THE RELATIONSHIP OF MINORITY STRESS AND COMMUNITY RESILINECE IN LGBTQ+ INDIVIDUALS; THE MEDIATING ROLE OF SOCIAL SUPPORT AND STRESS-RELATED GROWTH.

by

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THESIS APPROVAL

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Title: THE RELATIONSHIP OF MINORITY STRESS AND COMMUNITY RESILINECE IN LGBTQ+ INDIVIDUALS; THE MEDIATING ROLE OF SOCIAL SUPPORT AND STRESS-RELATED GROWTH.

The purpose of the following project is to investigate the relationship of minority stress and community resilience in LGBTQ+ individuals. This relationship is further examined through the mediating relationship of social support and stress related growth. Minority stress refers to the chronic stressors and negative experiences faced by members of stigmatized or marginalized social groups because of their membership in those groups (Frost & Meyer, 2023). The LGBT Minority Stress Measure – Short Version will be utilized to measure minority stress in the participants (Outland, 2016). Community resilience refers to "how communities further the capacities of individuals to develop and sustain well-being" (Hall & Zautra, 2010). Communities can provide resources that can assist individuals in coping with stress (Fergus & Zimmerman, 2005). Community resilience will be examined through the Transcultural Community Resilience Scale (Cénat et al., 2021). To better understand the relationship between the two variables, mediators such as social support and stress related growth will be used. The scale utilized to investigate social support will be the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988). Finally, stress-related growth refers to a measurable change in positive outcomes related to a stressful experience. The scale utilized to test stress related growth will be the Revised Stress-

Related Growth Scale (Boals & Schuler, 2018). The authors milieu and LGBTQ+ community centers contacted provided 146 people that participated in the present study. 88 of those participants were analyzed. This thesis provided valuable insight on the importance of community resilience and ways communities can assist LGBTQ+ individuals in minimizing their minority stress through social support and stress-related growth.

Keywords: minority stress, LGBTQ+ community, sexual and gender minority, community resilience, social support, stress-related growth

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Table of Contents

List of Tables

Chapter 1: Introduction

The field of psychology and the lesbian, gay, bisexual, trans and queer (LGBTQ+) populations have always been in a complicated relationship. The classification of homosexuality as a mental disorder in the 1960s and 1970s sealed the conversation surrounding LGBTQ+ rights in the previous century (Meyer, 2003). Although the removal of homosexuality as a mental disorder from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) happened in 1973, it had adulterated the discussion on mental health of LGBTQ+ populations (Conger, 1975; Meyer, 2003). Several studies in more recent times have indicated that in comparison to cisgender heterosexual people, sexual minority, and gender minority people (LGBTQ+ individuals) show an increased risk of mental disorders (Cisek & Rogowska, 2023). For us to better understand the increased risk LGBTQ+ individuals experience, because of their sexual and gender identity, we need to examine their experiences in the social context and their perceived social stress (Cisek & Rogowska, 2023). Research has indicated that prejudice, stigma, and discrimination create for the individual a stressful social environment that could lead to mental health problems (Henriquez & Ahmed, 2021). If only as researchers, psychologists, mental health professionals, we understand the contributions of stress on sexual and gender minorities, we can design effective prevention and intervention programs (Meyer, 2003).

LGBTQ+ communities across the world continue to experience inequalities and face many difficulties concerning access to resources. Stigmatization and discrimination faced by sexual and gender minorities attribute to these inequalities (Henriquez & Ahmed, 2021). Additionally, the heteronormative and cisnormative nature of society has made LGBTQ+ individuals feeling shame regarding their sexual and gender identity (Girard, 2019). Heteronormativity builds on the concept

that everyone is straight or heterosexual (Robinson, 2016). It is a leading reward when it comes to discrimination against LGBTQ+ individuals and promotes bullying (Robinson, 2016). Research conducted in 2016 indicated that sexual minorities experience higher levels of stress, discrimination, and stigma, while simultaneously, they are at higher risk for poorer health and general wellbeing, in comparison to their heterosexual counterparts (Jackson et al., 2016). The EU provides great amount of research regarding human rights in the European continent. When asked if LGBTQ+ individuals experience harassment or any form of discrimination in their lives, 48% of sexual minority individuals in Greece indicated that they have experienced such behaviors. (European Union Agency for Fundamental Rights, 2013).

Studies such as the aforementioned comprise the reasoning behind this research study. It is crucial for this study to provide psychological knowledge and understanding in the unique experiences faced by sexual and gender minority individuals. The chronic stressors and negative experiences that members of stigmatized or marginalized social groups encounter because of their membership in those groups is classified as the Minority Stress Model (Meyer, 2015). Minority stress lays on the foundations of social psychological theories, in which the social environment can enact stress because of one's minority status (Ramirez & Galupo, 2019). Although experienced in the social world, minority stress has not been examined enough from a communal standpoint (McConnell et al.,2018). A group of people that are interested in coexisting, while sharing a common characteristic within a larger society is considered to be a community (Cambridge Business English Dictionary, 2023). Since the minority stress model has its roots in social stress theories, it is understood how crucial the connection with social structures, such as communities, is.

Community resilience as a notion could provide tangible resources for sexual and gender minority individuals and grant relief mechanisms, prioritizing well-being and resilience, when faced with adversity (Papadaki & Kalogeraki, 2017; Jones et al., 2015). Community resilience is defined as a positive process of change and adaptation through communal resources (Patel et al., 2017). Community resources supply a community in order to achieve its basic needs, including its human, cultural, political, social, economic, and environmental resources (Fawcett et al. 1995). Medical care, health care facilities, cultural spaces and economic support for individuals experiencing gender dysphoria could all be considered resources that assist LGBTQ+ individuals (Fawcett et al. 1995). Moreover, it needs to be mentioned that minority stress strives to bring to the forefront societal situations and issues associated with stigma and discrimination that are detrimental to population health (McConnell et al., 2018). Community resilience could assist in emphasizing such societal changes. Based on these findings, I believe it is crucial to better understand the relationship of minority stress and community resilience on influencing experiences of LGBTQ+ individuals. Societal change is necessary still, since sexual and gender minority people experience discrimination and stigmatization in all aspects of their social lives. Knowledge on how communities and society function as a whole can provide us with tangible and intangible resources (Edwards & Sylaska, 2013).

Studies have found how important social relationships are for the general health and wellbeing of people (Pejner et al., 2012). Social support is a broad term that constitutes having a network of people that you can turn to in times of need (Grav et al., 2012). In addition, social support is heavily linked with mental and physical health (Haber et al., 2007). Research on social support and LGBTQ+ adults has also mentioned that the greater support experienced, the more resilient and

prouder people feel (Ryan et al., 2010). Moreover, a study conducted in 2015 indicated that local social movements and organizations could provide relief mechanisms, prioritizing well-being and resilience, when faced with minority stress (Jones et al., 2015). Furthermore, studies indicated that sexual minority individuals perceive less social support in comparison to heterosexual individuals and a lack of social support might lead to negative implications of minority stress (Jorm et al., 2002). Based on these findings, I believe it is critical to consider social support as a mediator in the relationship between minority stress and community resilience. As mentioned before, social relationships could play an important role in the experience of people, especially on LGBTQ+ people. Mediation analysis could provide a clearer understanding of minority stress and community resilience, as well as produce possible tangible resources for LGBTQ+ individuals to improve their resilience and minimize their minority stress (Velez & Moradi, 2016).

The final aspect that the author wants to present in this research study is the notion of stress-related growth. Stress-related growth (SRG) is the positive psychological changes that an individual experiences, due to overcoming an adversity or stress (Yildirim & Güler, 2021). The coming out process is generally considered a stressful event for sexual and gender minority individuals, with negative mental health outcomes (Cox et al., 2010). Despite these claims, other individuals have described the process as a learning experience, with positive outcomes that might assist a person grow and strengthen towards a stressful experience (Bonet et al., 2007). Research on SRG has slowly started to acknowledge that chronic stress associated with belonging in a specific social minority group might be an experience for growth (Cox et al., 2010). A study indicated that coming out growth was significant overall in both men and women tested (Vaughan & Waehler, 2009). Based on these findings, the author believed that there could be a mediating relationship of SRG

and minority stress and community resilience. At least to the author's knowledge, only one previous study has researched stress-related growth and the mediating relationship it has on minority stress and community resilience (Michaels et al., 2019). This study indicated that there is a positive relationship between minority stress and stress-related growth, and stress-related growth is characterized as an important factor for community resilience (Michaels et al., 2019; Murray & Zautra, 2011). This limited amount of literature is a driving force for the exploration of SRG. The author believes that the influence of SRG on minority stress and community resilience could have major implications for gender and sexual minority individuals, as it could provide with growing and learning experiences (Cox et al., 2010).

1.1 Research Aim & Significance

Research in Greece has lacked in trying to understand how sexual and gender minority individuals experience their everyday lives and possible stressors. Moreover, there are significant gaps in scientific research, regarding the relationship between minority stress and community resilience (McConnell et al., 2018). This research aims to better understand the unique experiences of LGBTQ+ individuals today, especially in relation to minority stress. This paper hopes to add to existing research on the relationship of minority stress and community resilience, as well as the mediating factors of social support and stress-related growth on the relationship between minority stress and community resilience on LGBTQ+ individuals. It is expected that minority stress and community resilience will have a statistically significant relationship, while we can also expect social support and stress-related growth to mediate the relationship between the two aforementioned variables. We hope from this study to gain valuable knowledge on how we can address minority stress on individuals today, to provide these individuals with adequate resources

on how to minimize the effect of minority stress, and, finally, to understand the growth capabilities of experiencing minority related stress. If these expectations are met, valuable knowledge can be shared with individuals struggling with minority stress. This could be achieved with the help of programs, trainings and workshops, catered to spreading this knowledge. Organizations of all sizes could utilize these findings and provide better experiences for their employees and pioneer in the workplace of tomorrow.

To the author's knowledge, this study is unique, since there has not been a study that examined the relationship of minority stress and community resilience through mediation of social support and stress-related growth. The study of community resilience and minority stress is extremely significant, since it could provide with adequate knowledge on how to become adequately resilient and alleviate stress from individuals that experience extreme amounts of it, due to their sexual or gender minority. Finally, the author believes that the study is important, since it could begin a discussion in order to provide tangible resources to the LGBTQ+ populations of Greece, Europe and beyond.

1.2 The Structure of the Research

The thesis is organized into six chapters. Chapter 1 contains the introduction, the research aim and significance, and the structure of the research. Chapter 2 contains a review of the existing literature on the concept of stress, minority stress, resilience, community resilience, social support and stress-related growth. Chapter 3 presents the research design and methodology, the sample population, the procedure, and the instruments involved. Chapter 4 provides the data and results of the study: it includes factor analysis of the scales used, descriptives, scale reliability scores,

correlation analysis, hypothesis testing through ANOVA, and, finally, a mediation analysis for both mediators examined. Chapter 5 provides an interpretation and discussion of the results obtained from the data analysis conducted in the previous section, practical and theoretical implications, as well as limitations and directions for future research. Finally, chapter 6 contains the conclusion of this study.

