Summary of Professional Activities, 2017 – 2022 Lisa M. Diamond

This report summarizes my major activities in research, teaching, and service since my last review 5 years ago, and my goals for the future. It is an apt time for such a statement: The existential "shake-up" of the pandemic, co-occurring with my sabbatic last year, sparked the development of several new directions in my research, teaching, and service that have introduced new intensity and purpose into my work, and promising new directions for the future.

New Developments in Research

During my 22 years at the University, I have sustained two separate – albeit related – lines of research: One on sexual orientation/identity/fluidity and another on the psychobiological mechanisms through which close relationships influence health. The bifurcation between these two lines of research has been manifested across my publication outlets, laboratory activities, graduate trainees, dissertation and thesis committees, extramural grants, and teaching. That bifurcation also loosely corresponded to my status as a joint appointment between Gender Studies and Psychology (i.e., my research/teaching on sexuality was my "gender studies" side, and my research/teaching on the psychobiology of close relationships was my "psychology" side). Although I always enjoyed toggling between the two strands of work (it can be refreshing to "shift gears" between two ways of seeing the world), I recently started seeking greater ***integration*** between these two areas.

The seeds of this integration began with Bruce Ellis' arrival at the University 6 years ago, and our collaborative work in establishing a new research collective (primarily housed in the Developmental area) called **DASH** (Developmental Adaptations, Stress, and Health, https://dash.csbs.utah.edu/). Within this interdisciplinary group we focused on the biological embedding of early life experiences (stress, nurturance, adversity, etc.) and their consequences for health-related psychobiological adaptations to stress across the lifespan. In the years prior to Dr. Ellis' arrival, I had become increasingly interested in studying these biological embedding processes with respect to childhood maltreatment among sexually-diverse and gender-diverse (SGD) populations (also known as LGBTQ+). SGD individuals report disproportionately high rates of childhood abuse (about 30%, which is roughly double the prevalence observed among cisgender heterosexuals). Despite the reliability of this finding, its meaning has received little substantive scientific discussion, for one simple reason: *It is too politically controversial*. If scientists begin talking openly about the disproportionate rates of childhood adversity among SGD populations, then the lay public (and anti-gay activists) might misinterpret this finding to mean that "abuse turns you gay." After all, that ridiculous argument has been floating around in the popular consciousness since Anita Bryant made it her anti-gay rallying cry in the 1960s. This argument posits that sexual and gender diversity are *not* natural and benign forms of human variation, but forms of *trauma-induced pathology*.

I feared that if I started studying childhood maltreatment in SGD populations, my work might be twisted and mischaracterized to support the "abuse makes you gay" argument, and to demean SGD individuals as fundamentally broken and twisted. I am no stranger to hostile mischaracterizations of my work: For decades, my research on sexual fluidity has been misused as a justification for "conversion therapy" (i.e., harmful therapeutic attempts to eliminate same-gender sexual attractions). In recent years, attacks on my work have grown more frequent, hostile, and personal (due to the general spread of internet misinformation). I used to receive harassing emails once or twice a year, but now I receive them every 5-6 weeks, and sometimes in the form of rageful handwritten letters sent directly to my home address. Not all of them are anti-gay: Many come from LGBTQ+ individuals who have been harmed by conversion therapy, or who feel invalidated by the notion of sexual fluidity (these missives are outnumbered, however, by the many warm messages that I receive monthly by total strangers, often in far flung parts of

the world, who have just discovered my work by browsing the internet, and who have been deeply comforted to know that they are not alone in their struggles with sexual identity).

