



ELSEVIER

Contents lists available at ScienceDirect

Health & Place

journal homepage: www.elsevier.com/locate/healthplace

Rupture, resilience, and risk: Relationships between mental health and migration among gay-identified men in North America



Nathaniel M. Lewis*

School of Geography, University of Nottingham, B-44 Sir Clive Granger Building, University Park, Nottingham NG72RD, United Kingdom

ARTICLE INFO

Article history:

Received 8 January 2014

Received in revised form

3 March 2014

Accepted 3 March 2014

Keywords:

Gay

Sexuality

Migration

Mental health

HIV/AIDS

ABSTRACT

An established body of research in psychology, psychiatry and epidemiology links social stigma and stress with poor mental and sexual health outcomes among gay-identified men. Less work considers how these linkages are mediated by place and almost none considers the role of movement across places. This qualitative study, based on the migration narratives of 48 gay-identified men living in Ottawa, Ontario, Canada, and Washington, D.C., U.S.A. gives more careful consideration to the ways in which mental and emotional health issues (e.g., anxiety, depression, substance use) in this population both precipitate migration and stem from migration. The narratives show that decisions to migrate often emerge from men's experiences of place-based minority stress and associated health outcomes. At the same time, moving to urban gay communities, when coupled with other life circumstances, can create or reinforce physical and emotional insecurities that lead to low self-esteem, substance use and sexual risk-taking.

© 2014 Elsevier Ltd. All rights reserved.

1. Introduction

Numerous studies have shown that gay, lesbian, and bisexual (GLB) individuals are at higher risk for mental health outcomes such as depression, anxiety, suicide ideation and attempts, and substance abuse, compared with their heterosexual counterparts (e.g., Bontempo and D'Augelli, 2002; DeGraaf et al., 2006; Eisenberg and Resnick, 2006; Bybee et al., 2009). These disparities are attributed to the “minority stress” these individuals experience in the form of social stigma, discrimination, and brief, commonplace verbal, behavioral or environmental indignities known as microaggressions (Meyer, 2003; Nadal et al., 2011). Recent research has suggested that minority stress may be informed by geographic variations in rurality (Poon and Saewyc, 2009; Everett, 2014), religious climate (Barton, 2010; Hatzenbuehler et al., 2012), or discriminatory policies (Herd and Kertzner, 2006; Hatzenbuehler et al., 2009; Lewis, 2009), and by multi-level “ecologies” (Mustanski et al., 2013) where these environmental factors influence and interact with individual-level experiences such as family rejection or harassment at school (Bontempo and D'Augelli, 2002; Ryan et al., 2009). Equally variegated are protective elements, such as supportive school administrations (Eisenberg and Resnick, 2006) and communities with higher concentrations of GLB populations (Hatzenbuehler et al., 2011; Everett, 2014) or organizations (Mustanski et al., 2013). For gay men, these

factors are thought to inform systemic, co-occurring, and mutually reinforcing “syndemics” of poor mental health, substance use, and sexually transmitted infections (STIs) including HIV (Stall et al., 2003, 2008). Recent work suggests that the stressors influencing these syndemics are additive, both within life stages such as youth (Mustanski et al., 2007) and over the life course (Wright and Wegner, 2012; Mustanski et al., 2013). Adverse mental or sexual health outcomes, then, are contingent not only on where a gay individual grows up, but on how he negotiates the multiple, uneven landscapes of minority stress throughout life.

The extant research on minority stress and place highlights some potential links between gay men's health and the social environment but also has some methodological limitations. First, studies in this area collect data on phenomena at a variety of spatial scales – not always the ones that might be most meaningful or relevant in gay men's lives – and therefore may produce conflicting results with little explanatory power. Broad population-based studies have linked higher U.S. state-level occurrences of psychiatric disorders with lower numbers of GLB-protective policies (Hatzenbuehler, 2010) and higher proportions of Republican voters (Everett, 2014) in those states. At the same time, other population-based studies find few differences in self-reported happiness, healthiness, and satisfaction with work between gay men in rural areas and those in larger cities (Wienke and Hill, 2013). Meanwhile, urban-focused studies have found that gay enclaves in cities such as New York and Miami promote ill-health through “fastlane” lifestyles built around sensation-seeking and drug use (Carpiano et al., 2011; Buttram and Kurtz, 2013).

* Tel.: +44 11 59 51 5428; fax: +44 11 59 51 5249.

E-mail address: Nathaniel.lewis@nottingham.ac.uk

Migration has also been identified as a potentially important correlate of gay men's health outcomes. Recent work on both within-country migrations (Egan et al., 2011; Frye et al., 2014) and international migrations (Bianchi et al., 2007) among gay men suggests that relocation can act as a nexus for a variety of risk factors: limited health information exchange and opportunities for self-understanding in the place left behind, loss of social capital and support structures, exposure to new, unfamiliar and sometimes risky micro-communities, and the search for affirmation in new social and sexual relationships. Consequently, migration has *itself* been identified as a syndemic among gay men, along with social marginalization, substance use and STI infection (Stall et al., 2008; Bruce and Harper, 2011). Yet the research on syndemics among gay men is driven largely by quantitative, epidemiological studies measuring correlations between determinant and outcome variables (e.g., Stall et al., 2003; Mustanski et al., 2007). While these studies offer evidence for the co-occurrence of marginalization, migration, and poor mental and sexual health outcomes in gay men's lives, the situations and contexts in which this occurs are less well understood.