Chapter 2: Literature Review

2.1 The Concept of Stress

In the most general terms, stress can be described as "any condition having the potential to arouse the adaptive machinery of the individual" (Pearlin, 1999). Any physical, mental, or emotional strain, tension or pressure could also be perceived as stress (Meyer, 2003). In the field of psychology, stressors could be conditions or events that cause change and insist on the individual to adapt to a new situation or circumstance (Henriquez & Ahmed, 2021).

Extending the notion of stress, social stress theory suggests that circumstances in social environments are sources of stress that could have mental and physical effects (Meyer, 2003). Social stress might have a strong impact on the lives of people belonging to stigmatized social groups (race/ethnicity, sexuality, gender, socioeconomic status) (Cisek & Rogowska, 2023). The perception that stress is related to social structures is a concept both difficult and appealing. Appealing, since it creates a common ground for environmental and social conditions to be stressful, yet difficult, since pioneers in stress theory, such as Lazarus, Folkman and Hobfoll have focused on personal, rather than social elements (Lazarus & Folkman, 1984; Hobfoll, 2002).

2.2 Minority Stress

On further elaboration of the social stress theory, social psychological theories provide the foundations for understanding social relations, and the impact minority stress has on health and wellbeing (Meyer, 2015). Minority stress sets to distinguish the excess stress experienced from stigmatized social groups (Meyer, 2003). Minority stress refers to the chronic stressors and

negative experiences faced by members of stigmatized or marginalized social groups, because of their membership in those groups (Meyer, 2015). It comprises multiple types of stress, including structural, interpersonal, and internalized stress, arising from societal inequalities, prejudice, discrimination, and stigma (Meyer, 2015). In order to better comprehend the minority stress model, the relationship between the self and our social world needs to be explored.

Self-categorization and social identity theories showcase the importance of the self in an intergroup relation (Meyer, 2015). These theories prompt crucial intergroup processes and provide the setting stone for self-definition in groups (Turner & Oronato, 1999). Interactions with other individuals are necessary for the development of a sense of self and wellbeing (Cisek & Rogowska, 2023). Theories based on interactions recommend that a negative regard from others, in the case of sexual minorities, homophobia and discrimination, lead to negative self-regard (Cisek & Rogowska, 2023).

Researchers when referring to minority stress assume that minority stress is unique, and is experienced in addition to general stressors that are experienced by everyone (Cisek & Rogowska, 2023). Secondly, minority stress is chronic, meaning that cultural and social structures have been established from generations ago (Hogg & Reid, 2006). Homosexuality and gender identity were heavily criticized for most of our recent history. Classified as a mental disorder, LGBTQ+ individuals experienced great amount of pressure, in the previous century, to hide or vanish their identities. These chronic social norms have made it difficult to alter many people's perception about sexual and gender identity (Henriquez & Ahmed, 2021). Finally, minority stress is socially based, meaning that it is rooted by structures, institutions, and social processes that cannot be

characterized as general stressors that fit into categories, such as genetic, biological, or additional nonsocial characteristics of an individual (Burke & Stets, 2014). To further elaborate, a person that has a disability is part of a greater minority, yet a biological or genetic impairment cannot be considered a minority stressor, since it does not have a social component.

Furthermore, in an effort to comprehend the different stressors experienced through minority stress, Meyer has defined minority stress processes in a proximal to distal continuum. Distal stressors are defined as experiences and events outside the person, such as everyday discrimination or microaggressions, life events, and chronic strains (Frost et al., 2011). These discriminatory stressors typically take the form of harassment and victimization incidents, and because of their direct effect on the minority individual, they are perceived as objectively stressful (Ramirez & Galupo, 2019). Microaggressions, are encompassed as distal stressors since they are unconscious, unintentional, and subtle acts of discrimination towards minority people (Nadal, 2013).

Proximal stressors refer to stressors experienced by a person and are internalized through cognitive processes, such as internalized homophobia and transphobia, internalized negative social attitudes and expectations of discrimination and rejection (Fredriksen-Goldsen et al., 2012). Higher levels of stressors have great impact on general well-being and health, while these stressors can greatly impact aspects of their lives, such as their career (Veldhuis, 2022). Additionally, proximal stress is caused by low self-esteem and self-stigma that minority people have formed, as a result of the harsh sentiments that society has toward them (Meyer, 2003).The minority stress model supports that these stressors can lead to adverse health outcomes, such as anxiety, depression, substance use, suicide and physical health outcomes that occur from stress, such as asthma (Marshal et al.,

2008). Regarding suicide, a 2015 analysis found that sexual minority individuals were three times as likely to experience suicidal thoughts. The ratio was consistent across all ethnicities studied (Lytle et al., 2015). Another more recent study conducted in 2021 found that at least 30% of sexual minority adults reported to have attempted suicide throughout their lives (Meyer et al., 2021). Studies have also emphasized the importance of minority stress and self-acceptance (Camp et al., 2020), support for inclusion (Lindley & Galupo, 2020), social support (Bränström, 2017), and community resilience (McConnell et al., 2018). Despite the aforementioned, there is still a great need to discover and understand minority stress, especially on how to address it (Lindley & Galupo, 2020).

Growing numbers of research studies have started showing evidence on the minority stress theory. Bränström in 2017 published a study pinpointing that minority stress influences sexual minorities to experience elevated rates of poorer mental health. Additionally, a report by Camp et al. (2020), stated that minority stress theory does not specify clearly how it occurs. Greater emphasis should be placed to assist in discovering mechanisms that could be utilized by professionals to further support sexual minorities experiencing minority stress (Camp et al., 2020). A study conducted in 2021 showcased how minority stress led to higher psychological stress and immune dysregulation (Christian et al., 2021). In addition, individuals facing high minority stress experience higher perceived anxiety, depression, stress, post-traumatic stress disorder (PTSD) and even suicidality (Cisek & Rogowska, 2023). People that are part of multiple minority groups, such as those belonging simultaneously to sexual, gender, racial or ethnic minorities, experience extreme levels of stigma, discrimination, and fear of rejection (Cyrus, 2017). The term that has been given to such individuals is intersectionality.

Born out of Black feminists, intersectionality means that an individual's combination of social minority statuses contributes to a unique experience that cannot be separately examined, since it is the combination of statuses that make a unique experience for the individual (Bowleg, 2008). Research has indicated that intersectional minority individuals are associated with poorer mental health (Sarno et al., 2021). Although intersectionality is a crucial aspect of the minority stress model, it is out of scope of the present study. With that in mind, literature has been lacking to better understand how minority stress could be prevented from a social standpoint. Individual difference and cross-sectional identities, such as ethnicity, race and age can play a vital role (Christian et al.,2021). Despite the aforementioned, researchers have not greatly tapped into notions focused on community, as only recently has the connection between the two theories been made (Ramirez & Galupo, 2019). McConnell and colleagues explained that community resilience research has lacked in this department, and important contributions to the literature are needed (McConnell et al., 2018). Through this discovery, a greater need to explore the relationship of community resilience was born.

2.3 Resilience

When discussing about community resilience, one must consider the definition of resiliency in the field of psychology, to be able to comprehend the notion that will be analyzed. Resiliency in psychology has originated from two different studies that have both examined families, where they investigated if children born in poverty could become "resilient" and thrive despite hardships. Resilience refers to the capacity and dynamic process of adaptively overcoming stress and adversity, while maintaining normal psychological and physical functioning (Russo et al., 2012).

A term often intertwined with resilience is coping. Coping, as a construct is closely related to resiliency. More specifically, coping is a process of regulating emotions, behaviors, cognition, the environment, and physiological responses (Hurley, 2018). Research on coping originated from Lazarus in 1966, establishing a theoretical foundation for the term. These foundations allowed for future researchers to further develop theories and study coping (Hurley, 2018). Although as terms resilience and coping seem familiar, one very important difference is the fact that coping can be both positive and negative, whereas resilience is focused on only the positive, since thriving regardless of hardships constitutes a positive outcome (Masten, 2001).

The family stress theory originated in the 1940s stated that one cannot assess resilience between family members, without considering the dynamics and interactions of the people inside a family. In developmental psychology, operational definitions have been given in regard to resiliency. In order to determine resilience, "one chooses the outcomes being measured (unemployment, criminal activity, mental illness) and the risk factors (poverty, a parent with mental illness or substance abuse issues, lack of access to adequate education); a lack of negative outcomes in those individuals subject to many risks indicates resilience" (Martin-Breen & Anderies, 2011).

Every individual experiences stressful events and situations that could be considered traumatic at one point. Consequently, comprehending how one can first develop and enhance resilience is critical. Despite that, studies have mentioned that knowledge on how or why one is able to be resilient is unknown (Trompetter et al., 2016). Other researchers from the previous millennia have pinpointed that factors, such as environmental support, family characteristics and individual personality attributes, act as protective factors that assist the person to develop resiliency

(Trompetter et al., 2016). Masten in 2001 proposed the notion that cognition, brain development, behavior regulation, and emotions could all impact how resilient an individual is (Hurley, 2018).

To properly understand the importance of resilience in our lives, some outcomes of this very important concept will be analyzed. Lacomba-Trejo and colleagues in 2022 suggested that individuals with resilience and coping capabilities were more likely to have an overall greater well-being and life satisfaction (Lacomba-Trejo et al., 2022). Another study showed that college students that were more resilient, experienced less stress and a more positive life satisfaction during the COVID-19 pandemic (Hu et al., 2022). Added, a study that examined nursing management indicated that facilitating resilience in the workplace assisted nurses in critical reflection, improved work-life balance, problem solving and building resolutions that could assist in future circumstances (Garcia-Dia et al. 2013). Research on workplace resilience has also supported that resilient employees have higher optimism, altruism and are able to adapt to stressful situations, qualities that make these employees stick out in comparison to others (Shakespeare-Finch et al., 2005).