In such a climate, my reluctance to study childhood abuse among SGD individuals is understandable. Yet my work in the DASH collaborative had stoked my interested in the long-term health consequences of these experiences, and as I reflected deeply on my work during my "pandemic-sabbatical," I realized that I had been throwing the baby out with the bathwater: In order to avoid discussing the *sexual-developmental* consequences of childhood maltreatment (i.e, "does abuse turn you gay?"), I had avoiding discussing *any* of consequences of child maltreatment, most notably its health consequences. I could no longer reconcile this avoidance with the "health psychologist" part of my intellectual identity (which I owe entirely to my longstanding involvement in the Psychology department's Behavioral Medicine research group over the past 20+, and the early mentorship and collegiality of Tim Smith, Cindy Berg, and Bert Uchino). I suddenly became newly aware that I had spent a quarter century studying everything about SGD individuals *except* their physical health. Meanwhile, I had spent the *same* quarter century studying (mainly in cisgender, heterosexual couples) how patterns of stress responsivity in the autonomic nervous system, the hypothalamic-pituitary-adrenocorticol system, and even the oxytocinergic system shape physical health. Why hadn't I ever applied the latter "side" of my expertise to the former? Although I had conducted a few biologically-oriented projects on same-gender couples, I had never truly integrated these research programs, and I was finally ready to do so, especially in light of the sheer *magnitude* of mental and physical health disparities facing SGD populations. The evidence base for these disparities has grown rapidly over the past decade, spurred by the growing inclusion of gender/sexual identity measures in large-scale health surveillance surveys in the US and other industrialized nations (reviewed in Diamond et al, 2021). This was something I could no longer ignore.

Hence, I spent my sabbatical leave forging a more comprehensive integration of my two primary lines of research (sexual/gender identity and the health consequences of social/interpersonal experiences). Although I remain deeply fascinated by the causes, consequences, and mechanisms of sexual fluidity (and have published some of my strongest empirical and theoretical papers on this topic over the past year, Diamond, 2020; Diamond, Alley, Dickenson, & Blair, 2020; Dickenson, Diamond, King, et al., 2020; Diamond, 2021), I now feel deeply compelled to turn my full attention to the single biggest threat facing SGD youth and adults: *Their own minds and bodies.* This "pivot" in my thinking sparked a new line of research on *social safety* and SGD health, which I believe to be the most exciting work of my career.

A social safety perspective on SGD health disparities

For over two decades, the literature on SGD health has been dominated by Ilan Meyer's "minority stress" model (published in 2003), which argues that the chronic psychological stress caused by stigma and discrimination creates physiological "wear and tear" that increases SGD individuals' risks for mental and physical health problems. I have taught and cited this model many times, but I had never *fully* unpacked this model with my "health psychology" hat on. Once I did, I found something unsettling: Few of the psychologists, sociologists, and epidemiologists offering "minority stress" as an explanation for SGD health disparities seemed familiar with the basic psychobiology of stress. As I carefully cross-checked citations, journals, collaborators, terms, and concepts, it became clear that the bifurcation in my *own* research (health psychology on one side, LGBTQ issues on the other) was endemic to the field. As a result, researchers studying SGD health disparities were *uniformly* relying on a model of "cumulative stress" that was roughly 20 years out of date (and seemed to have no familiarity with any alternative models), while researchers in health psychology, behavioral medicine, and psychoneuroimmunology were making important strides in their understanding of the *complexity* and *nonlinearity* of the biopsychological consequences of adversity, and none of these insights were being applied to SGD populations.

Right around the time that I was reckoning with this realization, a new meta-analysis was published in 2020 -- co-authored by Ilan Meyer himself – summarizing the evidence linking "minority stress" exposure (discrimination, stigma, harassment, etc.) to *physical* health outcomes or health-related biomarkers (such as HPA axis activity). Plenty of previous research had established this link for mental health outcomes such as depression, but this was the first substantive review of studies using *biological or health* outcomes. The findings were startling: *Less than half* of the tested associations (between minority stress exposure and a bio/health outcome) were significant. It was, essentially, a wash. In the Discussion section, the authors attributed this disappointing null finding to inconsistent and unreliable measurement of "minority stress."

