked the emergence of a vocabulary that would shape

discussions surrounding queer identities for generations (Kramer, 2014). In his work The Problem of Translating Queer Sexual Identity, Kramer (2014) emphasises the significance of this linguistic innovation.

The term "homosexual" initially gained traction in the German-speaking world, appearing in popular publications such as Gustav Jäger's Entdeckung der Seele (1879) and Richard von Krafft-Ebing's Psychopathia Sexualis (1886). Over time, the term permeated European and Western discourses, with its widespread acceptance being further solidified by Sigmund Freud's endorsement. Freud's adoption of the term and its implications helped bring the homosexual/heterosexual categories to prominence within medical, legal, literary, and psychological frameworks across Europe and the United States. Kramer's analysis extends beyond merely identifying a historical starting point for the homosexual/heterosexual categories. It also illuminates the transformative impact of this

linguistic shift. Unlike earlier terms such as "sodomy" or "pederasty," which denoted specific sexual acts without attributing a broader identity, the concept of homosexuality introduced a paradigm shift. Instead of merely describing prohibited behaviours, this new framework recognised attraction and sexual activities between individuals of the same sex as constituting a distinct identity.

The introduction of the term "homosexual" marked a significant departure from previous conceptions, reframing same-sex desire from a moral transgression to a fundamental aspect of one's identity. This linguistic evolution laid the groundwork for the construction of LGBTIQ+ identities, setting the stage for ongoing struggles for recognition, rights, and acceptance within Western societies.

A crucial takeaway from the above is that sexual attraction and acts divergent from Judeo-Christian Western moral norms, within the context of the Global North (or the West, terms used interchangeably here), have undergone a transformation into social categories. Intimate behaviour transcended its mere expression to assume the profound mantle of identity, thus becoming a focal point of social and political discourse. In times of socio-economic and political upheaval, it served as both a target for scapegoating and a catalyst for witch hunts. More recently, it has been co-opted as a tool for pinkwashing and tourism attraction, with its commodification extending to erasing the struggles in the Middle East and transforming LGBTIQ+ friendly cities in Europe and beyond into vibrant hubs for investment and economic prosperity.

Despite its apparent significance, many contemporary academics overlook a fundamental reality: the majority of the world has not undergone this transformative process. While the creation and implementation of new social categories based on sexual orientation and gender identity marked a commendable milestone in the Western world's trajectory, representing a logical progression in terms of social moral advancement, its imposition upon other regions, notably the African continent, has yielded adverse consequences (Amnesty International, 2024). Unlike the positive outcomes observed in the Global North, this imposition has engendered harm due to the failure of Western nations, particularly the United States, to comprehend the non-universal nature of

Western morality (Rao, 2022). The tendency for Western nations to exhibit a "hero syndrome," engage in neo-colonial imperialism, and wield human rights as a tool of foreign policy has perpetuated misunderstandings and conflicts (Brown, 2023).

For instance, while Western nations have made significant strides in recognising and legitimising LGBTIQ+ identities, many countries in Africa still enforce colonial-era laws that criminalise same-sex relationships (Mambondiyani, 2023). In countries like Uganda and Nigeria, recent legislative actions have further entrenched anti-LGBTQ+ sentiment, with leaders framing homosexuality as "un-African" and a threat to local values (Ocheni & Nwankwo, 2012). Additionally, the persistence of colonial laws in places like Sierra Leone and Cameroon illustrates how these outdated legal frameworks continue to affect the lives of LGBTIQ+ individuals, reinforcing a culture of discrimination and violence (ILGA World, 2023). This stark contrast highlights the ongoing struggle for LGBTIQ+ rights in regions where societal acceptance and legal protections remain minimal or non-existent. It is imperative to recognise that what may constitute the next step in social progress in the Global North can be interpreted as an infringement upon the sovereignty of states that have achieved independence only a few decades ago, political independence, with economic independence still largely unattained (Nyanzi, 2013).

In the forthcoming section, we will delve deeper into these complexities, examining the nuanced dynamics surrounding the imposition of Western moral norms upon non-Western societies, particularly within the context of the African continent.

Imperialism and the New Missionaries

During the Cold War, the Global North gradually shifted its focus from religious doctrine to political ideology as a more expedient means of mobilising populations. This transition, particularly pronounced during the latter half of the twentieth century, gave rise to new forms of 'missionaries', whose roles and objectives were shaped by the geopolitical climate of the time.

To comprehend the significance of these new missionaries, it is necessary to revisit the year 1977, when Jimmy Carter assumed the presidency of the United States and adopted a strategy of utilising human rights and democratic values as tools of foreign policy (Franklin, 2008). Carter's administration spearheaded a comprehensive human rights campaign targeting the Soviet Union and adversaries in the Global South, deploying various Machiavellian tactics in an era characterised by the strategic use of soft power and diplomatic manoeuvring.

Joseph Massad's analysis (2007) offers valuable insights into the emergence of Western-dominated organisations during this period, particularly the International Lesbian and Gay Association (ILGA) and the International Gay and Lesbian Human Rights Commission (IGLHRC). These organisations, largely led by white men from Western nations, sought to champion the rights of 'gays and lesbians' globally, advocating on their behalf. ILGA, in particular, played a pivotal role in leading an aggressive universalisation campaign in 1994, which coincided with the twenty-fifth anniversary of the Stonewall Uprising.

Massad, however, raises critical concerns regarding this missionary endeavour, questioning its potential to neglect or undermine the specific cultural, social, and political contexts within which diverse societies operate. He argues that the imposition of Western concepts of sexuality and rights may not be universally applicable or appropriate and could inadvertently perpetuate forms of cultural imperialism. This perspective is echoed by Ocheni and Nwankwo (2012), who assert that the promotion of Western ideals often disregards local traditions and values, leading to resistance in many parts of the Global South. Furthermore, recent legislative actions in countries like Uganda and Ghana illustrate how local leaders frame LGBTIQ+ rights as a form of Western imposition, invoking national morals to justify discriminatory laws (Amnesty International, 2024).

Moreover, Rao (2022) highlights that international LGBTIQ+ advocacy often aligns with broader geopolitical interests rather than purely altruistic goals. Massad suggests that this universalisation campaign may align more closely with American imperialist agendas rather than constituting a genuinely altruistic pursuit. In essence, his critique challenges the narrativeof benevolent advocacy, calling for a more nuanced examination of the power dynamics and geopolitical interests that underpin LGBTIQ+ activism on the global stage.

To provide further context for this argument, it is essential to examine the global political climate of this period, particularly in relation to the African political landscape. The era witnessed a surge in decolonisation efforts, as nations across the Global South sought to assert their independence. Central to these movements were notions of sovereignty and equality, both in terms of self-governance and representation at international forums such as the United Nations General Assembly.

In the years leading up to decolonisation, leaders of the Global South—referred to at the time as the Third World—embraced sovereignty and the principle of non-interference as vital to their survival strategies. Although the transfer of power to newly independent states sometimes triggered internal conflicts, it also underscored these nations' desire to assert their autonomy on the world stage (Barnett, 2018).

Consider the scenario faced by leaders of newly liberated nations in the post-colonial world. After decades of struggle in a polarised global context, wherein the United States and its First World affiliates, along with the Soviet Union and its Second World allies, vied for allegiance, these leaders encountered the assertive universalisation campaign led by ILGA and other international organisations in 1994. While these organisations may have been motivated by altruistic intentions, their efforts to impose Western-derived social categories and identities posed significant challenges. It is not the aim here to question the intentions or moral integrity of these entities, but rather to highlight the confluence of factors that led to a heightened, securitised, and at times paranoid response across the continent towards concepts of queer or homosexual identities, and the perceived imposition of LGBT rights.

This apprehension is further intensified by the enduring legacy of colonialism, which saw the exportation of Judeo-Christian morality, with its taboos and intolerance of non-normative sexual acts and gender identities, as a mechanism of subjugation over colonised peoples. It is notable

that this same Judeo-Christian morality, which underpinned Western societies for centuries, took over a century of activism since 1869 to transcend, eventually evolving into what is now recognised as LGBTIQ+ rights.

Conclusion

The perception of Western LGBTIQ+ identities and activism as "White Sickness" in Africa is a complex response rooted in both colonial history and contemporary neo-colonial dynamics. Often dismissed in mainstream academic discourse as mere expressions of homophobia or racism, this perspective actually reflects deeper anxieties about cultural sovereignty and the ongoing impact of Western intervention. By framing queerness as a foreign pathology, African societies are not simply rejecting LGBTIQ+ identities; they are resisting what is perceived as a continuation of imperialist control through the imposition of Western moral and social norms. This resistance can be traced back to the colonial era, when European powers imposed Judeo-Christian moral frameworks, including rigid norms around sexuality, as tools of domination. Ironically, these same frameworks were later dismantled in the West, leading to the recognition of LGBTIQ+ rights, while in African societies, they persisted as deeply ingrained legacies of colonial rule. Western activism that seeks to universalise LGBTIQ+ identities fails to recognise that many African societies had their own complex understandings of gender and sexuality before colonial disruption. As a result, the introduction of Western concepts of sexual identity is seen not as a progressive step but as an attempt to overwrite local cultural narratives and reassert dominance. The Cold War further entrenched this dynamic, as human rights, including LGBTIQ+ rights, became tools of soft power wielded by the Global North to assert influence over the Global South. Western LGBTIQ+ organisations, like the ILGA, while advancing important causes within their own contexts, often failed to consider how their universalisation campaigns were received in post-colonial societies still grappling with the legacies of external control. What was framed as a fight for human rights and equality became, in the eyes of many African leaders and communities, an extension of neo-colonialism, an imposition of foreign values onto societies that had fought for their political sovereignty but still struggled to maintain cultural independence.