Research on resilience has always puzzled researchers on how managing efforts, in face of adversity and stress, can influence individuals, especially those in marginalized groups, yet research on LGBTQ+ people has been scarce (Kwon, 2013). LGBTQ+ individuals experience higher levels of stressors due to stigma, marginalization and discrimination than do cisgender heterosexual individuals (Veldhuis, 2022). Literature has supported that in the minority stress model, there is an association between higher rates of mental health problems and higher levels of minority stress (Williamson, 2000). Additionally, individuals that have higher rates of internalized

homophobia were significantly more likely to express stress and depressive symptoms (Igartua et al., 2009)

According to stress theory, the impacts of pathogenic stress and healthy coping mechanisms counteract each other out to determine how stress has an adverse effect on health (Martin-Breen & Anderies, 2011), similar to how resilience is crucial in reducing minority stress. Resilience only truly has value in the face of stress, therefore is crucial to comprehending minority stress. According to the theory of minority stress, discrimination and stigma against LGBTQ+ people create pressures. These stressors have a negative impact on health, leading to both mental and physical diseases (Frost et al., 2011). Studies have also demonstrated the negative effects of minority pressures on the health of transgender and gender nonconforming people, indicating that minority stress is developed similarly in sexual orientation, and gender identity (Bockting, et al., 2013; Testa et al., 2015). Studies have indicated that resilience buffers the association of heterosexist minority stressors and psychological distress (Russell, 2005). For instance, self-esteem (an internal component of resilience) buffered the relation of discrimination with distress in a sample of gay and bisexual men (Szymanski, 2009). A variety of individual-level strategies are employed in to minimize minority stress, such as cultivating self-acceptance, a sense of personality mastery, identity pride, and self-esteem (Breslow et al., 2015; Singh & McKleroy, 2011). Moreover, a study that examined transgender people found that those that use social support and engage in an active transgender community, often report reduced isolation and anxiety, as well as improved well-being (Brewslow et al., 2015). Furthermore, findings have demonstrated that LGBTQ+ people, who engage in community participation, often experience higher levels of self-

acceptance, autonomy, and purpose in life, which in hand help build resilience and minimize minority related stress and anxiety (Kertzner et al., 2009; Kwon, 2013).

2.4 Community Resilience

In the context of minority stress, a distinction of individual and community-based resilience is necessary. Individual-based resilience focuses on the personal agency, a quality that can help or impede a person in coping with stress, making this individual more or less resilient (Meyer, 2015). However, when researchers concentrate only on individual-level, or personal resilience, possible restrictions or even risks may occur. Cultural analysis would indicate that such an individual focus has its roots in Western ideology, particularly American ideology that emphasizes meritocracy and individualism (Meyer, 2015). American ideologies of meritocracy and individualism are celebrated over adversity, which constitutes the most important aspect of resilience (Hobfoll, 2002). To elaborate, meritocratic beliefs are not opposed to inequality, but comply with discrimination, since not doing so would allow people with the right "merits" to reap rewards (Mijs & Savage, 2020). This mindset itself may have a detrimental effect on the health of underprivileged groups, since not everyone has the same potential for resilience, as the underlying social institutions are uneven (Meyer, 2015). This is especially the case, since individuals tend to surround themselves with people of similar socioeconomic and educational background, making it harder to understand the extent of inequalities and non-meritocratic forces, that promote and produce the structural barriers between rich and poor, majority and minorities (Mijs & Savage, 2020). Additionally, shifting the focus on individual resilience, there is a risk in moving our attention to the individual's response to stress, rather than the stressor itself, deemphasizing the importance of large-scale social change (Meyer, 2015). Minority stress strives to bring to the

forefront societal situations and issues associated with stigma and discrimination that are detrimental to population health (McConnell et al., 2018). Community resilience could assist in emphasizing societal change.

Community resilience is defined as "how communities further the capacities of individuals to develop and sustain well-being" (Hall & Zautra, 2010). Patel and colleagues in 2017 described community resilience as a positive process of change and adaptation through communal resources (Patel et al., 2017). Castleden and colleagues added and defined community resilience as a process (or capability) of a community adapting and functioning in the fact of disturbance (Patel et al., 2017). Additionally, the Conjoint Community Resiliency Assessment Measure (CCRAM) defines community resilience as "the community's ability to withstand crises or disruptions" and emphasizes variables relating to collective efficacy, social trust, place attachment, and leadership (Cohen et al., 2013). Communities can provide resources that could assist individuals to cope with stress (Meyer, 2015). A study conducted in the UK and Australia found that disaster recovery, through community resilience, was equally important in stress management for the survivors (Patel et al., 2017). Emphasis on social and environmental influences help the resilience theory detach from the notion that resilience is a fixed personality trait. Moreover, community resilience could be considered a way for minorities to cope (Hobfoll, 2002).

Community resilience has its main focus on concepts associated with natural disasters and how fast communities are able to "bounce back". For instance, concepts such as climate change, earthquakes and floods have been heavily studied by researchers (Patel et al., 2017). Within community resilience, multiple elements that are crucial have been proposed. The first element of

community resilience is local knowledge. Understanding existing vulnerabilities could assist a community by mitigating the issues. A study conducted by Kennedy and colleagues found that understanding a community's vulnerabilities can help with assessing community issues (Kennedy, 2013). Additional elements of community resilience seem to be networks and relationships. Well-connected communities can have a positive effect on the experience of community resilience. Creating social "links" or "social networks", meaning relationships with others, can provide strength and trust to enhance a community and its members (Bahadur et al., 2010).

Research on community resilience does not stop here; general health, in relation to community resilience, is a field that has been examined as well. Understanding and promoting knowledge on health issues and vulnerabilities, prior to a natural disaster, can help build resilience, prior to a disaster taking place (Patel et al., 2017). Uncertainty transcends individual and social boundaries and can take many forms that vary from worries about what the future holds, to worries about the long-term effects on the community (Ganor & Ben-Lavy, 2003). Hope seems to play a critical role in depicting a brighter future for a community (Patel et al., 2017). Adaptability for many publications seems to be an inherent aspect of resilience (Stratta et al., 2015; Plough et al., 2013). Bahadur and colleagues stated that one of the main characteristics of resiliency is "acceptance of uncertainty and change" (Bahadur et al., 2010).

For communities to adapt to everchanging environments developing resilience, requires building resilience first. Community members' active involvement, collective action, as well as community resources, among other processes consist of the critical components in building community resilience (Magis, 2010; Berkes & Ross, 2013). Community resources are any assets that help a

community achieve its basic needs, including its human, cultural, political, social, economic, and environmental resources (Fawcett et al. 1995). For instance, medical and health care facilities that provide sexual minorities with necessary care, cultural spaces that sexual minorities can be represented and heard, and economic support for individuals experiencing gender dysphoria, and many more, could assist individuals in communities.

When faced with hardship, a community may build these resources by enhancing and expanding them to adapt to change (Ahmed et al., 2004). A study conducted in 2017 defined social resources as the groups of people, who practice voluntary association and networks that effectively mobilize community members to action (Papadaki & Kalogeraki, 2017). Building community resilience is thought to depend heavily on individuals' involvement in community goals (Magis 2010; Berkes and Ross 2013). The knowledge and understanding of community members makes them the most adequate actors in deciding effective ways to respond to crisis in times of adversity (Berkes and Ross 2013).

In rough times a singular person or even a group of people struggle to overcome a crisis, whereas if community resilience through collective effort is achieved, then the members might accomplish communal objectives that could in hand assist in coping and adapting to acute events (Papadaki & Kalogeraki, 2017). Collective action is the ability of community members to take deliberate and meaningful steps to try and tackle the crisis, while also growing and moving on (Papadaki & Kalogeraki, 2017). Recent studies conducted during the Greek crisis showcased that local social movements and organizations provided relief mechanisms, prioritizing well-being and resilience, when faced with adversity (Papadaki & Kalogeraki, 2017; Jones et al., 2015). The aforementioned

study also reported that there was an increasing trend of social support during the period the study was conducted, which was during the peak of the Greek crisis in 2012. This provided evidence that the community through social support was able to respond effectively to hardship and adversity (Papadaki & Kalogeraki, 2017).

Community resilience has become an intricate central point within LGBTQ+ mental health and minority stress research. Meyer (2015) called for researchers in the field to explore community resilience within the context of LGBTQ+ communities, in order to understand in greater detail buffering effects for minority stress. Scholars have identified various resources that comprise community resilience within the LGBTQ+ community, including validation and shared hardships (Parmenter, et al., 2021), connection and belonging (Morris et al., 2015), and collective identity (Parmenter et al., 2020), as well as participating in LGBTQ+ social movements (Parmenter & Galliher, 2023). A sense of belonging and connection to the LGBTQ+ community (aspects that comprise community resilience) may assist in minimizing minority stress processes and contribute to the development of a positive LGBTQ+ identity (Testa et al., 2015). Studies have also found that sexual and gender minorities seek out connections with other LGBTQ+ community members to cope with experiences of rejection and discrimination (Abreu et al., 2021). Indeed, the LGBTQ+ community can provide community resilience resources that mitigate minority stress and reduce risk of anxiety, stress, and depression (Morris et al., 2020).

The above discussion leads to the formulation of the first hypothesis:

H1: Community resilience is related to minority stress.

2.5 Social Support

Mental health professionals have expressed the importance of social support, or having a network of people that you can turn in times of need (Grav et al., 2012). Social support is a broad term that encompasses an array of specific characteristics of a person's social world that increases wellbeing (Cohen et al., 2013). Perceived social support refers to how individuals perceive family members, friends, and colleagues and how obtainable their support during times of need is (Ioannou et al., 2019). Social support can guide individuals in a similar manner, as with their own coping strategies (Haber et al., 2007). Generally, perceived social support is regarded as a coping measure, that is related to an improved health and wellbeing (Hailey et al., 2022)

Studies have indicated the importance of social relationships, general health, and wellbeing (Pejner et al., 2012). Social support is heavily linked with mental and physical health (Haber et al., 2007). A 2012 longitudinal study found that middle-aged men with a stronger social and emotional support were less likely to die than individuals lacking such networks and relationships (Grav et al., 2012). Research on social support and LGBTQ+ adults has also mentioned that the greater support experienced, the more resilient and prouder people feel (Ryan et al., 2010). Most examinations on sexual minority individuals have neglected focusing on potential protective aspects, instead, most of the focus is put on negative health outcomes (Ehlke et al., 2021). Moreover, a study conducted by Safren and Pantalone (2006), stated that sexual minority individuals perceive less social support in comparison to heterosexual individuals. It has been suggested that lack of social support might lead to negative implications of minority stress (Jorm et al., 2002). Studies on social support have also indicated that the greater support experienced, the less stress and more resilient people feel (Ryan et al., 2010; Puckett et al., 2019).

Adding to the conversation, a 2020 study found that family support is important in pride, mental health, and resilience in LGBTQ+ youth (Camp et al., 2020). In a study conducted in 2021, social support indicated that it protected LGBTQ+ individuals against depression (Chang et al., 2021). Social support from teachers, family and friends also showed to be related with positive outcomes, when faced with adversity in LGBTQ+ people (Puckett et al., 2019). Bränström's (2017), research study showcased that although the minority stress theory influences poorer mental health on LGBTQ+ individuals, a much stronger support was found concerning social support and its importance for sexual minorities.