It seemed dangerous to commit these words to paper: Could the primary theoretical model underlying research on SGD health – a model that had been cited over 9000 times in the scientific literature and which even appeared on the NIH website -- really be *off*? Only a handful of reputable psychologists had ever openly questioned the minority stress model, and their critiques were strictly empirical (highlighting the growing collection of null findings). Yet my students and I found that the null findings showed a consistent pattern: SGD individuals reporting high levels of minority stress *did* generally have high health problems, *but so did SGD individuals reporting little to no minority stress*. Something else was impairing their health – something other than explicit harassment and discrimination. *What was it?*

The answer I arrived at, after deep immersion and reflection, is *social safety,* defined as the fundamental experience of social protection, acceptance, cohesion, belonging, and inclusion. By the spring, I had completed one of the most challenging but rewarding theory papers of my career, which is now under review at *Neuroscience and Biobehavioral Reviews.* My social safety model builds upon Meyer's foundational work by integrating novel insights from the stress/health literature on the fundamental importance of *social safety* for immune system functioning. This model also reflects my longstanding interest in evolutionary models of human behavior (nurtured by my collaborations and conversations with Bruce Ellis and with colleagues in the Anthropology department such as Elizabeth Cashdan and Kristin Hawkes). Because humans evolved in small, close-knit groups characterized by mutual dependence, expulsion from one's social circle is treated by the human nervous system as a direct threat to survival. Accordingly, the human immune system responds to social threats -- *whether real or imagined* -- with a preparatory inflammatory response (increases in proinflammatory cytokines). This response was adaptive in our ancestral environment, by preparing the body for wounding or injury at the hands of fellow humans. Yet over the long-term, our evolved sensitivity to social danger has deleterious health consequences: Systemic inflammation has been causally implicated in *all* major forms of disease and dysfunction (most notably cardiovascular disease, asthma, major depression, and even suicidality – all of which, notably, are among the most common disparities among SGD individuals, as my students and I identified in a 2021 review published in *Psychoneuroendocrinology*).

Accordingly, I argue that SGD health disparities stem not only from the presence of "minority stressors" such as discrimination, but from the *absence of social safety* (i.e., the chronic unavailability of unambiguous cues of social acceptance, validation, and protection from social partners, family members, colleagues, religious leaders, health care providers, neighbors, and the broader social world). In the paper, I provide numerous examples of "safety deficits" in the everyday lives of SGD individuals: Feeling uncertain about whether to mention your same-gender partner when talking with colleagues; not knowing what will happen when you enter a public restroom; being unsure of how a boss or teacher will react when you reveal your pronouns to a classroom; not knowing how to fill out a health-care intake form that asks about your risks for pregnancy or STIs. None of these experience are captured in "minority stress" assessments that ask about harassment and discrimination; nor are they captured by measures of "internalized homophobia," since they do not necessarily imply a negative self-concept. They simply index the straightforward fact that *SGD individuals move through their lives with chronic uncertainty about how they will be treated by social partners*. Psychoneuroimmunological research has reliably

shown that in such situations, the human nervous system "defaults" to threat-vigilance (because in our ancestral environment, this was the best survival strategy). Yet over time this *nonconscious* threat-vigilance provokes damaging levels of inflammation, even in the absence of objectively observable threats. My students and I became convinced that the *absence* of reliable social safety was a far more common experience for SGD youth and adults than the *presence* of explicit discrimination, and one with far greater health consequences.

A social safety perspective also yields a powerful theoretical framework for understanding the consequences of childhood maltreatment for SGD individuals. Such maltreatment is perhaps the strongest possible signal (for a child's developing nervous system) that *safety cannot be counted on*. A growing body of neuroscientific research has shown that these experiences have a lasting effect on the developing child's perceptions of their social world and their cognitive and immunological reactivity to future instances of social exclusion (which, of course, are ever-present in the lives of SGD individuals). As a result, SGD populations face a "perfect storm" of inflammatory risks: They have disproportionate rates of social threat in childhood (i.e., abuse and maltreatment), which elevates their inflammatory reactivity to social threats in adulthood. They *also* have disproportionate exposure to social threats in adulthood due to their stigmatized and marginalized status (i.e., "minority stress" effects, which are often compounded with socioeconomic or racial/ethnic marginalization). SGD individuals *also* have disproportionately high rates of alcohol and cigarette use (usually beginning in adolescence, and often undertaken as strategy for coping with stress), both of which exacerbate systemic inflammation. Finally, and most importantly, SGD individuals have disproportionately *low* access to routine social safety, which allows their immunological threat reactivity to remain chronically activated.