Overall, the broader role of place and mobility in gay men's health remains under-theorized due to a lack of ethnographic work and engagement with critical social theory, as well as a reliance on hypothesis testing and under-explored assumptions (Brown, 2013: 6). Recent work on gay and queer migration within geography, while rarely focusing on health explicitly, offers some ways to bridge this gap. Rather than seeing migration a singular event that can be categorized (e.g., place of origin) or measured (e.g., time since migration) for hypothesis testing, queer migration researchers have conceived it as a process that extends well beyond the move itself in terms of preparation and settlement, and sometimes involves *several* journeys and returns (Gorman-Murray, 2007; Lewis, 2012). In addition, work on both the emotional nature of migration for queer people (e.g., searches for imagined queer compatriots or secure places to come out) suggests that migration may also have significant implications for mental health (Gorman-Murray, 2009). Finally, geographic work on the life course, both generally (Bailey, 2009) and with specific respect to gay men (Lewis, 2014), suggests that migration emerges at the intersection of the places, institutions, and historical contexts encountered by individuals at particular points in time. A queer migration approach therefore helps to theorize how migrations might mediate multiple life challenges and transitions (e.g., coming out, building a community identity, seeking supportive care) and the relationships between self-concept, behavioural shifts, and outcomes such as depression and anxiety. By the same token, incorporating health into the study of migration among gay men adds both gravity and nuance to a field that has often focused on processes of coming out and identity construction (Weston, 1995; Knopp, 2004) and – at worst – reduced migration to the decision to consume a cosmopolitan urban lifestyle (Black et al., 2002).

This article employs the migration narratives of 48 gay-identified men living in Ottawa, Ontario, Canada, and Washington, D.C., U.S.A., an approach increasingly used in health research to understand person-environment interactions among gay men (Van Sluytman et al., 2013). The first section of the paper adds experiential depth to the minority stress theory and reported GLB-heterosexual mental health disparities by identifying intervening factors (e.g., bullying, sexuality concealment) and health outcomes (e.g., anxiety, depression) through which place-based minority stress precipitates migration. The second section describes how relocation and the process of seeking entrance into urban gay communities may also reinforce stress and introduce new health risks.

2. Methods

Between October 2009 and May 2010, the author recruited 48 gay-identified men who had moved to and were living in Ottawa, Ontario, Canada, and Washington, D.C., U.S.A. (24 in each city) through a respondent-driven snowball sampling technique (Frank and Snijders, 1994). Participants were 24–59 years old, came from diverse ethno-racial backgrounds (20% identified as men of colour), and had moved between 6 months and 28 years prior to being interviewed. Ottawa and Washington, D.C. were chosen as case study cities due to their likelihood, as national capitals, of drawing gay men from diverse regions of Canada and the United States. Both cities also have substantive gay communities (Leap, 2009; Lewis, 2011), but – particularly in the case of Ottawa – *not* in the geographically concentrated, nightlife-centered, “fastlane” sense elaborated elsewhere (Egan et al., 2011; Carpiano et al., 2011; Buttram and Kurtz, 2013). This distinction reveals whether mid-sized government towns are also seen as protective destinations for gay men relocating from elsewhere and whether the “scenes” in these places could pose mental and other health risks in the same way as their larger metropolitan counterparts.

Participants were first asked to compare, retrospectively, whether various aspects of life (e.g., overall happiness, number and quality of social relationships) improved, stayed the same, or declined after moving. Next, participants answered broader questions about their most recent migration (i.e., to Ottawa or Washington, D.C.) and how these related to events within their broader life histories (Cohler and Hostetler, 2003). They were encouraged to discuss other migrations where applicable. The interviews were 45–75 min in length and transcribed verbatim by the author and coded into themes (e.g., “health experiences”), in accordance with grounded theory (Charmaz, 2006). Thematic material related to health was re-coded into sub-themes, such as social stigma, sexuality concealment, loneliness/isolation, and substance use, and then sorted into “before moving” and “after moving” categories (with some themes appearing in both categories). This process determined the relative importance of each theme and the substantive sections of the article.

3. Displaced identities and the genesis of migration

Coming out as gay has been described as a process that can create ruptures an individual's connection to their environment and the progression of their life course (Kertzner, 2001; Valentine et al., 2003; Floyd and Bakeman, 2006). As a gay sexual identity develops, places typically expected to provide social support (e.g., homes, schools, churches, workplaces, community events) may become constraining, exclusive, or even hostile (Griffith and Hebl, 2002; Bontempo and D'Augelli, 2002; Ryan et al., 2009; Barton, 2010; Everett, 2013). Participants frequently described feeling lonely, isolated, or out of place prior to moving. Shawn, for example, described living in a community where he expected that his sexual identity would be cast as deviant: “There were ... elements of the culture in which I found myself, which were prone to making one ... feel more vulnerable ... [northern Ontario towns] were definitely places that had a ... culture, prizing, you know, the virtues of the past ... they were ... more apt to view anything that is a deviation from social convention as, well, deviant” (Shawn, 42, white, moved to Ottawa in his early 20s).¹

Wally, while less fearful of direct discrimination, felt alienated by the exclusion of other non-normative identities in his home town in southwestern Nova Scotia: “There's an exclusiveness to the culture ...

¹ Participants are identified with a pseudonym, age, ethno-racial identifier, and the age and destination of migration. For participants quoted more than once, these identifiers are given for the first quotation only.

Download English Version:

<https://daneshyari.com/en/article/7458790>

Download Persian Version:

<https://daneshyari.com/article/7458790>

[Daneshyari.com](https://daneshyari.com)