Social support plays an intricate role in the relationship between community resilience and minority stress. A strong social support system that creates a sense of belonging and connection to other members of the LGBTQ+ community may play a critical role in buffering minority stress processes and contribute to the development of a positive LGBTQ+ community identity (Matsuno & Israel, 2018). Concerning community resilience, previous studies have indicated that social support created pathways for greater community recovery after a natural crisis (Wilson et al., 2023; Hawkins & Maurer, 2010). Moreover, sexual minority individuals may not have access to social support such as social networks and local knowledge, which in hand does not assist in creating a more resilient community (Wilson et al., 2023). On the contrary, communities with social capital have been measured to provide aid, and this has been seen in minorities and marginalized groups as well (Wilson et al., 2023) Based on the aforementioned, it is important to examine whether social support might explain the association (mediate) between minority stress and community resilience.

These findings lead us to consider that:

H2: Social support mediates the relationship between community resilience and minority stress.

2.6 Stress-related Growth

One crucial aspect to remember is the fact that some people, in the face of crises, experience mental and general wellbeing problems, while others are able to report various positive changes, such as personal growth and psychosocial adjustment (Yildirim & Güler, 2020). These positive changes could be described as stress-related growth. Stress-related growth refers to the positive psychological changes that individuals experience, due to overcoming an adversity or stress (Yildirim & Güler, 2021). Research has found that stress-related growth is related to perceived stress and coping strategies, resilience, and psychological distress (Schuettler & Boals, 2011; Viegas & Henriques, 2020). In addition, stress-related growth has been found to increase personal resources and positive states of mind, while growth related to adversity was related to a better mental wellbeing (Durkin & Joseph, 2009).

In sexual minority individuals, the coming out process is generally considered a stressful event with negative mental health outcomes, whereas other individuals might perceive the coming out experience as a positive one (Cox et al., 2010). Stressful experiences might be considered a learning experience, with positive outcomes assisting growth towards a stressful experience (Bonet et al., 2007). In fact, stress related growth as a concept is exactly that: how an individual can experience growth following a stressful situation (Vaughan & Waehler, 2010). Health-related studies have mostly contributed to the development of the concept for traumas, such as surviving natural disasters (Kraemer et al., 2009), experiencing war (Vaughan & Waehler, 2010), chronic

diseases like cancer (Mystakidou et al., 2008), HIV (Kraaij et al., 2008) or sclerosis (Cox et al., 2010).

Only in the past decade has research on SRG has started to acknowledge that chronic stress associated with belonging in a specific social minority group might be an experience for growth (Cox et al., 2010). Vaughn and colleagues utilized the SRG concept on a sample of ethnic minority adolescents and found personal growth factors, such as social, religious, and cognitive growth in those minorities. Another study conducted by Vaughan and colleague Waehler in 2009 studied stress-related growth with sexual minorities and their experience of coming out (Vaughan & Waehler, 2010). The results of the research study indicated that coming out growth was significant overall in both men and women, assisting in concrete evidence in understanding the importance of coming out and living an authentic self (Cox et al., 2010). A study conducted in 2019 found that there is a significant connection between discrimination and stress-related growth, in essence as minority stress increases, stress-related growth also increases (Michaels et al., 2019). Moreover, research has indicated that there is a clear link between facing stressful experiences and growth (Abraham & Stein, 2015; Bjorck & Byron, 2014). In addition, stress-related growth for sexual minority individuals may occur in the form of enhanced personal resources, enhanced social resources and new or improved coping skills (Michaels et al., 2019). Although not directly mentioned, social resources are also part of community resilience. In this case, this study could possibly indicate a potential relationship mediated by SRG between minority stress and community resilience.

With all of this in mind, it became important for the researcher of this study to understand whether:

H3: Stress-related growth mediates the relationship between community resilience and minority stress.

Chapter 3: Research Design and Methodology

3.1 Participants

The sample of the current study was (N = 146), and all completed the actual survey. The developed questionnaire was advertised to the author's own network through social media and resource groups focusing on sexual minorities. Two surveys were excluded because the "I consent" button was not filled. An additional 58 surveys were incomplete or missing date and were removed from the sample. The total amount of responses for the analyses was 88 participants. Participants must have been 18 years of age or older and identify as a member of the LGBTQ+ community. All participants in this study were anonymous and participation was voluntary.

The participants consisted of 33 cis-males (37.5%), 38 cis-females (43.2%), 9 non-binary (10.2%), and 2 participants identified as trans males (see Table 1). As it was crucial for the current study, the participants were asked to specify their sexual orientation. Ten percent of participants identified as Lesbian, thirty-one percent as Gay, thirty-two percent as Bisexual, eleven percent as Queer, nine percent as Pansexual, two percent as Asexual, one percent as Pancurious, and one percent identified as Bisexual and Aromantic (see Table 2). Seventy-five percent of the participants were ages 18-24, twenty-four percent were 25-34, and one percent was 35-44 years old (see Table 3).

Thirty-five percent of the participants have a High-school Diploma, twenty-three percent have a Bachelor's Degree, nineteen percent have a Master's Degree, and seventeen percent have a College or Associate/trade Degree (see Table 4). Eighty-three percent of the participants were from Greece, while seventeen percent from other countries. The highest percentage of other countries were from

the USA with eight percent, two percent from Albania and two percent from Cyprus (see Table 5). Greece was a country of residence for eighty-four percent of the participants, followed by the USA with eight percent, and three percent of participants were residing on the time of completion in Germany (see Table 6). Finally, sixty-five percent of participants did not identify with a disability or impairment, twenty-one identified with a mental disorder, and finally fourteen percent with a learning disability (see Table 7).

3.2 Procedure

Participants were approached either from the author's social media platforms or through sexual minority resource groups that were contacted by the author. Participants were asked to follow a link. Once opened, a consent form that described the process was provided, indicating the purpose of the study, as well as the benefits and the possible risks. After receiving consent, participants started to fill out some demographics, followed by 79 short multiple-choice questions. Participants that did not identify as part of the LGBTQ+ community or were below the age of 18 could not partake in the study.

3.3 Measures

Participants were given the questionnaire that began with an informed consent form (Appendix A). This form explained to the participants the process and role they would entail. Upon completion of the consent form, participants were asked some demographic questions regarding their age, sexual orientation, gender, educational level, disability status, country or origin and country of residence (Appendix B). After successfully completing the demographics, participants

began the first out of four questionnaires. The first scale utilized was *The LGBTQ Minority Stress Measure* (Outland, 2016) with 50 items. The author of this study decided to utilize the short version that is published, in order to make the questionnaire more time efficient for the participants. The short-version featured 25 items, rated on a 5-point Likert scale ranging from 1(Never Happens) to 5 (Happens All The Time) (Appendix C). The reliability scoring from Cronbach's alpha is $\alpha = 0.91$. The second scale utilized by the authors is *The Transcultural Community Resilience Scale* (Cénat el atl., 2021) which contains 29 items rated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree) (Appendix D). The scale has also been adapted in relation to this study. To further explain, item 9 ("My cultural traditions and spiritual and/or religious and/or my values help me cope with difficulties") and item 17 ("I trust the health care staff in my area to provide me with adequate care") were excluded as the author did not believe they would fit the goal of the study. The reliability scoring from Cronbach's alpha is $\alpha = 0.96$. To measure social support, the *Multidimensional Scale of Perceived Social Support (*MSPSS*;* Zimet et al., 1988) was utilized. The scale contains 12 questions measured on a 7-point Likert scale ranging from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree) (Appendix E). The reliability scoring for Cronbach's alpha $\alpha = 0.88$. The final scale used in the questionnaire was the *Revised Stress-Related Growth Scale* (SRGS-R; Boals & Schuler, 2018). The measurement contains 15 questions measured on a 7-point Likert scale ranging from 1 (A Very Negative Change) to 7 (A Very Positive Change) (Appendix F). The reliability scoring for Cronbach's alpha $\alpha = 0.93$.

Chapter 4: Results

The total number of participants that completed the survey was 146, yet 58 of them were excluded, since they did not complete the whole questionnaire. In total eighty-eight (88) participants were measured. All analyses were performed using *IBM SPSS Statistics for Mac, Version 27.0.*

4.1 Factor Analysis

For the initial part of the analysis, an exploratory factor analysis (EFA) was utilized to find factor loadings. The EFA was performed on the 88 participants that fully completed the survey. For the Minority Stress Scale, all 25 items were analyzed. A Factor loading above .50 was considered acceptable for the scale. Out of the 25 items, 22 items were above the acceptable loading factor. From the 22 items, 7 items were excluded, since they were a part of other components (see Table 8). The KMO scored a value of 0.77, indicating a good sampling. For the Transcultural Community Resilience Scale, the same loading factor of above .50 was taken into consideration. From the 27 items, 21 items scored a higher than 0.5 factor loading. From those 21, 17 items were a part of the first factor load and 4 items part of a second factor, creating two subscales, Community Resilience 1 and Community Resilience 2 (see Table 9). The KMO measure of sampling scored a 0.8, indicating a very good sampling adequacy for both subscales. The third scale that was analyzed was the Multidimensional Perceived Social Support Scale that had all items above a 0.5 factor load in one factor. This meant that the whole scale was utilized for the analysis (see Table 10). The KMO scored a value of 0.8, indicating a very good sampling. The final scale, the Revised Stress-Related Growth Scale had a factor load on all items above 0.5, yet two items were excluded, since

they were in different components (see Table 11). The KMO score of this scale is 0.88, indicating a very good sampling adequacy.

4.2 Descriptive Statistics

An analysis of descriptive statistics was used to understand the means and standard deviations between variables. The average score of the LGBTQ Minority Stress Measure was (M= 1.98), with a standard deviation of (SD= 0.646) (see Table 12). The average score of the Community Resilience 1 subscale was (M=3.43), with a standard deviation of (SD= 0.647) (see Table 12). The average score of the Community Resilience 2 subscale was (M= 3.26), with a standard deviation of (SD= 0.90) (see Table 12). The average score of the Multidimensional Perceived Social Support Scale was (M=5.75), with a standard deviation of (SD=0.86) (see Table 12). Finally, the average score of the Revised Stress-Related Growth Scale was (M=5.40), with a standard deviation of (SD= 0.91) (see Table 12). A Pearson's Correlation Matrix was also used to find the correlations between each variable, which will be reported below.