Reframing the narrative of "White Sickness" offers a fresh perspective that challenges the West's moral authority in the global LGBTIQ+ rights movement. Rather than viewing African resistance as simply regressive or intolerant, it invites a more critical examination of how Western interventions, however well-intentioned, can perpetuate patterns of cultural imperialism. The reaction against LGBTIQ+ activism in Africa, therefore, is not only a reflection of local homophobia but also a broader critique of the West's failure to account for the historical violence and cultural erasure caused by its colonial and neo-colonial actions. By acknowledging the colonial roots of anti-queer ideologies and the ongoing neo-colonial dimensions of Western LGBTIQ+ activism, we can move towards a more equitable global human rights discourse. Such an approach requires recognising that the fight for LGBTIQ+ rights cannot be divorced from broader struggles for sovereignty, cultural autonomy, and self-determination in the Global South. Rather than imposing Western models of identity and activism, a more sensitive and contextually

grounded engagement is needed, one that respects the unique histories and cultural landscapes of African societies while still advocating for the dignity and rights of all people, including LGBTIQ+ individuals. This reframing opens the door to a more inclusive, historically aware approach to global LGBTIQ+ activism, where the pursuit of equality does not come at the expense of cultural erasure or neo-colonial overreach.

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Colonial Morality and White Homonormativity: The Construction of 'White Sickness' in African Queer Narratives

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Abstract

The term "White Sickness" is a perplexing paradox in African socio-cultural discourse, stigmatising LGBTIQ+ identities while also reflecting the deep wounds inflicted by colonialism. This paper delves into the historical context of this phrase, exploring how imported moral frameworks, fractured identities, and unintended consequences of activism have shaped contemporary homophobia across the continent. By reframing queerphobia as a colonial artefact rather than an inherent cultural trait, this study challenges prevailing narratives and offers a new perspective on the complex relationship between sexuality, identity, and post-colonial resistance in Africa. We examine how colonial powers imposed Judeo-Christian morality, criminalising diverse sexual expressions and reinforcing the idea that non-heteronormative identities were unnatural and foreign. This legacy has continued to shape contemporary attitudes towards LGBTIQ+ individuals, perpetuating the belief that queerness is an alien import rather than an integral part of African culture. Additionally, the paper explores the role of early European gay activism, particularly in France, in shaping these perceptions. We demonstrate how the exclusion of non-white voices from the LGBTIQ+ movement reinforced the association of queerness with whiteness, contributing to the narrative of "White Sickness."

By examining the intertwined histories of colonial morality and white homonormativity, this research challenges simplistic views that frame queer identities as foreign to Africa. It argues that understanding the colonial roots of these discourses is crucial for developing a comprehensive understanding of contemporary homophobia and promoting a more inclusive and equitable discourse on LGBTIQ+ rights in post-colonial contexts.

Keywords: African sexuality, colonialism, homophobia, Judeo-Christian morality, LGBTIQ+ rights, queer identities, racial dynamics, white homonormativity

Introduction

The term "White Sickness", and equivalents like “the European Disease” and “the Western Illness”, are often invoked in African contexts to characterise homosexuality and non-normative sexual identities as foreign impositions, perceived as a pathology that threatens traditional cultural values (Alozie, 2021). This notion is not merely a product of contemporary homophobia but is deeply rooted in the colonial histories that shaped many African societies. By framing queer identities as a Western aberration, the discourse surrounding "White Sickness" seeks to exclude those who do not conform to heterosexual norms and to deny the existence of diverse sexual practices that have long been part of Africa’s cultural landscape.

At the heart of this perception lies the legacy of colonial powers that imposed Judeo-Christian moral frameworks on African societies. These powers criminalised diverse sexual expressions, labelling them as deviant and reinforcing the idea that such identities are unnatural and antithetical to African culture. This imposition established a foundation for the contemporary homophobia prevalent across the continent, perpetuating the belief that non-heteronormative sexualities are alien imports rather than integral aspects of African identities.

Additionally, early European gay activism played a significant role in shaping these perceptions. Dominated by white, Western perspectives, this activism largely excluded non-white voices, thereby reinforcing the association of queerness with whiteness. By sidelining the experiences of queer Africans, this exclusion has contributed to the ongoing narrative of "White Sickness," which posits queerness as a disease afflicting the continent due to Western influence.This paper aims to delve into the intertwined histories of colonial morality and early queer activism to uncover how these forces have constructed and perpetuated the notion of "White Sickness." By examining these dynamics, we can challenge the reductive narratives that frame queer identities as foreign, paving the way for a more inclusive understanding of sexual diversity in Africa.

Exported Colonial Morality

Before European colonisation, many African societies demonstrated a broad range of attitudes towards sexual and gender diversity. While practices varied, same-sex relationships and non-binary identities were often integrated into the social fabric of these communities without being labelled as immoral or unnatural (Gueboguo, 2006). Scholars like Murray and Roscoe (2001) have provided evidence that these relationships held culturally specific meanings and were accepted in various forms. Some societies even recognised distinct social roles for individuals in same-sex relationships, reflecting a context-specific understanding of gender and sexuality (Wieringa, 2005). Examples like female marriage ceremonies in parts of Africa illustrate how these unions were sometimes given formal social recognition (Laburthe-Tolra, 1985). This diversity, however, was radically altered with the arrival of European colonial powers. Colonial authorities imposed rigid moral frameworks, grounded in Victorian and Judeo-Christian beliefs, that fundamentally reshaped how African societies viewed sexuality (Frank, Boutcher & Camp, 2009). These frameworks positioned any sexual behaviour outside of heteronormativity as deviant and immoral,

a perspective that was foreign to many pre-colonial cultures. Indigenous sexual practices, which had been culturally specific and varied, were pathologised by colonial administrators and anthropologists alike (Amory, 1997; Msibi, 2011). They redefined queerness not only as immoral but as something entirely alien to "authentic" African values.

This colonial project of moral re-engineering was not just ideological but also legal. Pre-colonial African societies often lacked formal legal prohibitions against consensual adult same-sex relationships. Yet, under European rule, legal codes were introduced that criminalised queer identities and practices. British colonisers, following laws like the Buggery Act of 1533, imposed harsh penalties for same-sex relations (Gupta, 2008). French colonial authorities, while decriminalising homosexuality in France under the French Penal Code of 1791, implemented stricter regulations in their African territories, criminalising same-sex behaviour (Khouili & Levine-Spound, 2019). These laws branded homosexuality as both illegal and immoral, embedding homophobia into the fabric of colonised societies. The consequences were severe: same-sex relationships were driven underground, and those who engaged in them were subjected to persecution, extortion, and violence (Itaborahy & Zhu, 2013). The colonial imposition of these laws and moral codes gradually reshaped African perceptions of queerness. Over time, what had once been seen as part of the cultural landscape came to be viewed as foreign and unacceptable. Queerness, reframed through the lens of colonial morality, was now understood as something introduced by Europeans and fundamentally at odds with "traditional" African values. This transformation laid the groundwork for the idea that homosexuality and queer identities were not indigenous to Africa, but rather a "Western import."

This narrative, that queerness is foreign to African culture, was reinforced by the colonial depiction of Africans as hypersexual and morally degenerate. European colonisers positioned themselves as moral arbiters, justifying their interventions as a "civilising mission" aimed at curbing these supposed moral transgressions (Mannoni, 1984; McClintock, 1995). This colonial discourse framed African sexualities as inherently exotic, aberrant, and in need of correction, further distancing the concept of queerness from African cultural authenticity (Aloula, 1981; Savarese, 1999).

As a result, colonial powers not only criminalised queer identities but also recast them as symbols of Western decadence, further entrenching the association between queerness and "whiteness." This association was later compounded by the exclusion of African voices from early European LGBTIQ+ movements, which were predominantly white and Eurocentric. This exclusion reinforced the belief that queerness belonged to Western, white culture, coining the term "White Sickness" to describe non-heteronormative identities in Africa. This colonial legacy was further reinforced by the white-dominated nature of early gay activism in Europe, particularly in France and other Western countries. These movements largely centred on Western, white experiences of queerness, marginalising non-white voices and excluding African perspectives. As a result, this activism unintentionally contributed to the perception that queerness was not only foreign but inherently tied to whiteness and Western culture. This exclusion bolstered the narrative that homosexuality and queerness were "imports" with no place in African identities, further

entrenching the notion of queer identities as alien to African societies. The following section explores this dynamic in greater detail.