My students and I have already begun to test the core hypotheses laid out in our model, in projects that provide the basis for one student's dissertation (Jenna Alley, who recently received a prestigious post-doc with George Slavich) and another student's master's project (Adrian Dehlin, a second year student who will be defending their Master's in March). Specifically, we have collected detailed self-report data, along with blood spots for the assessment of proinflammatory cytokines, from a sample of over 250 sexually-diverse and gender-diverse individuals in the Salt Lake region. We have created novel measures of "social safety" to investigate whether deficits in social safety are associated with elevated inflammation (and with other biobehavioral phenomena such as perseverative cognition), independent of "conventional" forms of minority stress, such as explicit discrimination. We are still waiting for the blood spot assays to come back, but our analyses of the self-report data confirms that self-reported feelings of *unsafety* and *uncertainty* across multiple settings (home, workplace, acquaintances, social spaces) is *more strongly* associated with depressive symptoms, perseverative cognition, social anxiety, and obsessive-compulsive symptomology than are traditional "minority stress" measures (i.e., how often someone was treated differently or victimized because of their sexual/gender identity). When we predict mental health from traditional "minority stressors," they show an effect. But once we add "perceived social safety" to the model, it absorbs *all* the relevant variance, and the effect of "minority stressors" disappears. We are eager to determine whether these findings hold up for the prediction of systemic inflammation (in a happy side note, our blood spot assays are being run by Chris Fagundes, my former Ph.D. student, who has gone on to a brilliant career in psychoneuroimmunology -- Utah ties run deep!). We are also eager to test whether exposure to childhood maltreatment *amplifies* the association between safety deficits and systemic inflammation.

This new body of work has been supported by multiple funds that I received as part of my 2019 Distinguished Scholarly and Creative Research Award, along with (1) a grant that my senior student, Jenna Alley, secured from the American Psychological Foundation, (2) funds that I received from the CFAHR pilot grant initiative, and (3) funds from the Research Incentive Seed Grant Program. Data collection for these projects were significantly delayed during the pandemic, but they are now complete, and I expect to spend the next year publishing papers on these findings with my graduate students and honors thesis students, and preparing to apply for NIH or NSF funding to launch a more comprehensive,

rigorous, longitudinal investigation on social safety and inflammation in marginalized populations (especially individuals experiencing *intersectional* forms of marginalization, such as sexually-diverse individuals who are also ethnic minorities, or who struggle with poverty, and the potential moderating role of childhood maltreatment. I recently received a small grant from the Utah Women & Leadership Project to conduct a *statewide* online survey of social safety and physical health among a representative sample of Utah women, including an oversample of ethnically- and economically-marginalized populations, and I plan to partner with the Pride Center (Salt Lake's statewide LGBTQ+ advocacy organization) to collect parallel data from SGD individuals across the state. Collectively, these different streams of data will provide powerful pilot data for future grant submissions that can seek to identify the most critical "sites" for safety deficits (for example, within workplace environments, institutional environments, and the family), their health consequences, and the mediating mechanisms (such as systemic inflammation).

My students and I are also testing our hypotheses about social safety and health using publicly-available datasets that include large numbers of SGD populations (we are indebted to the University of Utah's partnership with ICPSR, which makes these datasets readily available to members of the consortium -- we were surprised to discover just how many of these datasets include a diverse range of SGD participants, and one of my new goals for the future is to take greater advantage of large, representative, publicly available datasets on SGD health disparities). We are currently combing through these datasets and codebooks to identify "proxy" variables for social safety, and to parse the complex web of relations among childhood maltreatment, adult victimization and revictimization, and mental/physical health. I currently have one paper (first authored by Jenna Alley, second authored by Susan Brener) ready for submission, and we plan to complete a second paper (first authored by Susan) examining *longitudinal trajectories* of safety. Finally, I recently received a small grant from the Utah Women and Leadership Project to conduct a *statewide online survey* assessing experiences of social safety (and links between social safety and both mental and physical health) in a representative sample of Utah women, with an oversample of ethnic minorities, economically marginalized groups, and sexually- and gender-diverse populations. I have already reached out to the Pride Center (Salt Lake City's LGBTQ+ resource center) about collaborating on this project, with the aim of pinpointing *which types and manifestations of social safety* are the most promising targets for health-promoting interventions.