4.3 Scale Reliability

To test the reliability of each scale, a reliability analysis was performed. All four questionnaires were analyzed. The 15-item LGBTQ Minority Stress Measure Scale has a Cronbach's alpha score of α= 0.87 (see Table 13). The Transcultural Community Resilience scale tested two factors and was analyzed as Community Resilience 1 and Community Resilience 2. The Community Resilience 1 scale with 17 items has a Cronbach's alpha score of α= 0.93 (see Table 14). The Community Resilience 2 scale with 4 items has a Cronbach's score of α= 0.85 (see Table 15). The

12-item Multidimensional Scale of Perceived Social Support Scale scored a Cronbach's alpha of α= 0.87 (see Table 16). Finally, the Revised Stress-Related Growth Scale with 13 items has a Cronbach's alpha score of α= 0.91 (see Table 17). The aforementioned analyses indicated that the scales of Community Resilience 1 and Revised Stress-Related Growth scored "excellent". The LGBTQ+ Minority Stress, Community Resilience 2 and Perceived Social Support scored "good" in terms of internal consistency (Raubenheimer, 2004).

4.4 Correlations

From a correlation analysis, it was examined that Minority Stress and Community Resilience 1 had a significant correlation at the .01 level with r(86) = .275, p= .010 (see Table 18). The Community Resilience 2 factor and Minority Stress showcase a negative correlation, yet it is not significant enough r(86) = -.165, p= .12 (see Table 18). Minority Stress and Social Support was significantly negatively correlated at the 0.05 level with r(86) = -.266, p= .12 (see Table 18). Community Resilience 1 and Stress-Related Growth are significantly correlated at the 0.01 level with r(86) = .313, p= .003 (see Table 18). Community Resilience 2 and Social Support are highly significantly correlated with r(86) = .379, p= .000 (see Table 18). Finally, the correlation analysis conducted showcased that Social Support and Stress-Related Growth are correlated at the 0.05 level with r(86) = .210, p= 0.05 (see Table 18).

4.5 One-Way ANOVA

A one-way ANOVA was run to examine any significant differences in mean scores between the four scales and all demographics scores (age, gender, education level, disability status, country of

origin and country of residence). The One-Way ANOVA found a significant difference (F (4, 80) = 5.05, p = .001), in mean score that observed Gender orientation (Cis Female, Cis Male, Non-Binary, Trans Male, Trans Female and Minority Stress (see Table 19). Post hoc analyses using the Tukey post hoc criterion for significance indicated that non-binary individuals experienced a significant level (p= .005) of minority stress (M= 2.68, SD= 0.66), in relation to cis females (M=1.91, SD= 0.67) (see Table 20). Using the Tukey post hoc significance criterion indicated a high significance level (p= .001) of minority stress between non-binary individuals (M=2.68, SD= 0.66) and people that self-described their gender orientation (M= 1.28, SD= 0.19) (see Table 20).

4.6 Regression Analysis

A regression analysis was conducted by the author to assess the relationship of minority stress and all the antecedents together. The results of the linear regression showed a significant relationship between minority stress and the four factors analyzed (CR1, CR2, SS, & SRG) $R^2 = .19$, F (4, 83) = 4.98, p < .001 (see Table 21). The most significant factors on Minority Stress are Community Resilience 1 with p= .001, indicating a highly significant relationship. Additionally, Minority Stress and Social Support indicated a significant relationship with p= .008 (see Table 22).

4.7 Mediation Analysis

To test Hypothesis 2, which postulates that Social Support will mediate the relationship between Minority Stress and Community Resilience, a Mediation Analysis was run using PROCESS Macro v4.2, which was developed by Andrew Hayes Model 4 (Hayes & Little, 2018). A bootstrapping resampling procedure (5,000 samples) has been used to test the proposed hypothesis. The results (DE= .34, SE=.10, 95% CI= [.14, .54]) for the first factor of Community Resilience and (DE= -

.05, SE= .08, 95% CI= [-.21, .10]) indicated significant mediation of Social Support from the first factor of Community Resilience, and a non-significant mediation of Social Support from the second factor of Community Resilience (see Table 23 and Table 24). Based on the mediation analyses, social support mediates the relationship between Community Resilience 1 and Minority Stress yet does not mediate the relationship between Community Resilience 2 and Minority Stress.

To test Hypothesis 3, which postulates that Stress-Related Growth will mediate the relationship between Minority Stress and Community Resilience, a Mediation Analysis was run using PROCESS Macro v4.2 developed as aforementioned by Andrew Hayes Model 4 (Hayes & Little, 2018). A bootstrapping resampling procedure (5,000 samples) has been used to test the hypothesis. The results (DE= .30, SE= .11, 95% CI= [.08, .52]) for the first factor of Community Resilience and (DE= -.11, SE= .07, 95% CI= [-.27, .03]) indicate a significant mediation of Stress-Related Growth for the first factor of Community Resilience, and a non-significant mediation of Stress-Related Growth from the second factor of Community Resilience (see Table 25 and Table 26). Based on the mediation analyses, Stress-Related Growth mediates the relationship between Community Resilience 1 and Minority Stress, yet does not mediate the relationship between Community Resilience 2 and Minority Stress.

Chapter 5: Discussion

The purpose of the study was to understand the relationship between minority stress and community resilience. Added, the author wanted to discover if social support and stress-related growth could mediate the relationship between minority stress and community resilience. To the authors knowledge, this study is unique, since there has not been a study that has examined the relationship of the above variables. In addition, the exploration of LGBTQ+ individuals experience related to their minority stress and daily experiences could provide assistance in the creation of possible interventions and practices that could be implemented in the future. Based on the data analysis conducted in the previous section, we can elaborate on some of the results. The first Hypothesis (H1) stated that there is a relationship between minority stress and community resilience. That being said, this hypothesis seems to be inconclusive by the data. Minority stress and the first factor of community resilience were significantly correlated, yet the same cannot be said for the second factor. Indicating a negative correlation that is not significant enough to consider. This indicates that there is indeed a relationship between the two variables, yet the relationship is positively correlated, which from a theoretical standpoint, cannot be interpreted. In this stage of the study, the researcher cannot add any further explanation, however these findings could be considered food for thought for future researchers, in order to try and better understand the notion of minority stress and how it is affected by community resilience. Results conducted from a 2015 survey from Testa and colleagues found that supported and resilient transgender and gender-nonconforming people experienced less minority stress in their daily lives (Testa et al., 2015). These findings prompted Testa and colleagues to create the Gender Minority Stress and Resilience measure (GMSR) (Testa et al., 2015). Previous research has identified various resources that comprise community resilience within the LGBTQ+ community; for instance, connection and

belonging (Morris et al., 2015), and participating in LGBTQ+ social movements to name a couple (Parmenter & Galliher, 2023). Community resilience may assist in minimizing minority stress processes and contribute to the development of a positive LGBTQ+ identity (Testa et al., 2015). Indeed, the LGBTQ+ community can provide community resilience resources that mitigate minority stress and reduce risk of anxiety, stress, and depression (Morris et al., 2015).

Supported in a study conducted in 2017, Bränström indicated that a lack of a healthy social support system increases the experience of minority stress, depression, anxiety, and suicidal thoughts (Bränström, 2017). These findings add to the results of the current research, that the absence of social support increases the likelihood of sexual and gender minority individuals experiencing minority stress. Another study conducted by Jorm and colleagues found that a lack of social support might lead to negative implications of minority stress (Jorm et al., 2002). Furthermore, the author expected that social support had a mediating effect on the relationship of minority stress and community resilience (H2). Based on the mediation analysis conducted, the researcher reached the conclusion that this hypothesis is partially significant, since there was a significant correlation between the Community Resilience 2 factor and Social Support, yet the same cannot be said about the first factor. Studies on social support have also indicated that the greater support experienced the less stress and more resilient people feel (Ryan et al., 2010; Puckett et al., 2019). In addition, findings have demonstrated that sexual and gender minorities seek out connections with other LGBTQ+ community members to cope with experiences of rejection and discrimination (Abreu et al., 2021).

The final Hypothesis (H3) postulates that stress-related growth will mediate the relationship between minority stress and community resilience. Based on the data analysis conducted, the author reached the conclusion that the third hypothesis is partially significant. The first factor of community resilience and stress-related growth is significantly correlated, yet the same cannot be said for the second community resilience factor. These results coincide with previous research that provided additional evidence that there is a positive relationship between minority stress and stress-related growth (Michaels et al., 2019). In addition, Murray and Zautra expressed the importance of growth as a crucial factor in community resilience, characterizing stress-related growth as a necessity for community resilience (Murray & Zautra, 2011). In addition, stress-related growth for sexual minority individuals may occur in the form of enhanced social resources and new or improved coping skills (Michaels et al., 2019). Although not directly mentioned, social resources are also part of community resilience.

Another finding worth mentioning is the mean of each gender identity examined. Through a Post-Hoc analysis of the data, the study found that from all gender identities, nonbinary individuals had a significant level of minority stress in comparison to other gender identity groups. In addition, the gender identity group that experiences the less amount of minority stress were individuals that prefer to self-describe their identity. Moreover, it should be noted that people identifying as cis females and cis males had no significant difference in how they experience minority stress.

5.1 Theoretical Implementations

The present study has made several theoretical contributions. First of all, this study responds to a a greater need of further empirical research in order to comprehend the mechanisms through which

minority stress is experienced. A narrow number of studies have examined its relationship with community resilience (McConnell et al.,2018). Given the relative scarcity of empirical research, the current study tries to address this gap by investigating the relationship between minority stress and community resilience, as well as potential mediators that can explain and provide a clearer understanding on minority stress.

Additionally, the present study is unique because it combines features of a social psychological perspective and of resilience, two aspects that have just been recently amalgamated (McConnell et al., 2018). Initially, the present study demonstrated the concept of stress and how the minority stress model has come to be (Meyer, 2003). Through an extensive literature review, it was understood that the minority stress model could be related with the notion of community resilience. This study provided a compelling argument that community resilience does not necessarily provide individuals with the necessary toolkit to become resilient towards their minority stress.

In addition, the study showcased the importance of social support in minimizing the effects of minority stress. A study conducted in 2002 found that minority stress was higher when people lacked social support systems (Jorm et al., 2002). These findings add to the results of the current research and provide further support that the absence of social support increases the likelihood of LGBTQ+ people to experience minority stress. In relation to the mediating role of social support on the relationship between minority stress and community resilience, this study provides indications that social support could influence their relationship which agrees with previous research. Social support from teachers, family and friends has been found to enact positive outcomes when faced with adversity in LGBTQ+ people (Puckett et al., 2019). A study conducted

in 2015 showcased that local social movements and organizations provided relief mechanisms, while prioritizing well-being and resilience, when faced with minority stress (Jones et al., 2015).

At least to the author's knowledge, only one study has researched stress-related growth and the mediating relationship it has on minority stress and community resilience. Specifically, this study found that there is a positive relationship between minority stress and stress-related growth (Michaels et al., 2019). Additionally, Murray and Zautra expressed the importance of growth as a crucial factor in community resilience, characterizing stress-related growth as a necessity for community resilience (Murray & Zautra, 2011). These findings coincide with the results of the current study, yet more research is crucial in these stages of discovery regarding this mediating relationship.