White Homonormativity Since Early Queer Activism

Amid the vibrant activism of the 1970s and 1980s, the LGBTIQ+ rights movement in the Western world faced a significant challenge: the emergence of "white homonormativity". This ideological framework established a specific version of queer identity, predominantly characterised by white, middle-class experiences of homosexuality, as the standard. In doing so, it systematically marginalised and overlooked the diverse experiences of LGBTIQ+ individuals from non-Western cultural contexts (Warner, 2000).

The consequences of this narrow perspective rippled through the global LGBTIQ+ rights movement. Of particular concern was the promotion of the idea that homosexuality was a "white sickness," viewed as foreign to the African continent. This narrative, driven by white homonormativity, framed homosexuality as an imported ideology that clashed with African cultural norms and traditions.

The Front Homosexuel d'Action Révolutionnaire (FHAR) in France serves as a case study of this phenomenon. Emerging from the revolutionary fervour of May 1968, the FHAR positioned itself as a progressive force for LGBTIQ+ rights. However, as Cervulle (2008) argues, the group's focus on assimilation into societal norms, despite its radical origins, became a hallmark of contemporary French homonormativity. The inclusion of the '15 berges' story (Bourg, 2022) in the FHAR's reports highlights the group's internal contradictions. While advocating for their liberation, they inadvertently perpetuated racist stereotypes, depicting the North African man as hypersexual and threatening. This portrayal reinforced the idea that whiteness is associated with passivity and acceptance within the LGBTIQ+ community, effectively excluding non-white individuals from certain identities.

Furthermore, the FHAR's discourse delineated a clear division of sexual roles, casting the Arab or Sub-Saharan partner as the aggressive "Other." This reinforcement of a porno-trope, prevalent in French culture, as noted by Cervulle (2008), foreshadowed the commercialisation of non-white bodies within mainstream French gay culture, evident in films like Harem, which featured North African bodies.

The FHAR's claimed solidarity with oppressed individuals appears superficial when viewed through the lens of non-white experiences. Their reaction to the racism depicted in "15 berges" suggests a failure to recognise non-white men as integral members of the LGBTIQ+ community, highlighting the limitations of a simplistic "us" versus "them" approach to liberation struggles. Additionally, the FHAR's "Manifesto of 343 Sluts" reduces North African bodies to mere pawns in a political game, stripping them of their agency and complex identities. This commodification diminishes the significance of non-white men, turning them into props for white revolutionaries and pornographers.

Cervulle's (2008) examination of the FHAR's version of "gay pride" further reveals a failure to challenge existing power dynamics. Rather than dismantling the commodification of non-white bodies, it became a symbol of honour within revolutionary politics, further marginalising non-white subjects. Indeed, in early queer activism, the African body was often seen as a utilitarian commodity. Non-white individuals were frequently sidelined within this movement, invoked only when their presence served the interests of the cause, then discarded as focus shifted to more dominant narratives centred on achieving queer rights within a cis-heteronormative framework.

Regrettably, the persistence of white normativity within LGBTIQ+ activist circles extends beyond early French activism, influencing contemporary movements across the Global North. Even within the ostensibly inclusive contemporary LGBTIQ+ rights movement, the shadow of white normativity persists, shaping organisational dynamics, social interactions, and activism priorities within racially diverse LGBTIQ+ organisations (Ward, 2008). Goto (2019) emphasises the need for self-reflection in these spaces, urging individuals to recognise and challenge the subtle ways in which white cultural norms can become the implicit standard. Additionally, Logie and Rwigema's (2014) research with LGBTIQ+ women of colour underscores feelings of marginalisation stemming from the dominant image of a "queer" person as white within the movement. Collectively, these studies highlight the ongoing necessity for vigilance against white normativity and a steadfast commitment to amplifying diverse voices and experiences to achieve genuine inclusivity within the LGBTIQ+ movement.

Conclusion

This chapter has explored how colonial morality and white homonormativity have profoundly shaped the perception of queer identities within African societies. The colonial imposition of homophobic laws, underpinned by Judeo-Christian morality, not only criminalised diverse sexualities but also framed them as deviant and alien to indigenous cultures. This historical narrative fostered the notion of "White Sickness," which continues to stigmatise queer identities as foreign imports, effectively obscuring the rich tapestry of sexual diversity that has existed in Africa long before colonial intervention.

By positioning non-normative sexualities as deviations from a constructed moral norm, colonial powers established a framework that still influences contemporary attitudes towards LGBTIQ+ identities in Africa. The resultant socio-legal landscape perpetuates a cycle of discrimination and violence against queer individuals, reinforcing the perception that their identities are intrinsically linked to Western ideologies. This framing has crucial implications for the way queer rights are articulated and understood in post-colonial contexts.

Similarly, the examination of early queer activism, particularly in France, reveals a persistent pattern of exclusion and racial bias. By centring the narratives and experiences of white, middle-class individuals, early activists inadvertently sidelined non-white voices, reinforcing the association of queerness with whiteness. This exclusionary perspective not only shaped the

discourse around queer identities but also contributed to the devaluation of non-white sexualities, portraying them as lesser or aberrant in comparison to their Western counterparts.

Addressing the colonial roots of these discourses is essential for developing a comprehensive understanding of contemporary homophobia in Africa. Superficial analyses that merely label homophobia as a cultural anomaly fail to engage with the historical and structural forces at play. By prioritising the exploration of colonial legacies and their lasting impact on current attitudes towards LGBTIQ+ identities, we can begin to unpack the complexities of queer experience in Africa.

In conclusion, recognising the intertwined legacies of colonialism and racism is not merely an academic exercise; it is a crucial step towards dismantling the harmful constructs of "White Sickness." A nuanced approach that takes into account historical injustices is vital for fostering a more inclusive narrative surrounding LGBTIQ+ identities in Africa. By centering these discussions within their historical context, we can challenge the stigma that surrounds queer identities, affirm their legitimacy, and promote a more equitable discourse that respects and celebrates the diversity of sexual expression across the continent. In doing so, we contribute to the ongoing struggle for justice and recognition in a landscape still marred by the shadows of colonialism.

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PRACTICE, EDUCATION, CARE, AND POLICY CONTEXTS

The Lived Experience of Mental Health Practitioners Who Practice LGBTIQ+ Affirmative Therapy

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Abstract

LGBTIQ+ individuals experience significantly higher rates of mental health difficulties than their heterosexual counterparts, yet many avoid seeking support due to fears of discrimination. Affirmative therapy has emerged as an important approach for creating safe and inclusive therapeutic environments; however, little research has explored how it is understood and practised in Malta. This qualitative study examined how Maltese mental health professionals perceive and experience affirmative therapeutic practice. Seven practitioners from psychology, psychotherapy, counselling, family therapy and social work participated in semi-structured interviews. Data were analysed using Interpretative Phenomenological Analysis (IPA). Five overarching themes emerged: understanding affirmative therapy, features of affirmative practice, the LGBTIQ+ therapist, therapeutic techniques, and the local context. Participants viewed affirmative therapy primarily as a therapeutic stance rather than a distinct modality, emphasising acceptance and self-awareness as its core characteristics. Key practices included respectful pronoun use, integrating affirmative principles across therapeutic approaches, and challenging internalised heteronormative beliefs through therapeutic reprocessing. While LGBTIQ+ therapists reported a sense of connection with LGBTIQ+ clients, they also noted the importance of maintaining professional boundaries. Participants recognised Malta's legislative progress on LGBTIQ+ rights but highlighted ongoing social and cultural barriers. The findings underscore the need for greater affirmative therapy training, continuing professional development, and reflective supervision within the Maltese mental health sector.

Keywords: affirmative therapy, LGBTIQ+ clients, mental health practitioners, therapeutic practice, Malta, cultural competence

Introduction and background

The literature indicates that LGBTIQ+ individuals are more than twice as likely as their heterosexual counterparts to experience a mental health disorder in their lifetime, including depression, anxiety and suicide attempts (APA, 2021). In the Maltese context, a local study found that Maltese teenagers who identified as LGBTIQ+ were more likely to suffer from episodes of anxiety or depression compared to teenagers who identified as heterosexual (Sammut et al., 2021). However, although the number of LGBTIQ+ individuals who experience mental health problems is high, 27% of LGBTIQ+ report not seeking treatment as they fear experiencing discrimination (Stonewall, 2018). To encourage LGBTIQ+ individuals to seek professional help, there is an increasing amount of training programs teaching affirmative therapy, a therapeutic safe space in which LGBTIQ+ do not need to fear negative attitudes towards them.