Another extension of this new research focus is a collaborative project with Claudia Geist (in Sociology and Gender Studies) and Encircle House (a therapy and support organization for LGBTQ+ youth and families in Utah). Over the past year, I have been conducting zoom interviews with gender-diverse (i.e., transgender and nonbinary) youth raised within the Church of Jesus Christ of Latter-Day Saints (LDS), *and their parents*, to investigate the role of religious involvement in experiences of social safety and threat. The interviews assess both parents' and youths' specific and unique concerns (for example, fears of violating church doctrine or facing discipline, feelings of loss and disconnection in the family, reactions of other family members, questions about medical issues) as well as the experiences they have found to be most helpful and affirming. These interviews have provided an additional form of support and validation for my interest in social safety, and Jared Klundt (the director of Clinical Services at Encircle) is convinced that speaking to LDS parents about *establishing social safety* for their LGBTQ+ children might prove to be more effective than speaking to them about "accepting" their child's gender or sexual identity. For many LDS parents, "accepting" a child's LGBTQ identity clashes too directly with the tenets of their faith. Yet LDS doctrine strongly supports the role of parents in *providing safety* for their children. Dr. Klundt and I are hoping to use the information we are gathering in these interviews to craft new educational and support programs/resources for LDS families that prioritize the establishment of *social safety* in the home (i.e, unambiguous communication of *love and connection*, even in the face of doctrinal disapproval of the child's sexual/gender identity). We sought funding for this project from the Robert Wood Johnson Foundation, and the Bastian Foundation, and were unsuccessful, but we have

forged ahead using internal funding, and we plan to continue seeking extramural support once we have published some pilot data.

I am also collaborating with one of my honors' thesis supervisees on a project investigating social safety and religious trauma among LGBTQ individuals who were raised in the LDS faith. We wanted to investigate the degree to which certain types of church practices (such as being interviewed by one's Bishop about sexual matters, or hearing denigrating messages about LGBTQ individuals from church leaders) provoke feelings of fear and unsafety, and whether they contribute to PTSD-like symptomology. When we designed the survey, I figured that we could probably manage to secure around 100 respondents (through the connections that I have established over the years with psychologists working specifically on LGBTQ issues in the LDS church). I planned to compensate our respondents ($15 each) from some additional funds in my development account. Boy was I surprised when **over 600 participants** filled out the survey over a one week period! Many of the respondents are still active members of the church, and some even have leadership positions, and they have shared heartfelt stories about the feelings of threat and danger they have been experiencing at church (I am currently seeking some additional bridge funds to pay each and every one of our participants, since I never expected such an overwhelming response rate!). Perhaps the most exciting finding from the study is that individuals who reported experiencing social safety in **other** domains of life (in the workplace, with specific friends, within non-religious contexts) reported fewer symptoms of depression and better overall subjective health, suggesting that one viable strategy for addressing "religious trauma" among LGBTQ individuals raised in the church is to *amplify* their access to social safety in other domains. We are planning to follow this sample longitudinally, and I am particularly passionate about opportunities to apply my research on social safety to the very "local" context of LDS church membership among LGBTQ individuals.

New Developments in Teaching

The pandemic gave *all* teachers an opportunity to reflect on what we do, and why. For me, the result was a thoroughgoing transformation in my approach to undergraduate teaching, most notably my largest and most successful course at the University, *Love and Relationships*. I have taught a version of this course since 2001, and have continually updated the content, but not the *approach*. I took a careful look at all of my teaching evaluations, and realized that my students and I had the same likes and dislikes about the course: We both *loved* having opportunities to apply the science of love and relationships to everyday life, and we both *hated* the exams. I hated designing them, and they hated taking them. *So why did I keep doing it?* Quite simply, the class seemed too large to do anything else (the current enrollment is around 180). But as I started talking to other faculty who had begun re-evaluating their teaching during the pandemic (especially Bruce Ellis, who was especially generous with his mentorship as I started these reflections), I gained confidence that I could find a better way.