Furthermore, research regarding gender studies could be enriched from the current paper. The results indicated the level of which individuals experience minority stress and pinpointed that non-binary individuals experience the most minority stress out of all gender identities tested. Research in this field has been scarce and these findings could assist future theories. A study conducted in 2021 found that transgender individuals experienced higher amounts of minority stress in comparison to non-binary individuals (Poquiz et al., 2021). These findings do not coincide with the findings of the present study, yet provide an interesting viewpoint and conversation for further exploration.

5.2 Practical Implementations

The current study has significant practical implications for the community and individuals alike. As demonstrated by the present research, social support could assist in shaping the experience of LGBTQ+ individuals, in terms of how much minority stress they experience. For example, mental health professionals and psychologists could utilize this knowledge by assisting gender and sexual minority individuals to find a support system, in order to make them feel included and supported. Social support can be fostered by individuals in an array of ways. As seen in Yasin and Dzulkifli in a study conducted in 2010, on an individual level, social support constitutes active listening, validating, praising, and assisting others (Yasin and Dzulkifli, 2010). All of these aspects could provide less minority stress experienced by LGBTQ+ individuals.

Organizations could also investigate these findings and provide resilience to their sexual and gender minority employees. Specifically, organizations could provide employees of all sexual and gender identities "dealing with stress", workshops. Trainings regarding resilience could be arranged on how it can improve one's life, as well as strengthen the role that community plays inside our own individual resilience (Hillmann & Guenther, 2021). Additionally, diversity trainings and workshops regarding sexual and gender minorities might assist in lowering discrimination instances, as well as biases towards LGBTQ+ individuals (Podsiadlowski et al., 2013). Lastly, organizations can host events that could act as networking events for all employees. This might result in creating a greater sense of community and boost sexual and gender minority individuals to feel more resilient in their work environment. Government funded programs, that target minority stress, could be presented in community centers. These programs, besides providing fundamental knowledge on stress, minority stress, and community resilience, could invite conversation for

further exploration. It would be recommended that such programs are accompanied by a therapist that has previous experience on diversity and inclusion matters. These projects and programs could be in accordance with a non-profit organization or LGBTQ+ community centers that specialize in promoting LGBTQ+ rights.

Furthermore, LGBTQ+ community centers and non-profit organizations can gain insight on the experiences of non-binary individuals, as they experience more minority stress than other sexual and gender minority groups. This information can be utilized in workshops and trainings, assisting in more inclusive use of spoken and written language, appropriate use of pronouns and proper integration of non-binary individuals inside the community and society (Wilson & Meyer, 2021). Following the non-profit organizations, these workshops and trainings could be implemented in a larger scale from other social institutions. Organizations could also utilize these results, as non-binary people represent 1.2 million people of the general population in the US. It is crucial for organizations to start adapting a more inclusive writing and speaking system, eliminating gendered bathrooms, inclusive dress codes and providing no tolerance policies (Wilson & Meyer, 2021).

5.3 Limitations & Future Recommendations

The current study poses some limitations that should be mentioned. Firstly, although the study provides a satisfactory number of participants, it would have been of greater significance if more participants had partaken the survey. Additionally, the study examined the hypotheses utilizing surveys. Through this, the study tried to offer a more accurate and reliable result, while also making it fast and concise for the participants (Meyer & Shanahan, 2005). Despite that, it is important to understand in depth experiences and circumstances that might constitute the notion of minority

stress. Future studies could utilize these findings and conduct interviews to better grasp unique experiences. This will provide a deeper insight, as well as more detailed and observable results (Meyer & Shanahan, 2005). Another major limitation of the study is its cross-sectional nature, and due to the limited timeframe and deadline there was, the author could not provide more longitudinal data that could produce more concrete results. Due to the aforementioned, future researchers could produce a longitudinal study to better understand the relationships tested. Moreover, the participants' average age was relatively young, which could be considered important to better understand how young adults experience minority stress, community resilience, social support and stress-related growth, yet it limited older individuals from expressing their viewpoint, not representing an important percentage of the general population. It would be ideal if future studies would represent an older demographic as well, since this could alter the results of this study.

Furthermore, self-reported data was utilized, which could be considered limiting for participants to voice their responses through items. This could create biases, especially with individuals that might have been confused about a term or not understand what a particular concept might mean.

Although providing a compelling argument that goes against conventional wisdom, research studies that have examined minority stress and community resilience seem to disagree with the results of this current study. Future studies could try and understand the reasoning behind this paradox. This is an opportunity for researchers to rethink and possibly reimagine the minority stress model, as well as the community resilience framework. Furthermore, research regarding non-binary individuals has been scarce and is a subject that needs further investigation.

Researchers in the future could siege this opportunity to add on to existing research and provide valuable data on a gender minority group that has been understudied (Wilson & Meyer, 2021). Cultural aspects should be also taken into consideration when interpreting the contributions of this study. This study is consisted of mostly Greek nationals and, although these results are important for Greece, they should be taken upon greater consideration if applied to other nations across the world. Future studies could implement this study in other parts of the world, in order to see possible cultural differences.

Chapter 6: Conclusion

Following the DSM's removal of homosexuality as a mental disorder, the field of psychology has tried to examine the unique experiences of sexual and gender minority individuals. Today, due to multiple factors, LGBTQ+ individuals still experience stigmatization and discrimination due to their identity. These experiences have consequently guided minority individuals to encounter minority stress. The aim of this study was to comprehend the complex notion of minority stress, as well as its relationship with community resilience. As indicated by multiple studies, community resilience seems to minimize the effects of minority stress. The author of this research study wanted to further explore two mediating roles in this relationship, those of social support and stress-related growth.

Through a survey conducted by 88 participants, it was found that community resilience and minority stress have a complex relationship that needs to be further examined. In terms of social support, the study found that it has a partial significance in the relationship of minority stress and community resilience. Additionally, stress-related growth has also a partial significant role in the relationship between minority stress and community resilience. Through these results, the study proposed a closer look into the notion of minority stress and its relationship to community resilience and highlighted the importance of social support on sexual and gender minority individuals experiencing minority stress. Moreover, it pinpointed the need for future research in stress-related growth and its role between minority stress and community resilience. Finally, the research underlined the unique stressors faced by non-binary people. Evidently, sexual and gender minority individuals still puzzle researchers in how their unique experiences are shaped and altered

by minority stress and future researchers should continue to pioneer and provide compelling arguments, in order to assist in a minority-stress free future.

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Tables

Table 1. Gender Identity of Participants

How do you describe yourself? - Selected Choice

	N	%
Cis Female	38	43.2%
Cis Male	33	37.5%
Non-binary	9	10.2%
Trans Male	2	2.3%
Prefer to self-describe	4	4.5%
Prefer not to say	1	1.1%
Missin... System	1	1.1%
Total	88	100%

Table 2. Sexual Identity of Participants

What is your sexual orientation? - Selected Choice	N	%
Asexual	2	2.3%
Bisexual	28	31.8%
Gay / Homosexual	27	30.7%
Heterosexual	1	1.1%
Lesbian	9	10.2%
Queer	10	11.4%
None of the above, please specify	3	3.4%
Pansexual	8	9.1%

Table 3. Age Group of Participants

How old are you?

	N	%
18-24 years ...	66	75.0%
25-34 years ...	21	23.9%
35-44 years ...	1	1.1%

Table 4. Educational Level of Participants

What is the highest level of education you have attained? Please choose only one of the following: - Selected Choice

	N	%
High school diploma	31	35.2%
College or associate/trade degree	17	19.3%
Bachelor's degree	20	22.7%
Master's degree or higher	19	21.6%
Other (please specify)	1	1.1%

Table 5. Country of Origin

What is your country of origin? - Other (Please specify) - Text	N	%
	73	83.0%
Albania	2	2.3%
Australia/ Greece	1	1.1%
Cyprus	2	2.3%
France	1	1.1%
New York	1	1.1%
Spain	1	1.1%
united states	1	1.1%
United States	2	2.3%
United States of ...	2	2.3%
USA	2	2.3%

Table 6. Country of Residence

What is your country of residence? - Other (Please describe) - Text

	N	%
	74	84.1%
Belgium	1	1.1%
Cyprus	1	1.1%
Germany	3	3.4%
Netherlands	1	1.1%
The Netherlands	1	1.1%
united states	1	1.1%
United States	3	3.4%
United States of ...	1	1.1%
USA	2	2.3%

Table 7. Disability/Ability Status of Participants

How would you describe your disability/ability status?

	N	%
A learning disability (e.g. ADHD, dyslexia)	12	13.6%
A mental health disorder	18	20.5%
I do not identify with a disability or impairment	57	64.8%
Missin... System	1	1.1%
Total	88	100%

Table 8. Factor Analysis of the LGBTQ Minority Stress Measure

Component Matrix[a]

	Component						
	1	2	3	4	5	6	7
1. I avoid telling people about certain things in my life that might imply I am LGBT.		-.509					
2. I avoid talking about my romantic life because I do not want others to know I am LGBT.	.628						
3. I do not bring a date to social events because I do not want others to know I am LGBT.	.569						
4. I limit what I share on social media, or who can see it, because I do not want others to know I am LGBT.							
5. I am expected to educate non-LGBT people about LGBT issues.						.605	
6. People have re-labeled my identity, or referred to me by a name/pronouns that are different than how I identify myself.	.522						.651
7. When in an organization or activity that is sorted by gender, I feel out of place because I am LGBT.	.535						

8. I have been accused of being too defensive or politically correct when talking about LGBT issues with someone who is not LGBT.	.599	
9. When I meet someone new, I worry that they secretly do not like me because I am LGBT.	.645	
10. I brace myself to be treated disrespectfully because I am LGBT.	.773	
11. I expect that others will not accept me because I am LGBT.	.722	
12. I worry about what will happen if people find out I am LGBT.	.558	-.583
13. I have been excluded from an organization (e.g. a religious group, sports team, etc.) because I am LGBT.)	.647	
14. I have been pressured to receive unnecessary services or been denied service, by a healthcare professional because I am LGBT.	.525	
15. I have received poor service at a business because I am LGBT.	.513	.510

16. I have been treated unfairly by supervisors or teachers because I am LGBT.	.576			
17. If I was offered the chance to be someone who is not LGBT, I would accept the opportunity.		-.526	.556	
18. I wish I was not LGBT.		-.571	.536	
19. I envy people who are not LGBT.			.600	
20. I have been verbally harassed or called names because I am LGBT.	.597			
21. Others have treated to harm me because I am LGBT.	.543			
22. I have been bullied by others because I am LGBT.				
23. I feel that I could find information and pamphlets on LGBT issues.				.652
24. I feel that I could find professional services for LGBT issues if I needed to.				.683
25. I feel that I could find a public space that is supportive of LGBT activities.				.578

Extraction Method: Principal Component Analysis.
a. 7 components extracted.

