

Helpful Information to Whom? An Intersectional Critique of the 'It Gets Better Project'

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ABSTRACT

The 'It Gets Better Project' started as an online campaign responding to the suicide deaths of multiple young gay men in Fall 2010. The campaign involved people posting videos providing messages of hope and helpful health information for youth as they finish high school and can move on with their lives. Although there is seemingly good intentions driving this this campaign, we were troubled by the initial positioning of the campaign. In this paper we use an intersectional critique to discuss the lack of inclusivity in these videos and how it created a potential opportunity to engage with more LGBTQ youth. Furthermore, we suggest that future online campaigns for gender/sexual minority populations be more mindful of others' lived experiences and how this may impact how they seek health information.

INTRODUCTION

The 'It Gets Better Project' (IGB) was triggered when numerous young gay men committed suicide in Fall 2010 as a result of harassment and cyber-bullying by their peers (It Gets Better, 2018). Prominent gay author Dan Savage and his partner Terry Miller pioneered IGB with a 2010 YouTube video in which they used their personal stories to signal to LGBTQ youth that life can improve over time. In turn, many other LGBTQ people, famous and not, shared their positive life trajectories via YouTube, and these narratives were then spread across other social media sites. Some video creators described their own experiences of harassment by their classmates and others because they identified as a gender or sexual minority. Although these videos were undoubtedly supportive for some, they do have considerable limitations that have been highlighted previously in the public health, social work, and gender studies literature (Asakura & Craig, 2014). Some have argued that Savage's vision of "better" is narrow, and hard to relate to for many, given his subject position as white, male, cisgender, and financially secure (Nakamura, 2013). By using an intersectional lens to critique mental health promotion campaign suggest how online mental health promotion campaigns can become more inclusive when providing supportive information. Otherwise, these potentially beneficial campaigns will not successfully reach those who are most vulnerable and need these resources most. LGBTQ people already frequently use online resources for health information (Hawkins, 2017). Thus, online mental health awareness campaigns, if created and managed in inclusive, intersectional ways, have the potential to provide positive changes.

LITERATURE REVIEW

We frame this IGB critique with literature on intersectionalities of sexuality and race and LGBTQ health information behaviour. Intersectionality is an approach of looking at an issue from an interdisciplinary lens and embracing that there are various factors are interwoven to understand a specific issue (Crenshaw, 1991). In the case of the online mental health campaign IGB we are critiquing the issues of homonormativity and race with the campaign. Homonormative is a concept from queer theory that refers to being LGBTQ but living a lifestyle and embracing values similar to heterosexual people. No longer are all spaces lived by LGBTQ people emphasizing a need to trouble heteronormative sexuality (e.g., monogamous relationships) and other social values (Bettani, 2015).

Race critiques of online health promotion literature generally focuses on disparities among minority populations' participation, yet lacks a political framing. This body of literature does, however, discuss some issues with race in design values, game studies, and classification of racists' text (Hankerson et al., 2016). However, given the ongoing struggles experienced by people of color (e.g., as demonstrated by the Black Lives Matter movement), much of which takes places and is documented in online spaces, online campaigns must take race more seriously, and in tandem with other identity facets like LGBTQ identities. In information science there is a growing body of scholarship concerning the connections between race and technology (Kvasny & Payton, 2018; Noble, 2018).

Previous scholarship from information studies highlights that there are unique information needs and experience for LGBTQ people based on their identity and potential stigma from those around them. In Jabson et al (2017) they highlight how LGBTQ

people typically go online for health information given the potential barriers in physical settings. These barriers may include a lack of properly trained professionals who can answer questions that are relevant for LGBTQ people. Additionally, there are unique mental health disparities among LGBTQ people that sometimes gets homogenized in both the research and by healthcare professionals (Ross et al., 2018). Therefore, it is understandable that LGBTQ people would go online and might want to use a campaign like IGB for information and support.

CRITIQUING IT GETS BETTER

We briefly highlight some of our critiques of the IGB Project related to intersectionality and homonormativity for this online LGBTQ youth mental health campaign. In doing so, we add to an existing scholarship that has been critical of IGB. Inclusive design is vital for online mental health campaigns. Previous research has described the IGB message being pertinent for mainly white, cisgender, young, and abled-bodied gay men (Asakura & Craig, 2014). Furthermore, the campaign is embedded in gender and sexuality assumptions that create a non-inclusive initiative (James et al., 2016). Furthermore, heterogeneity among underserved communities requires that campaigns not be reduced to only one type of message.

In reality, many LGBTQ people do not want to live a sanitized homonormative lifestyle, and may consider it unsustainable for keeping themselves satisfied. It is quite common among LGBTQ people to have non-traditional relationships, and for them or their partners to be non-binary or fluid in their gender and sexuality identity (Asakura & Craig, 2014; Craig et al., 2014). The ongoing message from the campaign that getting “better” equates with “normality” does not promote inclusiveness or hope as intended. Rather, it proposes that only one lifestyle is acceptable – a lifestyle that is out of the realm of possibility or desirability for many LGBTQ youth.

There is potential for online campaigns to help with reducing stigma and access to support (Anadibli, 2018). To best enable all people to experience mental health benefits, including those with marginalized identities, online health promotion campaigns must determine how to be more inclusive (Huang et al., 2015). This oversight – that is, online health campaigns’ tendency to, whether intentionally or unintentionally, exclude certain marginalized users (Hankerson et al., 2016) argument that there is an ongoing lack of consciousness for people of colour when using technology to create new systems or artifacts. Using IGB as a case study, we argue that campaign designers, activists, and tech designers should pay attention to creating more inclusive campaigns and technologies that support them.

CONCLUSION

Online mental health campaigns for sexual and gender minorities provide opportunities to create awareness for people who may otherwise not have access to traditional mental health services due to stigma or other factors. We critiqued The IGB Project as an example that did not sufficiently create an inclusive space for LGBTQ youth who may require access to helpful information and stories of support during a difficult life period. As young LGBTQ people navigate the coming out process, they often face stigma, shame, discrimination, and other minority stressors that hinder the path to a “better” life. Online campaigns have great potential for creating networks of care, which are an important factor for the mental health and wellness of LGBTQ youth. As social media plays a prominent role in young people’s lives, it is important that online campaigns aiming to improve mental health proactively prioritize inclusivity. Otherwise, they risk promoting only one type of lifestyle that is not sustainable or inclusive for all LGBTQ youth, thus not facilitating mental health improvement across the population.

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