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Terminology Should Accurately Reflect Complexities of Sexual Orientation and Identity

See also Timmins and Duncan, p. 1666, and Malebranche, p. 1669.

In this issue of *AJPH,* Timmins and Duncan (p. 1666) correctly criticize the ubiquity of the term "men who have sex with men" (MSM) in the public health literature. The proposed use of "sexual minority men" (SMM), however, merely substitutes one problem for another. Instead of reductionist approaches that prioritize search term simplicity over the dignity and identity of research participants themselves, researchers should commit to—and reviewers and editors should demand—the use of terminology that accurately reflects the complexities of sexual orientation and identity.

In limited circumstances related specifically to same-sex sexual behavior, MSM has its uses. But by design, MSM is untethered from identity.[1] Its use thus always begs the follow-up question: Who are the people whose lives are being described? Overreliance on MSM answers this question by elevating sexual behavior (often implicitly characterized as deviant) over other components of sexual orientation, including attraction and identity. MSM also collapses distinctions between men who claim identities such as same-gender-loving, gay, bisexual, or heterosexual.[2]

However, SMM is no better. Just as MSM fails to serve as a sufficient characterization of the populations to which it is often applied, SMM similarly stumbles.

First, no one would use SMM to describe themselves. Instead of taking away participants' voices by attempting to banish identity from the discussion, researchers should ask participants how they identify and use those terms to describe the individuals and communities with whom they work.

Second, "sexual minority" obscures the roles that different aspects of sexual orientation can play in structuring exposure to health risks and poor outcomes. For instance, antigay laws or attitudes primarily target how identifying as gay or lesbian transgresses gendered social norms, not same-sex sexual behavior per se.[3] As public health research continues to broaden its inquiries into the social, political, and economic determinants of health, it is important for researchers to name the component of sexual orientation—identity, behavior, or attraction—that is actually implicated in the exposures and outcomes of interest.

Third, the history of the term MSM is rife with examples of its inaccurate application to transgender people.[4] Transgender women are not MSM, but they are often described as such in research. On the other side of the coin, transgender men are often excluded from research that claims to be about MSM.[5] Timmins and Duncan's comment that "specific kinds of sex between cisgender men bestow a unique risk of HIV and other illnesses" indicates the degree to which both MSM and its proposed replacement, SMM, are presumed cisgender unless proven otherwise. The debate about the terms MSM and SMM likewise foregrounds and normalizes the degree to which research tends to focus on (presumed cisgender) men, to the exclusion of transgender and cisgender women, nonbinary people, and transgender men.[6]

Most important, the use of "minority" in SMM is deeply problematic. In public health discourse, as in the rest of American life, "minority" is not about numbers; it is about power. The explicit use of identity terms such as same-gender-loving, gay, and queer—rather than reductive catchalls such as sexual minority—is part of reclaiming power that has been systematically withheld from these groups on the basis of sexual orientation. At the same time, the blanket term "sexual minorities" also obscures the dynamics of power within lesbian, gay, bisexual, transgender, and questioning (LGBTQ) communities. The typical experiences of, for example, a Black bisexual transgender man and a White gay cisgender man both in relation to society at large and within LGBTQ communities are vastly different. Subsuming both under the SMM label erases those distinctions, silencing

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individual voices and hindering the ability of public health researchers to investigate the forces that give rise to these different experiences in the first place.

Public health research has a duty to identify and address disparities by breaking down monolithic edifices in search of the unique resilience and vulnerability held by individuals and communities. Instead of merely replacing a single inadequate term with another, we should reflect true diversity by clearly stating who and what we mean. Rather than hiding our candles under the bushel basket of SMM, we should be pushing ourselves, our editors, and our readers to see and marvel at a thousand points of light. AJPH

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CONFLICTS OF INTEREST

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Declaring SMM a "Superior" Abbreviation Does Not Constitute a Way Forward in Sexual Health Initiatives

See also Timmins and Duncan, p. 1666, and Baker and Harris, p. 1668.

Timmins and Duncan (p. 1666) revisit previous concerns over the use of the phrase "men who have sex with men" (MSM) in lesbian, gay, bisexual, transgender, transsexual, and queer or questioning–focused public health research, advocacy, and policy, offering the term "sexual minority men" (SMM) as an alternative.[1] They describe MSM as "overused" and "oversexualized," even going as far as to call it a microaggression—a stretch given that the term was originally coined to describe insults perpetuated by non-Black Americans on Black Americans but is now widely appropriated by other socially marginalized communities.[2]

Historically, researchers used the ubiquitous word "gay" to describe same-sex behavior and identity during the early days of the HIV/AIDS epidemic. Black men were less likely to claim this Eurocentric label,[3] some perceiving it as negative and inconsistent with traditional masculine identities, while still engaging in sex with other men.[4] The term MSM was developed for research purposes, to more accurately capture the demographics of men who were sexually active with other men but didn't embrace the culturally restrictive "gay" identity label.[5] MSM was never proposed to reflect the complexity of same-sex attraction, identity, or other aspects of sexual health. It merely serves as a broader descriptor to correct epidemiologic same-sex behavioral risk miscalculations that may arise from myopic terminology like "gay," which is rooted in racialized identity label politics.

Although MSM is certainly not perfect, SMM is no better. First, if the concern is respecting identities, the term "minority" is neither a racial nor a sexual identity—and for many Black people may be reductive and inaccurate, depending on demographic location and how they see themselves in the world.[6] Moreover, the phrase "sexual minority" could be interpreted widely, ranging from anyone who enjoys a rare sexual fetish to someone who is simply nonheteronormative, ultimately creating more confusion than clarity.

Declaring SMM a "superior" abbreviation does not constitute a way forward in sexual health initiatives. Men whose romantic and sexual interests are with other men won't say, "I'm a sexual minority male" any more than they would say, "I'm a man who has sex with men." The truth is, no one term adequately captures the varied and rich contexts that influence our chosen sexual identification labels. Some may

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