Etengoff and Daiute (2015) consider the purpose of affirmative psychotherapy is to support clients in exploring, validating, and affirming their sexual orientation. This is about a non-leading encouragement of the development of individual sexual identity. It includes the accompaniment during the inner and outer coming-out as well as the thematization of experiences of discrimination and the devaluation of homosexuality by the environment or also themselves, a so-called internalized homophobia (Langdridge, 2008). Two aspects that can be as fundamental to affirmative therapy are an understanding of specific cultural aspects and knowledge about structural discrimination (Johnson, 2012). According to the American Psychological Association, affirmative therapy can be practiced as a specific intervention or in the context of other therapeutic modalities (APA, 2022). This definition suggests that affirmative therapy should be seen as a general approach rather than being a specific therapeutic modality (Johnson, 2012). The notion of affirmative therapy being a "therapeutic approach rather than apsychotherapy" (Johnson, 2012, p. 518) also implies the applicability for all mental health professionals regardless of whether they are drawn to a psychodynamic, humanistic, or other paradigms of practice. According to the APA Task Force on Psychological Practice With Sexual Minority Persons (2021), "affirmative therapy may be practiced within the context of other psychotherapies or as a distinct intervention and empowers clients and their communities, in situations in which gender or sexual orientation diversity has been resisted or pathologized" (APA, 2021). Others view affirmative therapy as a declaration by the therapist that being LGBTIQ+ should not only be accepted but also appreciated (Liberman, 2020). Whether considered a therapeutic stance or specific intervention, affirmative therapy acknowledges that specific needs are present for LGBTIQ+ clients that are not given sufficient attention in conventional approaches to therapy (Etengoff & Daiute, 2015).

Research Outline

The study aims to investigate how these mental health professionals in Malta experience, understand and use affirmative therapy within the local context as well as their perceptions of client responses to affirmative practice. Therefore, this study aims to contribute to the local affirmative therapy movement and research. The study's research question is "How do mental

health practitioners in the field of affirmative therapy perceive and understand their affirmative therapeutic practice?".

Sample and Participant Criteria

The study aimed to recruit mental health professionals who had significant professional experience of working affirmatively with LGBTIQ+ clients. Invited were a number of different professions within the field of mental health, including psychologists, psychotherapists and social workers. A total of seven participants were recruited participate in this study.

Pseudonym	Profession	Years of Practice
Maria	Family Therapist	22
Sarah	Psychotherapist	15
Daniel	Counsellor	14
Gabriella	Psychologist	12
Julia	Social Worker	6
Francesca	Psychologist	3
Nicole	Counsellor	2

Semi-Structured Interviews

Semi-structured interviews allow a free but clear dialogue between the researcher and the participants, with the researcher at liberty to modify the questions based on the participants' responses and any important themes that emerge (Camic, 2021). The interviews of the seven participants were recorded and transcribed verbatim.

Data Analysis

Interpretative Phenomenological Analysis (IPA) was chosen for this study, as the research aims to capture the lived subjective experience of practising affirmative therapy. IPA is a qualitative methodology that aims to explore participants' lived experiences. The issues that IPA addresses are current, emotive and sometimes dilemmatic while in most cases focusing on identity (Smith et al., 2021). IPA attempts to answer how participants make sense of their world and what meaning that experience holds for them (Smith et al., 2021).

Main Themes derived from the Data

The following is an overview of the themes that have been derived from the data analysis:

- Understanding Affirmative Therapy
- Features of Affirmative Practice

- The LGBTIQ+ Therapist
- Therapeutic Techniques
- Local Context

Understanding Affirmative Therapy

Many of the participants described affirmative therapy by comparing it to conversion therapy, as they positioned the two therapies to be "opposites" of each other. Their understanding of affirmative therapy as being completely dissimilar to conversion therapy is similar to Johnson's (2012) definition of the therapy, describing it as an "antithesis of conversion therapy" (p.4) that preaches affirmation in contrast to pathologizing. Furthermore, participants reflected that affirmative therapy is not a "type of therapy" but rather forms part of everyday therapy practice, which suggests an understanding of affirmative therapy as a therapeutic stance rather than modality or school. Similarly, Johnsons defines affirmative therapy as "not a specific therapy in itself" (Johnson, 2012, p. 12) which adds to the participants' differentiation between an affirmative stance and a therapeutic modality. This implies that, as a therapeutic stance, affirmative therapy can be practised by any practitioner regardless of the modality that one is trained in. Similarly, Harrison (2000) referred to affirmative therapy as a set of "characteristics and skills" (p.1) for practitioners, suggesting that affirmative practice should be positioned as a competency. Some of the participants questioned the usefulness of a definition itself, as according to them, affirmative therapy was "part of normal therapy". Their description of affirmative therapy as being no different to everyday therapy practice is highlighted by Grzanka and Miles (2016) who concluded that although affirmative therapy is a meaningful declaration against pathologization, it "does not constitute a revolution in therapeutic practice" (p.373). Regarding the goals of affirmative therapy, the participants acknowledged the importance of identity development and self-love. On the other hand, they highlighted that the goals of therapy usually addressed the person's mental health, and that the LGBTIQ+ identity was of secondary concern. This perception adds to recent findings by Budge et al. (2023) who conducted a randomized control trial with 19 therapists to determine the role and outcome of goal setting in affirmative therapy. Budge et al. (2023) found that the presenting concerns in affirmative therapy were not related to gender and sexuality. They concluded that most of the therapy goals are not directly related to the client's LGBTIQ+ identity. Instead, the goals seemed to focus on different areas including mental health concerns, the learning of skills, and interpersonal relationships (Budge et al., 2023).

Features of Affirmative Practice

Without exceptions, participants expressed that acceptance was the main feature of affirmative therapy. They highlighted this feature as being especially important in supporting clients who present issues around acceptance. The importance of acceptance is highlighted by the official APA guidelines for affirmative therapy (APA, 2021) stating that an accepting attitude by the therapists is the most important notion in creating an affirmative environment in the therapy room. Most participants discussed the therapist's personal awareness as another feature of affirmative therapy.

For them, this included the therapist being aware of any homophobia or internalized homophobia to avoid unintentionally reinforcing homonegative views that could harm the client. The role of awareness is further highlighted by Ali & Lees (2013), who stated that self-reflection is a necessary element in affirmative therapy for therapists to become aware of their own homonegative biases and possible heteronormative privileges. Similarly, McGeorge et al. (2021) viewed a process called critical self-reflection as a lifelong professional requirement for affirmative therapists to engage in.

The LGBTIQ+ Therapist

In this study, participants who identified as LGBTIQ+ shared a sense of community with and special affinity for working with LGBTIQ+ clients. Thomas (2008) concluded that LGBTIQ+ therapists reported a sense of comfort when working with clients who also formed part of the LGBTIQ+ community. Porter et al. (2015) also found that LGBTIQ+ therapists preferred working with LGBTIQ+ clients. This preference may be explained by the similarity-attraction hypothesis, as therapist and client may have elevated positive feelings towards each other because they belong to the same minority group (Byrne, 1971). Furthermore, in-group bias might lead to a heightened sense of safety (Porter et al., 2015). Some of the participants reported that they were able to empathize and relate better to these clients because of their shared LGBTIQ+ identity. Moore & Jenkins (2012) stated that through shared experiences, LGBTIQ+ therapists could provide elements of normalisation and validation to their clients that could potentially enhance the therapeutic alliance. In contrast, this study's participants highlighted that being LGBTIQ+ should not be seen as a requirement for affirmative practice. This view is shared by Satterly (2006) who suggested that LGBTIQ+ therapists should relate through the shared experience of being human, as it is impossible for them to relate to each client's unique situation. Some of the participants reported being potentially negatively affected by the similarities they shared with LGBTIQ+ clients. They reported becoming upset as sessions may have acted as a trigger in bringing up personal negative memories. Similarly, Lea et al. (2010) stated that some LGBTIQ+ therapists felt overwhelmed by emotions, to the extent that they risked moving away from the client's frame of reference. Hill and Knox (2002) highlighted that LGBTIQ+ therapists need to be very careful as they might risk altering therapeutic boundaries and shifting the therapeutic focus away from the clients.

Therapeutic Techniques

The participants expressed that a key feature of affirmative work is to not make assumptions about personal pronouns and to clarify the client's preferred pronouns at the beginning of the first session. This complemented research by Knutson et al. (2019) who highlighted the importance of consistency of pronoun usage as well as the importance of using, if available, the client's chosen name, not their birth name, as failure to do so might negatively impact the therapeutic alliance. Participants also reported clarifying their own pronouns to the client. This is similar to the findings of Conlin et al. (2019) who conducted a qualitative study with 14 pairs of

therapists and clients. Using in-depth interviews, Conlin et al. (2019) aimed to identify themes in the therapeutic work in order to establish practical implications for affirmative therapy. They concluded that by clarifying their own pronouns with the clients, therapists demonstrate open-mindedness and facilitate the process of self-disclosure. The participants integrated an affirmative stance within the therapeutic orientation they practiced including Gestalt, existential, systematic as well as family therapy. This adds to Falco (2013) who describes that affirmative therapy can not only be based on any modality including humanistic, psychodynamic or cognitive-behavioural but that it should be part of an integrative approach within the therapeutic disciplines. The study's participants reported using the technique of therapeutic reprocessing in order to unpack and unlearn heteronormative assumptions that clients might have internalized. The importance of reprocessing in affirmative therapy is highlighted by the recent findings of Politt et al. (2019). Their research indicated that young adults who identified as LGBTIQ+ had internalized several heteronormative belief systems, including assumptions about parenthood and gender roles within romantic relationships. Through reprocessing, therapists aim to identify and challenge these assumptions in order to lessen the negative effect of heteronormativity on the client.