After consulting with students, faculty, and the growing empirical literature on effective classroom pedagogy, I decided to redesign the class to reward *thinking about*, *sharing*, and *applying* the material in the course, instead of memorizing material for exams. I banned laptops and phones from the classroom, and required students to take their notes *by hand*, directly on physical copies of my powerpoint slides that they were required to purchase (these innovations had been suggested to me by Bruce Ellis, who successfully adopted them in his own undergrad classes). I also changed the grading system so that students would receive points for taking good notes, and so that they would also receive points for *sharing, reviewing, and comparing* their notes with fellow students during their weekly discussion sections. Also, instead of having students submit thoughtful questions or comments about the lectures and readings each week (as I had done for 20 years), I decided to leverage the "pull" of social media by requiring them to *share* thoughtful comments and observations about the course material with individuals in their social network (through email, texts, Twitter, Instagram, Facebook, Snapchat, Youtube videos, Tiktoks). I told students that the primary criteria for receiving full credit was that *it had to be something that they could not have thought or shared without taking the cours*e. The "share" had to be accurate, had

to be based on the course material, and had to be directed to an appropriate audience. As students started uploading their "shares" to the course websites, I was delighted to find that some students were creating their own youtube channels discussing the science of love, others were developing fascinating Twitter threads, and others were initiating thoughtful and deeply emotional dialogues *with their own parents or romantic partners* about love, parenting, attachment, and human connection.

Because so many students seemed to enjoy applying the material in the course to celebrity couples, I also decided to build on this aspect of the course by creating my own "mini-documentary" about the tortured love affair of Stevie Nicks and Lindsey Buckingham (of Fleetwood Mac fame), to show students all of the subtle elements of that drama which we could understand anew through the course material. After discovering how engaging and challenging it was to create a mini-video (and how many students were *already* routinely making videos in their spare time), I decided to have students make their *own* video for the final project in the class (instead of a standard research paper). They were free to use whatever information about Lindsey and Stevie they could find on the internet, and their goal was to *tell a story* about what happened (or what could have happened, or what might happen in the future), based on the material in the course. Again, their goal was to produce something that could *not* have been produced by someone who did not take the course. I also decided to have students complete progress reports about their video project every two weeks, so that I could identify students who were struggling, and intervene in plenty of time. I also elected to include progress reports to *reward* the research process itself: As I told students when I introduced the assignment "You may spend 3 weeks going in one direction and then decide you were wrong, or there's not enough evidence, and you need to change course. *I want to reward you for that process, because that is how I can tell that you are really thinking!"* It certainly felt risky to change *everything* about a course at once, but the pandemic gave me the confidence to do so, and the results were *incredible* (some of my students' videos were jaw-droppingly fantastic).

Inspired by this success, I also decided to rethink my seminar-style classes (specifically, my graduate course in Relationships and Health over the Lifespan and my undergraduate seminar on Gender and Sexual Orientation). I have always struggled with the best way to manage effective, interesting classroom discussions, and that challenge becomes even more acute when half of your students are on zoom, and half are in person. Every teacher knows that classroom discussions are "unpredictable magic." When they work well, they feel effortless, but when they don't "take off," it can be maddening. I used to drive myself crazy trying to figure out why (did I ask the wrong 'prompt' questions? Are they bored? Am I not reading their facial expressions accurately? Did I talk too much? Too little?) Every year I would tweak things, trying to "light the fire" underneath class discussion, but things never changed all that much. There are always a few students who are comfortable sharing their thoughts in class, and others who are more reticent, and I always felt that some perspectives were being left out. So after some deep reflection, I reached the following conclusions.