Table 9. Factor Analysis of the Transcultural Community Resilience Scale

Component Matrix[a]

	Component					
	1	2	3	4	5	6
1. If anything was to happen to me, I know I could count on my community.	.724					
2. In the event of an extreme situation (natural disaster, war, etc.), I know that I can count on my community to face the event and move forward.						
3. When I go through hard times, there are people in my community I can talk with.	.652					
4. The relationships I maintain in my community help me cope with problems that happen to me or that may happen.			.527			
5. One of my strengths in the face of adversity is knowing that I can count on one or many people from my community.	.733					
6. The members of my community know they can count on me when problems arise.						

7. I am willing to help the members of my community who face difficulties.				
8. I get involved in my community's activities.				.647
9. My community's activities help me create bonds with people.	.695			
10. My community helps me adapt in the event of changes or difficulties.	.701			
11. Being able to count on my community in the event of difficulties is very reassuring to me.	.807			
12. In my community, we always find a way to laugh and distract ourselves, even in difficult times.	.775			
13. In my community, there is at least one person who can help me find concrete solutions when I face difficulties.	.560			
14. When I go through difficult times, there are institutions in my community and/or my city that can help me.				
15. If I were sick, I know that I could turn to the health care institutions in my area to have the care necessary.		.817		

16. I trust the health care staff in my area to provide me with adequate care.		.860		
17. I have trust in the social services of my community.		.791		
18. I have enough information to know which institutions to turn to in the event of difficulties.		.687		
19. In my community, there are important traditions of mutual support.	.703			
20. My community makes efforts to integrate all its members and make them stronger.	.646			
21. My community enables its different members to build strong bonds.	.708			
22. Mutual support is one of the values in my community.	.686			
23. In my community, sharing is a very important value.	.683			
24. I feel proud to be a member of my community.	.571		-.626	
25. I share the values of my community.	.597			
26. Participating in my community's activities is important to me.	.630			

27. I am attached to my community and to its values.	.630

Extraction Method: Principal Component Analysis.
a. 6 components extracted.

Table 10. Factor Analysis of the Multidimensional Perceived Social Support Scale

Component Matrix[a]

	Component		
	1	2	3
1. There is a special person who is around when I am in need.	.751		
2. There is a special person with whom I can share joys and sorrows.	.804		
3. My family really tries to help me.	.587	.710	
4. I get the emotional help & support I need from my family.	.664	.682	
5. I have a special person who is a real source of comfort to me.	.790		
6. My friends really try to help me.	.665		.543
7. I can count on my friends when things go wrong.	.625		
8. I can talk about my problems with my family.	.643	.648	
9. I have friends with whom I can share joys and sorrows.	.681		
10. There is a special person in my life who cares about my feelings.	.685		
11. My family is willing to help me make decisions.	.566	.723	
12. I can talk about my problems with my friends.	.674		

Extraction Method: Principal Component Analysis.

a. 3 components extracted.

Table 11. Factor Analysis of the Revised Stress-Related Growth Scale

Component Matrix[a]

	Component			
	1	2	3	4
1. I experienced a change in how I treat others.				.521
2. I experienced a chang	.733			
3. I experienced a change in my belief that I have something of value to teach others about life.	.751			
4. I experienced a change in the extent to which I can be myself and not try to be what others want me to be.	.645	.539		
5. I experienced a change in the extent to which I work through problems and not just give up.	.698			
6. I experienced a chang	.758			
7. I experienced change	.708			
8. I experienced a change in the extent to which I am a confident person.	.723			
9. I experienced a change in the extent to which I listen when others talk to me.	.696			
10. I experienced a chan	.716			
11. I experienced a chan	.739			
12. I experienced a change in my desire to have some impact on the world.	.684			
13. I experienced a change in my belief that it's OK to ask others for help.	.574			
14. I experienced a change in the extent to which I stand up for my personal rights.	.636		.515	
15. I experienced a change in my belief about how many people care about me.				.602

Extraction Method: Principal Component Analysis.

a. 4 components extracted.

Table 12. Means and Standard Deviations of the Scales

Descriptive Statistics

	Mean	Std. Deviation	N
MS	1.9811	.64691	88
CR1	3.4299	.64740	88
CR2	3.2642	.90604	88
SS	5.7576	.86341	88
SRG	5.4073	.90980	88

Table 13. Reliability Analysis of the LGBT Minority Stress Measure

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.872	.881	15

Table 14. Reliability Analysis of the Transcultural Community Resilience 1 Scale

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.927	.928	17

Table 15. Reliability Analysis of the Transcultural Community Resilience 2 Scale

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.850	.852	4

Table 16. Reliability Analysis of the Multidimensional Perceived Social Support Scale

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.870	.894	12

Table 17. Reliability Analysis of the Revised Stress-Related Growth Scale

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.912	.913	13

Table 18. Correlation Analysis Between Scales

Correlations

		MS	CR1	CR2	SS	SRG
MS	Pearson Correlation	1	.275**	-.165	-.266*	.004
	Sig. (2-tailed)		.010	.124	.012	.970
	N	88	88	88	88	88
CR1	Pearson Correlation	.275**	1	.121	.208	.313**
	Sig. (2-tailed)	.010		.262	.051	.003
	N	88	88	88	88	88
CR2	Pearson Correlation	-.165	.121	1	.379**	.032
	Sig. (2-tailed)	.124	.262		.000	.767
	N	88	88	88	88	88
SS	Pearson Correlation	-.266*	.208	.379**	1	.210*
	Sig. (2-tailed)	.012	.051	.000		.050
	N	88	88	88	88	88
SRG	Pearson Correlation	.004	.313**	.032	.210*	1
	Sig. (2-tailed)	.970	.003	.767	.050	
	N	88	88	88	88	88

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 19. One-Way ANOVA

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
MS	Between Groups	6.953	4	1.738	5.052	.001
	Within Groups	27.524	80	.344		
	Total	34.477	84			
CR1	Between Groups	6.357	4	1.589	4.382	.003
	Within Groups	29.014	80	.363		
	Total	35.372	84			
CR2	Between Groups	6.394	4	1.598	1.993	.103
	Within Groups	64.162	80	.802		
	Total	70.556	84			

Table 20. Post-Hoc Analysis

Multiple Comparisons

Tukey HSD

Dependent Variable	(I) How do you describe yourself? - Selected Choice	(J) How do you describe yourself? - Selected Choice	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
MS	Cis Female	Cis Male	-.03331	.14044	.999	-.4253	.3587
		Non-binary	-.78078*	.21801	.005	-1.3892	-.1723
		Trans Male	-.42523	.42582	.855	-1.6137	.7632
		Prefer to self-describe	.62477	.30873	.264	-.2369	1.4864
	Cis Male	Cis Female	.03331	.14044	.999	-.3587	.4253
		Non-binary	-.74747*	.22058	.009	-1.3631	-.1319
		Trans Male	-.39192	.42714	.889	-1.5841	.8002
		Prefer to self-describe	.65808	.31055	.222	-.2086	1.5248
	Non-binary	Cis Female	.78078*	.21801	.005	.1723	1.3892
		Cis Male	.74747*	.22058	.009	.1319	1.3631
		Trans Male	.35556	.45854	.937	-.9242	1.6353
		Prefer to self-describe	1.40556*	.35248	.001	.4218	2.3893
	Trans Male	Cis Female	.42523	.42582	.855	-.7632	1.6137
		Cis Male	.39192	.42714	.889	-.8002	1.5841
		Non-binary	-.35556	.45854	.937	-1.6353	.9242
		Prefer to self-describe	1.05000	.50798	.245	-.3677	2.4677
	Prefer to self-describe	Cis Female	-.62477	.30873	.264	-1.4864	.2369
		Cis Male	-.65808	.31055	.222	-1.5248	.2086
		Non-binary	-1.40556*	.35248	.001	-2.3893	-.4218
		Trans Male	-1.05000	.50798	.245	-2.4677	.3677
CR1	Cis Female	Cis Male	.02303	.14420	1.000	-.3794	.4255
		Non-binary	-.61850	.22383	.054	-1.2432	.0062
		Trans Male	.01590	.43720	1.000	-1.2043	1.2361
		Prefer to self-describe	.85413	.31697	.064	-.0305	1.7388
	Cis Male	Cis Female	-.02303	.14420	1.000	-.4255	.3794
		Non-binary	-.64153*	.22647	.045	-1.2736	-.0095
		Trans Male	-.00713	.43855	1.000	-1.2311	1.2169
		Prefer to self-describe	.83111	.31884	.079	-.0588	1.7210
	Non-binary	Cis Female	.61850	.22383	.054	-.0062	1.2432
		Cis Male	.64153*	.22647	.045	.0095	1.2736
		Trans Male	.63440	.47078	.663	-.6795	1.9483
		Prefer to self-describe	1.47263*	.36189	.001	.4626	2.4827
	Trans Male	Cis Female	-.01590	.43720	1.000	-1.2361	1.2043
		Cis Male	.00713	.43855	1.000	-1.2169	1.2311
		Non-binary	-.63440	.47078	.663	-1.9483	.6795
		Prefer to self-describe	.83824	.52155	.497	-.6174	2.2939
	Prefer to self-describe	Cis Female	-.85413	.31697	.064	-1.7388	.0305
		Cis Male	-.83111	.31884	.079	-1.7210	.0588
		Non-binary	-1.47263*	.36189	.001	-2.4827	-.4626
		Trans Male	-.83824	.52155	.497	-2.2939	.6174
CR2	Cis Female	Cis Male	-.56388	.21443	.075	-1.1623	.0346
		Non-binary	.05480	.33285	1.000	-.8742	.9838
		Trans Male	-.34797	.65015	.983	-2.1625	1.4666
		Prefer to self-describe	-.22297	.47136	.990	-1.5385	1.0926
	Cis Male	Cis Female	.56388	.21443	.075	-.0346	1.1623
		Non-binary	.61869	.33678	.360	-.3212	1.5586
		Trans Male	.21591	.65216	.997	-1.6043	2.0361
		Prefer to self-describe	.34091	.47414	.952	-.9824	1.6642
	Non-binary	Cis Female	-.05480	.33285	1.000	-.9838	.8742
		Cis Male	-.61869	.33678	.360	-1.5586	.3212
		Trans Male	-.40278	.70009	.978	-2.3567	1.5512
		Prefer to self-describe	-.27778	.53816	.986	-1.7798	1.2242
	Trans Male	Cis Female	.34797	.65015	.983	-1.4666	2.1625
		Cis Male	-.21591	.65216	.997	-2.0361	1.6043
		Non-binary	.40278	.70009	.978	-1.5512	2.3567
		Prefer to self-describe	.12500	.77558	1.000	-2.0396	2.2896
	Prefer to self-describe	Cis Female	.22297	.47136	.990	-1.0926	1.5385
		Cis Male	-.34091	.47414	.952	-1.6642	.9824
		Non-binary	.27778	.53816	.986	-1.2242	1.7798
		Trans Male	-.12500	.77558	1.000	-2.2896	2.0396

*. The mean difference is significant at the 0.05 level.