Local Context

The participants acknowledged how Malta has advanced in terms of LGBTIQ+ rights; however, the participants perceived a mismatch between laws and society, highlighting a perceived lack of social acceptance. Vella (2015) reported that Maltese LGBTIQ+ members perceived that the negative attitudes towards them had remained unaffected by the legal changes. Borg (2015) also found that school settings continue to reflect negative attitudes towards the LGBTIQ+ community, with teachers reporting that students often express homonegative views, which in turn discourages some educators from disclosing their sexual orientation to colleagues. Some of the participants of this study highlighted the role of cultural issues, especially the impact of religion on shaping local perceptions of gender and sexuality and with it the attitudes towards LGBTIQ+ individuals. The perception of religion as an important aspect of Maltese society aligns with the national census reporting that 82.6% of the population identify as members of the Catholic church (NSO, 2021), which as an institution, generally disapproves of same-sex relationships. The notion that religion influences Maltese attitudes is supported by findings from Jäckle and Wenzelburger (2015), who report that higher levels of religiosity are associated with increased homonegativity within societies. Lastly, most of the participants reported a hopeful future outlook and believed that through the passage of time, Maltese society might further adapt to the legislation which could result in a gradual shift towards more accepting attitudes. This goes in hand with Jäckle & Wenzelburger (2015) who concluded that homonegativity within societies decreases with the number of years countries have LGBTIQ+ -friendly laws in place.

Conclusion

This study aimed to explore how mental health practitioners understand and experience their affirmative practice. The two fundamental characteristics of affirmative therapy were identified as

being acceptance and awareness. Affirmative therapy was understood as a therapeutic stance that can be practiced within different therapeutic modalities. In fact, this integrative approach was highlighted as one of the therapeutic strategies. Furthermore, the findings highlighted an open-minded usage of pronouns to facilitate self-disclosure and an element of reprocessing to unpack heteronormative assumptions. Whilst LGBTIQ+ participants felt a sense of community and connection with LGBTIQ+ clients, they were at risk of being adversely affected by their shared experiences, which emphasizes the importance of professional boundaries. Regarding the local context, cultural difficulties were highlighted, and participants observed a lack of affirmative therapeutic training locally.

Implications

The findings indicate that mental health professionals felt that they were insufficiently trained in understanding what affirmative practice is and how to work in an affirmative stance. Drawing on these findings, it is recommended that policies are established to ensure the inclusion of affirmative training in therapy training institutes, no matter the therapeutic modality. On the other hand, affirmative training courses are implemented to also reach the professionals who have already completed their training, as part of Continuous Professional Development (CPD). Mental health professionals need to attend several hours of CPD a year to stay warranted (MPPB, 2020), this way a training course could reach professionals who are already warranted. Lastly, as this study highlighted reflexivity, it recommends affirmative LGBTIQ+ therapists to engage in ongoing supervision to avoid overidentifying with clients.

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The Use of Vignettes as a Reflexive Tool for LGBTIQ+ Students

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Abstract

This chapter explores the potential of vignettes in school textbooks and workbooks as a reflexive tool for supporting identity development and wellbeing of lesbian, gay, bisexual, trans, intersex, queer, plus (LGBTIQ+) youth. The focus on vignettes stems from their potential in classroom contexts to offer a distinctive approach in fostering self-awareness and self-discovery among LGBTIQ+ youth in particular. The chapter, however, posits that vignettes could be an effective, reflexive tool in educational settings not only for them, but for all students. The chapter brings together insights on reflexivity, use of vignettes and aspects of LGBTIQ+ students' lives - three elements that are intertwined together to explore aspects of transformative learning at school. Finally, the chapter shows that as a reflexive and pedagogical tool, vignettes can potentially facilitate dialogue among students, "normalise" diverse experiences, foster empathy, and encourage critical thinking about internalised biases and societal norms.

Keywords: vignettes, non-heteronormativity, reflexivity, school workbooks, LGBTIQ+ young people

Introduction

In a number of schools across Europe heteronormative dominance characterises school curricula (Cassar, 2022; Ruiz-Cecelia et al., 2020). In the US gender and sexual diversity still carry "contentious political" baggage (Barsigian et al., 2025, p. 413). In educational contexts queer issues "quickly attract surveillance" (Vicars & Van Toledo, 2021, p. 88). In a number of schools, heteronormativity has long been employed in curricula and school management procedures as a prevalent strategy to silence and ignore sexual minority youth and make them invisible. Heteronormative dominance continues to feel overwhelming for a number of genderqueer young people, even as they transition into higher education (Glazzard & Thomas, 2024, p. 5). I use the term "genderqueer" as part of an inclusive terminology encompassing all gender identities that fall outside the traditional definitions of "woman" or "man" (Barsigian et al., 2020).

Young people pertaining to sexual minorities are more likely to face numerous disadvantages during their school years and after, because of victimisation and other forms of mistreatment (White et al., 2018). LGBTIQ+ students are subjected to more frequent incidences of bullying at school, and report having less positive school experiences (White et al., 2018). Outside schools, LGBTIQ+ and queer youth also grapple with "master narratives" that reinforce heteronormativity and gender conformity on digital platforms (Barsigian et al., 2025), as well as face harassment and abuse elsewhere (Bucchianeri et al., 2016). This in spite of increased social and legal recognition of sexual minority rights and more acceptance of non-binary identities (Barker & Iantaffi, 2019), even among school administrators and school management teams (Kurt & Chenault, 2017).

Counteraction in the form of resistance to heteronormative dominance in educational institutions, occurs in multiple ways, even covertly (Cassar, 2015), and is also expressed through "straight allies" who promote LGBTIQ+ visibility and agency (Vicars & Van Toledo, 2021). Greater efforts are being done in schools to foster social support for students considered sexually diverse (Leung et al., 2022; Cassar, 2018). School curricula that are inclusive of LGBTIQ+ students have been shown to foster more safety at school, resulting in a decrease in victimization and socio-emotional difficulties for students (Leung et al., 2022).

This chapter adopts an "affirmative lens" (Dukić, 2023, p. 10) towards LGBTIQ+ students and foregrounds a discussion on the use of vignettes as a reflexive tool for students, in particular those considered diversely gendered and "not straight". A vignette is generally understood as a concise and descriptive piece of writing, or story that focuses on particular circumstances, characters, or situations. Because of its brevity, it often presents a single point to illustrate a larger theme, concept or issue. Vignettes exemplify a concept or provoke thought and discussion. There could be theoretical perspectives underlying a vignette (Lohse-Bossenz et al., 2022). In classroom contexts, vignettes can serve as a reflexive tool, understood as a learning instrument, aimed at guiding students towards self-examination and awareness of their views, capabilities, expectations and beliefs. Reflexivity refers to the process of critically examining oneself, acknowledging one's own biases, assumptions, and experiences, and how these might influence one's outlook on life

(Geiger, 2017). Reflexivity is understood as a continuous process of self-observation and self-correction. It is the ability to reflect on one's own actions, and beliefs, and to use that self-awareness to understand how these influence particular situations or outcomes (Geiger, 2017). Reflexivity is often employed in research, as part of the researchers' accountability for the ways their research is constructed and approached (Musgrave, 2025). It also forms part of teachers' reflective practices (Feucht et al., 2017). In this chapter the notion of reflexivity as a learning tool for adolescent students is put forward, extending its application beyond its attributes towards the professionalisation of teaching (Feucht et al., 2017).

The chapter highlights personal, social and cultural contexts depicted in vignettes that do not take heteronormativity for granted. It demonstrates the value of reflexivity in supporting students in their learning and development. Although the chapter focuses mainly on LGBTIQ+ young people, its implications apply to wider youth populations, because human experiences, such as navigating social expectations, developing a sense of self, and forming intimate relationships, are universal, and occur during adolescence, irrespective of sexual orientation and gender. For example, young adults who experience social anxiety more frequently, are more likely to avoid romantic relationships, regardless of sexual orientation and gender (Doyle et al., 2021). Although there could be specific and more complex challenges faced by LGBTIQ+ youth, in addition to what other young people go through, as already mentioned, their experiences could be similar to other young people. Non-heteronormative vignettes therefore could be used as a reflexive tool for all students.

Although the use of non-heteronormative vignettes as a reflexive tool can be employed in diverse settings, such as in youth work, community work, social work, storytelling, theatre and the performing arts, this chapter focuses on their application in educational institutions. Research on LGBTIQ+ students has mainly revolved around the challenges they face, such as experiences of discrimination, bullying, and their impact on mental health and academic outcomes within educational settings (White et al., 2018; Cassar, 2007). There is much less research on educational tools, such as vignettes in schoolbooks and workbooks, that revolve around non-heteronormativity. There is also a lacuna in research on the use of reflexivity by students. This chapter addresses these research gaps.