1. Discussions usually work best with a SMALLER number of participants. When I think of the best classroom discussions I've had, they rarely involve every single person in the class. Rather, they are more like a small dinner party, where the group is small enough so that EVERYONE feels some responsibility to keep the conversation flowing, and everyone has plenty of time to fully articulate their thoughts, change their minds, integrate another person's point of view….

2. My own capacity to lead and *track* effective discussions starts to decline when there are too many participants. Maybe this is due to my aging brain, but I finally reckoned with the fact that my ability to listen, anticipate, redirect, and respond within a classroom conversation is strongest when it's more like a dinner party (5-6 participants) than a classroom (10-20 participants).

3. Listening to a thoughtful, intensive discussion can be just as educational and productive as participating in a discussion. That's why so many conferences have "panels" with different

experts, taking questions from the audience! Often, in my own career, I have stayed somewhat quiet during a discussion because I felt that I could learn more by listening than talking. So I wanted to make sure to create a role for that form of learning.

So here's what I settled on: In each class session, we *begin* by going around to everyone to gather everyone's general observations, thoughts, opinions, questions about the topic/reading of the week, and then we shift to a "panel" type format, where I "host" a more intense discussion between myself and 4 other students (all of the students get to pick the panels they want to serve on, so that they have a chance to prepare, and to choose the topics they are most passionate about). The other members of the class continue to add comments and questions, which we periodically integrate into the discussion. So far, this format has generated far more interesting discussions, and the students seem to appreciate having clearer guidelines for their own participation in class. Recently, one of the students in my Gender and Sexual Orientation seminar told me that she had never, at the University, felt SO engaged during a three-hour class session as she had during my class, and I did a private jump for joy.

Because I have become so invested recently in rethinking my own pedagogy, I was particularly delighted to find out in January that I had been honored as a **2022-2023 "Intersectional Pedagogy Fellow**" by my "second home" (the School for Cultural and Social Transformation, which houses Gender Studies, Ethnic Studies, and Disability Studies). The School for Cultural and Social Transformation recently received a three-year grant from the Mellon foundation to establish a new "Center for Intersectional Studies," which will focus on integrating intersectionality (specifically, an approach to research and teaching which grapples more forthrightly with the complex *interconnections* between social positionings, such as race, socioeconomic status, indigeneity, gender, etc.) more deeply into scholarly research and teaching. There are 10 intersectionality fellows in the state of Utah, and five from the University of Utah. Over the next year we will be participating in workshops and special projects aimed at expanding our *own* capacities to teach in intersectional modes, experimenting with new modalities and approaches to diversifying our syllabi and expanding our impact (with guidance and social support from the other Fellows), and we will then contribute to a broader intersectional teaching corps that can be a source of mentorship across the University (and the state of Utah). When the Dean of Transform (Kathryn Stockton) informed me that I have been selected as a pedagogy fellow, my first question was "How can I make sure that the quantitative social sciences are fully represented in this initiative??" In my own graduate teaching and mentorship, I have had countless discussions with students about the challenges of analytically representing population diversity: for example, should you "control" for ethnicity in order to specify the "effect" of social class, even though we all KNOW these are not "independent" experiences??? I have always felt that quantitative social scientists needed to play a broader role in some of the critical discussions of intersectionality and inclusiveness that were happening among my Gender Studies colleagues, and Kathryn has assured me that I can take the lead in spotlighting *quantitative* approaches to intersectionality and inclusiveness – I have already spoken with the graduate students on the Diversity Committee about this new opportunity, and they have reassured me that our graduate students are *eager* to learn about new ways to critically approach quantitative representations of population diversity (I have already spoken with some faculty in Behavioral Medicine about hosting some zoom presentations from experts around the country who work directly with these issues in the context of public health and epidemiological research). Along the same lines, I have also joined forces with several colleagues in the Philosophy Department, the Physics Department, and other disciplines on a NSF grant aimed at providing better mentorship on equity, diversity, and inclusion issues for post-docs in the sciences. All of these efforts represent my passion for finding new ways to teach and mentor the next generation of scientists who want to investigate *a broader range of theoretical and practical approaches* to their discipline.