Vignettes as reflections of self and other

Vignettes are versatile and useful to make abstract concepts more concrete. Vignettes that capture brief stories of LGBTIQ+ youth represent their diversity. These include young people who refer to themselves as nonbinary, agender, genderqueer, androgynous, demi boy/girl, genderfluid, or pangender to demarcate their identity outside of binary gender categories (Hegarty et al, 2018). Vignettes that explain these different terms could be useful in guiding students to distinguish between basic concepts, such as "sex assigned at birth", "biological characteristics", "gender identity", "sexual identity", "sexual orientation", and "gender expression". LGBTIQ+ young people have reported difficulties finding the right words to communicate their experiences (Barsigian et al., 2020) and expressing themselves using mainstream gendered language (Bradford

et al., 2019). This linguistic inadequacy often leaves their realities unarticulated or misrepresented within educational materials, such as schoolbooks that predominantly reinforce heteronormative and cisnormative frameworks. Without language that authentically reflects their identities and relationships, LGBTIQ+ young people can feel invisible, misunderstood, or even pathologized. They might even communicate their feelings of loneliness in subversive ways at school (Cassar, 2013, pp. 249-250). The use of non-heteronormative vignettes in classroom settings could be instrumental in addressing these problems, by providing concrete and relatable narratives that offer a shared language for discussing gender and sexual identities and experiences.

Non-heteronormative vignettes could lead to debates on various topics. Very often vignettes serve as a starting point, allowing students to explore sensitive and complex topics without directly revealing personal experiences, such as those depicting young people questioning their sexual or gender identity, sexual orientation or navigating coming-out experiences, and also expressing their gender authentically. A classroom discussion, which starts from reflections on a non-heteronormative vignette could go in different directions. Every situation presented is seen from the unique lens of every student. Young people's sexualities are not merely defined as constituting "a unified, universal aspect of adolescence", but are lived according to the particular ways of every young person (Cassar, 2025, p. 56). Non-heteronormative vignettes in textbooks, which portray the myriad ways young people's lives are played out in different social and cultural contexts could be considered a valuable teaching and learning resource for fostering empathy, critical thinking, and a sense of belonging among students. This allows space for students to talk about the issues that are pertinent for them, in the context of analyzing the characters' possible motivations and societal pressures depicted in the story. This process helps to prepare students to navigate similar issues in their own lives with greater awareness, if these occur. Beyond merely reflecting diverse family structures, relationships, or gender identities, these brief narratives can foreground the challenges and successes young individuals face across different socioeconomic strata, cultural backgrounds, and geographical locations. For instance, a non-heteronormative vignette might explore the experience of a rural student navigating limited access to educational resources, or an urban youth grappling with mental health issues exacerbated by fast-paced city life. They can depict the complexities of migration, the impact of technology on social interactions, or the personal growth derived from overcoming adversity. By showcasing such varied realities, these vignettes help to break down stereotypes, encouraging students to recognize the commonalities and appreciate the differences in human experience. This approach equips students with a more comprehensive understanding of the world, preparing them to engage with diverse communities and contribute to a more inclusive society.

Non-heteronormative vignettes could enrich the contents of schoolbooks by depicting the diversity of human experiences across various taught subjects. Vignettes used in teaching specific subjects, such as Social Studies/History, can highlight LGBTIQ+ historical figures and their contributions, could detail moments in LGBTIQ+ history, and illustrate diverse cultural understandings of gender and sexuality. In Science/Health textbook vignettes could provide information on sex, gender and sexual orientation and include sexual health considerations in an

age-appropriate manner. Even in Mathematics, word problems could reflect diverse family structures or relationships, as a reflection of reality. Key goals of integrating these vignettes in teaching and learning include representation and validation for LGBTIQ+ students, normalization of diverse sexual orientations and gender identities, education for all students to challenge prejudice and promote compassion, and the creation of inclusive classrooms that are welcoming and affirming for all students. These vignettes can act to deflect heterosexual and cisgender bias in learning contexts (Janssens et al., 2020).

The power of reflexivity as a learning tool

Reflexivity is useful for students to question taken-for-granted assumptions, norms and practices. It is an important lifelong tool, which enables the process of looking "inward" to better understand the "outward" through increased self-awareness. This process is considered foundational and necessary for learning to occur. Reflexivity could be useful for understanding the voicelessness, invisibility and non-representation of LGBTIQ+ young people (Cassar, 2015). Through reflexivity as a learning tool, students can challenge the silences, stigma and taboos that dominate the lives of some LGBTIQ+ youth. Non-heteronormative vignettes in schoolbooks can counteract silences in curricula that afford limited spaces for students to listen to voices of LGBTIQ+ young people (Cassar, 2015). Reflexive discussions emanating from the use of vignettes can move beyond simplistic categorizations of gender and sexual orientation to illustrate the intersections of identity, experience, race, social class, cultural backgrounds and context. These short narratives can highlight variations in coming-out journeys, familial acceptance, experiences of discrimination and resilience, and the specific challenges and successes made by LGBTIQ+ individuals. By presenting these varied realities, vignettes can offer powerful counter-narratives to monolithic or stereotypical representations, providing a mirror for some young people to see themselves reflected, and a window for others to build empathy and understanding (Pound et al., 2017). The population of LGBTIQ+ young people is diverse and not homogenous. Vignettes, which present this rich variety of lived experiences, could foster a more comprehensive appreciation of the complexities and commonalities within LGBTIQ+ youth communities.

Through reflexivity students could engage with these realities in a critical and productive manner. This reflexive gaze enables them to scrutinize their own assumptions, biases, and privileges, recognizing how their individual experiences and beliefs shape their thinking. This kind of reflexivity could enable students to give and receive each other's support when dealing with difficulties related to coming out, sexual attraction, romantic intimacy, sexual consent, agency and sexual health in the context of different dynamics revolving around intimate, romantic and sexual relationships, "hooking up" and causal sex (Hegde et al., 2022; South & Lei, 2021). Through an age-appropriate approach, the use of such vignettes can initiate reflexive classroom discussion on meaningful sexual expression, that affirms sexual desire and pleasure, while also taking into account self-respect, self-care and responsibility towards oneself and other persons (Pound et al., 2017; Burton et al., 2023). Other potential topics include relationship skills that focus on the management of disagreements and conflict, through communication skills, and through balancing

individual needs with the needs of the other in the context of healthy boundary maintenance (Gómez-López et al., 2019). Although such pertinent topics are significant for students of all genders and sexual orientation (Hielscher et al., 2021), non-heteronormative vignettes affirm the agency of LBGTIQ+ youth when confronted with these situations.

The simplistic notion of "giving voice" to students would be limited, if devoid of critical, reflexive approaches that acknowledge the complexities and multi-layered realities inherent in young people's lives, especially LGBTIQ+ youth. Effective use of vignettes in classroom learning contexts supports students to understand and reflect on processes that shape how voices are produced and represented in broader cultural and social contexts, taking into consideration power imbalances, dominant discourses and political motives that affect LGBTIQ+ young people's lives. From this perspective, vignettes become a productive learning tool that facilitate practices of reflection, that could present exciting ways out of discriminatory, stigmatising and painful pathways, that surround the non-heteronormative characters depicted in textbook vignettes. Through non-heteronormative vignettes, students can reflect on and question discursive formations, which frame the sexuality of LGBTIQ+ students as dangerous, disgusting, abnormal and subject to ridicule. This means acknowledging the different forms of sexual desire, attraction and expression in relation to adolescent experiences. Vignettes that tackle gender in relation to multifaceted identities, can potentially challenge social strictures surrounding intimate relationships and family formations (Risman, 2018).

Reflexivity is a useful tool for the exploration of concepts, which could be vague due to the multiple meanings they hold, and the many contexts surrounding them. Examples could include notions about "politics", "community", "equality", "human rights" and "equity", that relate to diverse sexual orientations and gender identities. By engaging in a reflexive process, students can examine their preconceived notions and unacknowledged biases embedded within these terms, allowing for a deeper understanding, which could lead to a gradual process of self-transformation. This self-examination helps to unpack the layers of meaning, question dominant narratives, and consider how these concepts are experienced differently by various groups, particularly those who have been historically marginalized. Although young people are more open to endorsing genderqueer identities (Risman, 2018), this critical and personal engagement during classroom discussions around these important concepts moves beyond abstract definitions, fostering inclusivity and promoting understanding of frameworks that are equitable and representative of diverse lived realities.

Non-heteronormative vignettes could be morally laden, presenting topics that are complex, and ethically sensitive, such as when portraying situations revolving around abortion, HIV, intimate partner violence, sexual assault, and child marriage. They could stir up uncomfortable feelings, and discussions that might even prove disturbing during classroom interactions. Special attention is required on the part of teachers to handle such situations (Cassar, 2019). When working with non-heteronormative vignettes, reflexivity is also an important requirement for teachers. Topics regarded controversial in some cultures, such as threesome sex, kink/BDSM, and polyamory are frequently omitted or given only superficial treatment in educational settings, despite students'

curiosity about them (Cassar, 2017). This avoidance often stems from societal discomfort, parental resistance, lack of educator training, or fear of backlash, leaving students without accurate information or spaces to explore these aspects of human sexuality. Consequently, young people could be left to navigate complex topics through unreliable sources, potentially leading to misinformation, shame, and a lack of critical understanding about diverse forms of sexual expression. In the absence of learning spaces in the curriculum for such topics, students create their own subversive ways of learning about the erotic (Cassar, 2017), depending on their age, moral standing and cultural contexts that surround them. The exploration of these topics in particular requires safe spaces of learning within educational institutions (Cassar, 2017).

Conclusion

The chapter discussed how the use of vignettes in classroom learning could be a useful reflexive tool and possibly build resilience, and promote positive identity formation among students, in particular LGBTIQ+ youth, contributing to an understanding of their lived realities and supporting their journey towards self-acceptance and finding meaning in life. The use of vignettes as a reflexive tool could be considered one of the "affirmative approaches" that could be employed "to create a truly welcoming space, offering LGBTIQ+ young people an opportunity to experience themselves fully and authentically in a supportive environment affirming all of their diverse identities" (Dukić, 2023, p. 10). The chapter argues that carefully constructed non-heteronormative vignettes can provide students with engaging material to explore complex scenarios, and intersecting identities. By engaging with these fictionalized but resonant narratives, young people are prompted to reflect on their own experiences, values, and coping mechanisms without direct personal exposure, thereby reducing potential vulnerability. Reflexivity entails a continuous process that enables students and teachers to critically examine their own position in terms of sexual minority youth, and the power dynamics inherent in relationships and interactions. This enables self-transformation and growth. School textbooks' vignettes could be an effective tool to foster diversity and inclusivity among students, as they traverse across significant transitions in their lives.

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LGBTIQ+ Persons in Residential Long-Term Care Settings: Trends, Challenges and Policy

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Abstract

This chapter examines the multifaceted experiences of Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ+) persons within residential long-term care (LTC) settings. It begins by outlining the demographic trends that indicate a growing and increasingly visible population of older LGBTIQ+ adults, a cohort shaped by unique historical and social contexts, including the decriminalisation of homosexuality and the HIV/AIDS pandemic. The chapter then explores the significant challenges this group faces, framed within a biopsychosocial perspective. These challenges include profound health disparities rooted in a lifetime of minority stress, discrimination, and stigma, leading to higher rates of chronic illness, mental health conditions, and specific vulnerabilities related to dementia. Socially, older LGBTIQ+ individuals often rely on 'families of choice' rather than traditional kinship networks, yet face heightened risks of social isolation and loneliness, particularly within institutional settings. The core of the chapter focuses on the LTC environment, detailing pervasive fears of discrimination, abuse, and neglect from staff and fellow residents, which compel many to conceal their identities ('re-enter the closet'). The impact of systemic heteronormativity and cisnormativity in care practices, which renders LGBTIQ+ identities invisible and fails to meet their specific needs, is critically analysed. Finally, the chapter evaluates policy implications and proposes a path forward, advocating for the development of culturally competent, trauma-informed, and affirming care models. It highlights the necessity of robust anti-discrimination policies, comprehensive staff training, and the creation of inclusive environments to ensure that LGBTIQ+ persons can age with dignity, safety, and authenticity in residential LTC.

Keywords: older adults, minority stress, heteronormativity, cultural competence

Introduction: An Ageing Rainbow

For the first time in history, global populations are ageing at an unprecedented rate, a demographic shift that brings both opportunities and challenges for societies and their healthcare systems (World Health Organisation, 2018). Within this broader trend, a significant and historically invisible cohort is emerging: older Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ+) adults (Fabbre et al., 2019; Fredriksen-Goldsen et al., 2019; Fredriksen Goldsen & Kim, 2017). This generation, often referred to as 'Gayby Boomers' or the 'Stonewall

Generation', has a life course shaped by profound social and historical turning points (Ramirez Valles, 2016). They have lived through periods when their identities were criminalised and pathologised, witnessed the birth of the gay rights movement, and endured the devastation of the HIV/AIDS pandemic (Fenge, 2014; National Association of Social Workers, 2012). These formative experiences have cultivated remarkable resilience but have also resulted in cumulative disadvantages and distinct health disparities that become more pronounced in later life (Meyer, 2003; SAGE, 2021). As this population ages and increasingly requires formal support, residential long-term care (LTC) settings have become a critical, yet often fraught, environment (Leyerzapf et al., 2018; Willis et al., 2016; Rosser et al., 2024; McMullen-Roach et al., 2025). The transition into residential care, a challenging process for any older person, is compounded for LGBTIQ+ individuals by a lifetime of navigating stigma and discrimination. The very systems designed to provide care can become sites of fear, invisibility, and potential harm, forcing individuals to choose between receiving necessary support and maintaining their authentic identity (Putney et al., 2018; Fasullo et al., 2021). This chapter explores the complex intersection of ageing, LGBTIQ+ identity, and residential care. It examines the demographic trends, unpacks the unique biopsychosocial challenges faced by this population, and critically analyses the systemic failures and policy gaps within LTC. Ultimately, it argues for a fundamental shift towards creating genuinely inclusive, affirming, and culturally competent care environments where LGBTIQ+ persons can age with the dignity and respect they deserve.

Trends and Demographics

The demographic landscape of the LGBTIQ+ population is shifting. While historically undercounted, recent data indicates a growing number of older adults who identify as LGBTIQ+. In the United States, it is estimated that over 900,000 adults aged 65 and older identify as LGBT (Williams Institute, 2023). In the United Kingdom, a notable increase was observed between 2018 and 2019, with the proportion of people over 65 identifying as Lesbian, Gay, or Bisexual rising from 0.7% to 1.0% (Office for National Statistics, 2019). In Malta, for the first time in history the national Census of 2021, accounted for persons identifying as LGB or other sexuality, out of which a total population of 128,930 above the age of 60, 645 (0.50%) identified as such (National Statistics Office Malta, 2024). This growing visibility is attributed to more liberal social contexts and greater legal protections, which have empowered younger generations to self-identify more openly, a trend that is anticipated to continue into the older cohorts of the future (Pereira &

Banerjee, 2021; Rosser et al., 2024). However, the current generation of older LGBTIQ+ adults came of age in a vastly different world. Their lives were marked by systemic oppression; homosexuality was classified as a mental illness in the Diagnostic and Statistical Manual of Mental Disorders (DSM) until 1973, and same-sex sexual activity was illegal in many Western countries (McMullen-Roach et al., 2025). This legacy of stigma has had a lasting impact, with some data suggesting a phenomenon of 'going back in the closet' in later life, as older adults conceal their identities out of fear of discrimination, particularly when accessing health and social care services (Gates, 2017; Rosser et al., 2024; McMullen-Roach et al., 2025).

The Biopsychosocial Challenges of LGBTIQ+ Ageing

A biopsychosocial framework is essential for understanding the unique challenges faced by older LGBTIQ+ adults, as their experiences are shaped by an interplay of health, psychological stressors, and social contexts.

Health Disparities and Biological Vulnerabilities

LGBTIQ+ older adults experience significant health disparities compared to their heterosexual and cisgender peers. These inequalities are not inherent but are the physiological manifestation of a lifetime of stress and discrimination (Westwood et al., 2021; SAGE, 2021). The Minority Stress Model (Meyer, 2013) provides a crucial framework for understanding this, positing that the prejudice, stigma, and discrimination faced by minority groups create chronic stress that leads to adverse health outcomes. This manifests in higher rates of chronic conditions such as cardiovascular disease (Caceres, 2017), certain cancers (Quinn et al., 2015), and physical disabilities (Frimprong et al., 2020). Furthermore, this population exhibits higher engagement in risk behaviours like smoking and excessive alcohol consumption (Kneale et al., 2018), often used as coping mechanisms for stress (SAGE, 2021). The legacy of the HIV/AIDS pandemic remains a significant factor, particularly for older gay and bisexual men, many of whom are long-term survivors living with the complexities of HIV and accelerated ageing (Youssef et al., 2019; Meir-Shafrir & Pollack, 2012).

Dementia also presents a unique challenge. LGBTIQ+ individuals have a higher prevalence of several risk factors for dementia, including depression, social isolation, and cardiovascular issues (Fredriksen-Golden et al., 2018). The progression of dementia can threaten an individual's hard-won identity, creating fears around being treated from a heteronrmative lens, misgendered, having their relationships unrecognised, or being forced to 're-closet' or 'detransition' as cognitive abilities decline (Baril & Silverman, 2019; Kneale et al., 2021).

Psychological Dimensions: Stigma, Trauma, and Resilience

The psychological landscape of LGBTIQ+ ageing is complex. Decades of societal prejudice can lead to internalised homophobia, biphobia, or transphobia, where individuals internalise negative societal attitudes, leading to self-derogation, shame, and poor mental health outcomes (Meyer & Dean, 1998; Guasp, 2011; Institute of Medicine, 2011). This is compounded by the constant threat

of microaggressions and overt discrimination, creating a state of hypervigilance (Nadal et al., 2010).

Many older LGBTIQ+ individuals have experienced significant trauma, from family rejection and bullying in youth to institutional discrimination in employment and housing. This history necessitates a Trauma-Informed Care (TIC) approach in service provision, which recognises the pervasive impact of trauma and seeks to create safe and empowering environments (Elze, 2019). However, despite these profound challenges, this population also demonstrates remarkable resilience. Having navigated a hostile world, many have developed what has been termed 'crisis competence'—a capacity to adapt and thrive in the face of adversity, fostered through strong community bonds and a history of activism (Heaphy, et al., 2004; Jurček et al., 2022).