New Directions in Service: Community-Driven Data Analysis

One of the unexpected benefits of my project with Encircle was the opportunity to forge a partnership that served *community interests* as well as my own scientific inquiry. This experience convinced me to tackle another "pandemic-sabbatical" project: The creation of *additional* opportunities for research-community partnership for graduate students in the Psychology department, and hopefully within CSBS more broadly. Over the past several years our department has wrestled with the ever-narrowing academic job market, and the diminishing prospects for our graduate students. At the same time, the political upheaval *and* public health crisis of 2020 inspired many of our graduate students to seek more direct engagement with community-based research. I saw a unique opportunity to accomplish several goals at once: I knew through my own community connections that many nonprofits and government agencies in Utah needed assistance with collecting and analyzing data for their own program initiatives, policy projects, and grant submissions (in fact, I had voluntarily provided such assistance over the years). What if I could create a structure through which interested graduate students could provide statistical and analytical consulting for local organizations and government agencies? Such projects could help to introduce graduate students to research-related career opportunities outside of traditional academic jobs, and could give them useful experience and references. When I polled graduate students about the idea, they were enthusiastic. I then embarked on a marathon of zoom meetings with both University contacts and community organizations and agencies, including University Neighborhood Partners, the Utah Department of Health, United Way Salt Lake, Communidadis Unites, Utahns against Hunger, the Utah Foundation, the YWCA, the Utah Office of Health Disparities, Families USA, the Rape Recovery Center, the Utah Aids Foundation, the Department of Workforce Services, the Utah Parent Center, Community Catalyst. These were some of the most exciting and inspiring zoom calls of the pandemic, since I encountered uniform enthusiasm and excitement about the possibility.

My current goal is to get some of these partnerships up-and-running over the coming year as a "proof of concept," so that I can seek opportunities to create a lasting structure to support such collaborations in the future (I envision a web-based interface where community organizations can "apply" to seek assistance, outlining their specific needs, time frame, etc.., and can be matched with students who have appropriate interests and expertise). I have already worked closely with our department's Director of Graduate Studies, Director of Clinical Training, and the statistics consulting program to ensure that this initiative is aligned with our training goals and resources in the department, and I have been investigating (with the assistance of Claudia Geist in Sociology) potential funding mechanisms to support this project in the future. For the time being, I plan to provide unofficial mentorship of any such projects, but my goal is to involve a broader range of faculty mentors in the coming years, and to involve a broader range of departments and divisions (such as Sociology, FCS, Social Work, Ethnic Studies, Gender Studies, and Health Promotion). I also believe that a stronger focus on opportunities for community-driven research will help us attract and retain a more diverse range of graduate students, many of whom may want to pursue a Ph.D., but may not be convinced that an academic job is the best fit for them. I believe that investing in a infrastructure for community-based research is an investment that will benefit *everyone* in the University community, and which aligns with my longstanding professional and personal values regarding equity, diversity, and inclusion.

Along the same lines, I been working closely with our department's Diversity Committee over the past year in compiling the results of our Climate Survey on equity, diversity, and inclusion issues. One of the recommendations made in the report is that "The department should establish and support a new faculty service position (i.e., *Director of Professional Development*) to provide consistent mentorship and professional guidance for graduate students around EDI issues and to provide centralized guidance for Ph.D. students seeking non-traditional career paths (including connections with relevant resources across campus, such as Ethnic Studies, Gender Studies, the Tanner Center for Human Rights, etc.)." After speaking with the Executive Committee, I have agreed to take on this responsibility (which aligns well with the informal mentorship I have already been providing to many students, and which also aligns

with the efforts that I have made, through offering “weekend boot camps” on scientific writing for the graduate students, to make sure that each and every student in our program has the resources they need to thrive, no matter what sort of skills they started with). This new service role also aligns perfectly with the efforts I have been undertaking to provide opportunities (and guidance) on conducting community-engaged research, and my new efforts around intersectional pedagogy. In many ways, I feel that the “strands” of my different identities are finally coming together in a powerful way that can allow me to make more meaningful contributions not only to my own graduate students, but to all of the students (and postdocs) in our program.