Social Context: Isolation and Families of Choice

Social support networks are critical for well-being in later life, yet for many LGBTIQ+ older adults, these networks differ significantly from the norm. They are more likely to be single, live alone, and be childless compared to their heterosexual counterparts (APA, 2013; Centre for Policy on Ageing, 2016). Estrangement from biological families due to non-acceptance of their identity is a common experience (Hull & Ortyl, 2019; Houghton & Quartey, 2020). In response, many have cultivated 'families of choice'—deep, meaningful, non-biological kinship networks of friends, partners, and community members who provide essential emotional, social, and practical support (Weston, 1991; Knauer, 2016). These chosen families are a testament to the community's resilience. However, this reliance on peer networks can also create vulnerability, as these support systems are often comprised of individuals of a similar age who may develop their own care needs simultaneously, limiting their capacity for reciprocal support (Albo, 2018; Raws, 2004). This, coupled with societal marginalisation, places older LGBTIQ+ adults at a significantly higher risk of social isolation and loneliness, which are known predictors of poor health and premature mortality (Luo, et al., 2012; Barrett et al., 2015).

Revolving Doors: LGBTIQ+ Persons in Residential Care

The transition into a residential long-term care facility represents a critical juncture where the vulnerabilities of LGBTIQ+ older adults are starkly exposed. The institutional environment, often built on heteronormative and cisnormative assumptions, can become a site of profound anxiety and discrimination (Leyerzapf et al., 2018; Caceres et al., 2020; Willis et al., 2016; Westwood, 2016).

Fear, Invisibility, and the Return to the Closet

The predominant challenge is a pervasive fear of discrimination. Surveys consistently show that a majority of older LGBTIQ+ adults worry about neglect, abuse, and harassment from both staff and other residents in LTC settings (Houghton & Quartey, 2020; Alzheimer Europe, 2022; Kottorp et al., 2016). These fears are not unfounded. Reports document numerous instances of mistreatment, including verbal harassment, refusal of care, denial of visitation rights for partners,

and deliberate misgendering (Justice in Ageing, 2015). Whistle blower reports have also been documented highlighting instances of physical and verbal abuse (UK Parliament, 2023). This hostile or unwelcoming atmosphere forces many residents into a painful act of selfpreservation: 're-closeting' or 'de-transitioning'. After living openly for years, they feel compelled to conceal their sexual orientation or gender identity to ensure their safety and receive adequate care (Villar & Faba, 2021; Houghton & Quartey, 2020; Kneale et al., 2021). This act of erasure is deeply damaging, leading to profound isolation, depression, and a diminished quality of life. It separates connections to partners, chosen family, and community, effectively stripping individuals of their identity at a time of immense vulnerability (Stein et al., 2010; Sussman et al., 2018).

Systemic Failures: Heteronormativity and a Lack of Competence

The challenges faced by LGBTIQ+ residents are often rooted in systemic failures rather than overt malice (Putney et al., 2018). Most LTC facilities operate within a framework of heteronormativity and cisnormativity, where it is assumed that all residents are heterosexual and cisgender. This is reflected in intake forms that only have options for 'male' or 'female' and 'married' or 'single', in activities that are gender-segregated, and in a general failure to acknowledge or validate same-sex relationships (Caceres et al., 2020). This systemic invisibility is compounded by a lack of knowledge and training among care staff. Many providers have never received education on the specific needs and experiences of the LGBTIQ+ population (Smith et al., 2019). Common refrains such as "we treat everyone the same" or "we don't have any of those here" reveal a fundamental misunderstanding. A one-size-fits-all approach in a diverse world invariably defaults to the majority, thereby erasing minority experiences and perpetuating inequality (Simpson et al., 2018). This lack of cultural competence prevents the delivery of person-centred care and erodes the trust necessary for a healthy care relationship (European Commission, 2017).

Policy and Practice: Charting a Course for Inclusive Care

Addressing the profound inequities faced by older LGBTIQ+ adults in residential care requires a concerted and multi-levelled approach, encompassing policy reform, organisational change, and a commitment to ongoing education (Rosser et al., 2024). The goal must be to move beyond mere tolerance towards the active creation of affirming and inclusive environments. Fabbre et al. (2025) propose that queer gerontology, through its principles of deepening visibility and awareness, and developing critical perspectives, can significantly contribute to creating truly inclusive environments. They advocate for challenging assumed normativity, embracing multiplicity, and explicitly addressing structural oppression to ensure that care is not merely tolerant but actively affirming and equitable for all older adults, regardless of their sexual orientation or gender identity.

Policy and Organisational Commitment

Meaningful change begins at the structural level. Governments and regulatory bodies must enact and enforce robust non-discrimination policies that explicitly include sexual orientation, gender identity, and gender expression as protected characteristics within all health and social care settings

(Rosser et al., 2024). At the organisational level, LTC facilities must move beyond passive compliance and actively demonstrate their commitment to inclusivity. This includes:

Visible Affirmation: Displaying visible cues of welcome, such as rainbow flags or stickers, and using inclusive imagery in promotional materials (Rosser et al., 2024; Houghton & Quartey 2020; Cummings et al., 2021).

Inclusive Paperwork: Updating all forms and documentation to include options for selfidentified gender, preferred pronouns, and relationship status beyond heterosexual marriage (Rosser et al., 2024).

Equal Benefits and Rights: Ensuring that policies on visitation, medical decision-making, and employee benefits are fully inclusive of same-sex partners and chosen family (Rosser et al., 2024; Sussman et al., 2018; Willis et al., 2016).

Connections with LGBTIQ+ community: Ensuring that LGBTIQ residents remain connected with the LGBTIQ community, both inside and outside the long-term care setting, without fear of discrimination (Fassullo et al., 2021).

Education and Training: Building Cultural Competence

The cornerstone of inclusive practice is a well-trained and culturally competent workforce. Mandatory, ongoing training for all staff—from management to frontline carers—is essential (Sussman et al., 2018; Willis et al., 2016; Hafford-Letchfield et al., 2018). This training should not be a one-off event but an integrated part of professional development in order to tackle deeply rooted prejudice and exclusion within care organisations (Westwood & Knocker, 2016).

Effective training should cover:

LGBTIQ+ History and Terminology: Understanding the unique life course and historical context of older LGBTIQ+ adults and using appropriate, respectful language (Hafford-Letchfield et al., 2018; Willis et al., 2018; Sussman et al., 2018).

Unconscious Bias and Minority Stress: Recognising and challenging personal and systemic biases and understanding the health impacts of lifelong discrimination (Hafford-Letchfield et al., 2018; Willis et al., 2018; Sussman et al., 2018; Villar et al., 2019).

Trauma-Informed Care (TIC): Implementing a TIC framework that acknowledges the potential for past trauma and creates an environment of safety, trust, and empowerment (SAMHSA, 2014; Cronin et al., 2012).

Affirming Practices: Learning practical skills for creating an inclusive environment, such as asking for and correctly using preferred pronouns and acknowledging residents' significant relationships. A comprehensive learning framework launched in the United Kingdom in 2023 by Skills for Care, titled (LGBTQ+) Care In Later Life: A Learning Framework For Knowledge, Skills And Values For Working Affirmatively With LGBTQ+ People In Later Life (Hafford-Letchfield & Roberts, 2023).

Innovative models from other countries offer a blueprint for success. The 'Pink Passkey' project in the Netherlands, for example, provides a quality certificate for LGBTIQ-friendly care providers, driving improvement through a structured framework of training and auditing (Pijpers, 2021). Similarly, the 'Long-Term Care Equality Index (LEI') in the United States serves as a national benchmarking tool, helping facilities to assess and improve their policies and practices (Human Rights Campaign Foundation, 2025).

Conclusion

The growing population of older LGBTIQ+ adults presents both a moral imperative and a practical challenge to the long-term care sector. The current generation of residents carries a unique legacy of resilience and struggle, having forged communities and fought for rights in a world that was often hostile to their existence. To force them back into the closet in their final years is a profound failure of care and compassion. The path forward requires a deliberate and systemic effort to dismantle the structures of heteronormativity and cisnormativity that render their lives invisible. It demands a shift from a mindset of "treating everyone the same" to one that truly sees, honours, and celebrates the diversity of human experience. Through robust policy, sustained education, and a genuine commitment to person-centred, affirming practices, we can ensure that residential long-term care facilities become true homes—places of safety, dignity, and authenticity for all who live there.

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Keyword Index

MAPPING THE RAINBOW

RESEARCHING THE DIVERSE COLOURS OF THE LGBTIQ+ COMMUNITY

This publication features research papers conducted by academics, undergraduate, masters and doctoral students which primarily focus on LGBTIQ+ related topics. This publication together with its previous volumes, continues to build on the body of knowledge that is available to better educate political development and mainstreaming efforts.

The eleven research papers published cover a broad range of themes, and together constitute the proceedings of an LGBTIQ+ Research Symposium held in May 2025. This project has been made possible through the collaboration between the Department of Gender and Sexualities within the Faculty for Social Wellbeing and the Institute for European Studies of the University of Malta, the Malta LGBTIQ Rights Movement and the Human Rights Directorate within the Ministry for Equality and Civil Rights.

HUMAN RIGHTS DIRECTORATE

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