Table 21. Regression Analysis of all Variables

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.440[a]	.194	.155	.59471	.194	4.985	4	83	.001

a. Predictors: (Constant), SRG, CR2, CR1, SS

Table 22. Coefficients of the Regression Analysis

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	2.411	.557		4.326	.000	1.303	3.520
	CR1	.361	.105	.361	3.435	.001	.152	.570
	CR2	-.068	.076	-.095	-.891	.375	-.220	.084
	SS	-.222	.082	-.296	-2.699	.008	-.386	-.058
	SRG	-.031	.075	-.044	-.416	.678	-.180	.118

a. Dependent Variable: MS

Table 23. Mediation Analysis of Minority Stress, Community Resilience 1 and Social Support

Run MATRIX procedure:

***************** PROCESS Procedure for SPSS Version 4.2 *****************

Written by Andrew F. Hayes, Ph.D. www.afhayes.com
Documentation available in Hayes (2022). www.guilford.com/p/hayes3

****
Model : 4
Y : MS
X : CR1
M : SS

Sample
Size: 88

****
OUTCOME VARIABLE:
SS

Model Summary

R	R-sq	MSE	F	df1	df2	p
.2083	.0434	.7214	3.9003	1.0000	86.0000	.0515

Model

	coeff	se	t	p	LLCI	ULCI
constant	4.8048	.4909	9.7886	.0000	3.8290	5.7806
CR1	.2778	.1407	1.9749	.0515	-.0018	.5574

Standardized coefficients

	coeff
CR1	.2083

Covariance matrix of regression parameter estimates:

	constant	CR1
constant	.2409	-.0679
CR1	-.0679	.0198

****
OUTCOME VARIABLE:
MS

Model Summary

```
      R       R-sq       MSE         F        df1        df2          p
  .4299      .1848      .3492     9.6327     2.0000    85.0000      .0002

Model
            coeff         se          t          p       LLCI       ULCI
constant   2.2578      .4965     4.5470      .0000     1.2705     3.2451
CR1         .3447      .1001     3.4451      .0009      .1458      .5436
SS         -.2534      .0750    -3.3776      .0011     -.4026     -.1042

Standardized coefficients
        coeff
CR1      .3450
SS      -.3382

Covariance matrix of regression parameter estimates:
          constant        CR1         SS
constant     .2466     -.0253     -.0270
CR1         -.0253      .0100     -.0016
SS          -.0270     -.0016      .0056


****************** DIRECT AND INDIRECT EFFECTS OF X ON Y *****************

Direct effect of X on Y
    Effect         se          t          p       LLCI       ULCI      c'_cs
     .3447      .1001     3.4451      .0009      .1458      .5436      .3450

Indirect effect(s) of X on Y:
      Effect    BootSE   BootLLCI   BootULCI
SS    -.0704      .0436     -.1703     -.0001

Completely standardized indirect effect(s) of X on Y:
      Effect    BootSE   BootLLCI   BootULCI
SS    -.0704      .0435     -.1710      .0000

*********************** ANALYSIS NOTES AND ERRORS ************************

Level of confidence for all confidence intervals in output:
  95.0000

Number of bootstrap samples for percentile bootstrap confidence intervals:
  5000

------ END MATRIX -----
```

Table 24. Mediation Analysis of Minority Stress, Community Resilience 2 and Social Support

Run MATRIX procedure:

***************** PROCESS Procedure for SPSS Version 4.2 *****************

Written by Andrew F. Hayes, Ph.D. www.afhayes.com
Documentation available in Hayes (2022). www.guilford.com/p/hayes3

****
Model : 4
Y : MS
X : CR2
M : SS

Sample
Size: 88

****
OUTCOME VARIABLE:
SS

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3788	.1435	.6459	14.4094	1.0000	86.0000	.0003

Model

	coeff	se	t	p	LLCI	ULCI
constant	4.5792	.3220	14.2198	.0000	3.9390	5.2194
CR2	.3610	.0951	3.7960	.0003	.1719	.5500

Standardized coefficients

	coeff
CR2	.3788

Covariance matrix of regression parameter estimates:

	constant	CR2
constant	.1037	-.0295
CR2	-.0295	.0090

****
OUTCOME VARIABLE:
MS

Model Summary

R	R-sq	MSE	F	df1	df2	p
.2753	.0758	.3959	3.4846	2.0000	85.0000	.0351

Model

	coeff	se	t	p	LLCI	ULCI
constant	3.1824	.4615	6.8955	.0000	2.2648	4.1000
CR2	-.0536	.0804	-.6668	.5067	-.2136	.1063
SS	-.1782	.0844	-2.1114	.0377	-.3461	-.0104

Standardized coefficients

	coeff
CR2	-.0751
SS	-.2379

Covariance matrix of regression parameter estimates:

	constant	CR2	SS
constant	.2130	-.0063	-.0326
CR2	-.0063	.0065	-.0026
SS	-.0326	-.0026	.0071

********** DIRECT AND INDIRECT EFFECTS OF X ON Y **********

Direct effect of X on Y

Effect	se	t	p	LLCI	ULCI	c'_cs
-.0536	.0804	-.6668	.5067	-.2136	.1063	-.0751

Indirect effect(s) of X on Y:

	Effect	BootSE	BootLLCI	BootULCI
SS	-.0643	.0272	-.1241	-.0180

Completely standardized indirect effect(s) of X on Y:

	Effect	BootSE	BootLLCI	BootULCI
SS	-.0901	.0380	-.1740	-.0246

********** ANALYSIS NOTES AND ERRORS **********

Level of confidence for all confidence intervals in output:
95.0000

Number of bootstrap samples for percentile bootstrap confidence intervals:
5000

------ END MATRIX -----

Table 25. Mediation Analysis of Minority Stress, Community Resilience 1 and Stress-Related Growth

Run MATRIX procedure:

**** PROCESS Procedure for SPSS Version 4.2 ****

Written by Andrew F. Hayes, Ph.D. www.afhayes.com
Documentation available in Hayes (2022). www.guilford.com/p/hayes3

****

Model : 4
Y : MS
X : CR1
M : SRG

Sample
Size: 88

****

OUTCOME VARIABLE:
SRG

Model Summary

R	R-sq	MSE	F	df1	df2	p
.3129	.0979	.7554	9.3351	1.0000	86.0000	.0030

Model

	coeff	se	t	p	LLCI	ULCI
constant	3.8991	.5023	7.7628	.0000	2.9006	4.8975
CR1	.4398	.1439	3.0553	.0030	.1536	.7259

Standardized coefficients

	coeff
CR1	.3129

Covariance matrix of regression parameter estimates:

	constant	CR1
constant	.2523	-.0711
CR1	-.0711	.0207

****

OUTCOME VARIABLE:
MS

Model Summary

R	R-sq	MSE	F	df1	df2	p
.2877	.0828	.3929	3.8357	2.0000	85.0000	.0254

Model

	coeff	se	t	p	LLCI	ULCI
constant	1.2918	.4724	2.7346	.0076	.3526	2.2311
CR1	.3027	.1093	2.7695	.0069	.0854	.5200
SRG	-.0645	.0778	-.8296	.4091	-.2191	.0901

Standardized coefficients

	coeff
CR1	.3029
SRG	-.0907

Covariance matrix of regression parameter estimates:

	constant	CR1	SRG
constant	.2232	-.0266	-.0236
CR1	-.0266	.0119	-.0027
SRG	-.0236	-.0027	.0060

********** DIRECT AND INDIRECT EFFECTS OF X ON Y **********

Direct effect of X on Y

Effect	se	t	p	LLCI	ULCI	c'_cs
.3027	.1093	2.7695	.0069	.0854	.5200	.3029

Indirect effect(s) of X on Y:

	Effect	BootSE	BootLLCI	BootULCI
SRG	-.0284	.0359	-.0998	.0463

Completely standardized indirect effect(s) of X on Y:

	Effect	BootSE	BootLLCI	BootULCI
SRG	-.0284	.0362	-.1017	.0442

********** ANALYSIS NOTES AND ERRORS **********

Level of confidence for all confidence intervals in output:
95.0000

Number of bootstrap samples for percentile bootstrap confidence intervals:
5000

------ END MATRIX -----

Table 26. Mediation Analysis of Minority Stress, Community Resilience 2 and Stress-Related Growth

Run MATRIX procedure:

```
***************** PROCESS Procedure for SPSS Version 4.2 *****************

        Written by Andrew F. Hayes, Ph.D.       www.afhayes.com
    Documentation available in Hayes (2022). www.guilford.com/p/hayes3

**************************************************************************
Model  : 4
   Y  : MS
   X  : CR2
   M  : SRG

Sample
Size:  88

**************************************************************************
OUTCOME VARIABLE:
 SRG

Model Summary
        R       R-sq        MSE          F        df1        df2          p
     .0321      .0010      .8365      .0884     1.0000    86.0000      .7669

Model
            coeff         se          t          p       LLCI       ULCI
constant   5.3023      .3665    14.4684      .0000     4.5738     6.0308
CR2         .0322      .1082      .2974      .7669     -.1830      .2473

Standardized coefficients
        coeff
CR2      .0321

Covariance matrix of regression parameter estimates:
          constant        CR2
constant      .1343     -.0382
CR2          -.0382      .0117

**************************************************************************
OUTCOME VARIABLE:
 MS
```

Model Summary

R	R-sq	MSE	F	df1	df2	p
.1655	.0274	.4166	1.1970	2.0000	85.0000	.3071

Model

	coeff	se	t	p	LLCI	ULCI
constant	2.3309	.4793	4.8635	.0000	1.3780	3.2838
CR2	-.1182	.0764	-1.5468	.1256	-.2701	.0337
SRG	.0066	.0761	.0874	.9306	-.1447	.1580

Standardized coefficients

	coeff
CR2	-.1655
SRG	.0094

Covariance matrix of regression parameter estimates:

	constant	CR2	SRG
constant	.2297	-.0181	-.0307
CR2	-.0181	.0058	-.0002
SRG	-.0307	-.0002	.0058

********** DIRECT AND INDIRECT EFFECTS OF X ON Y **********

Direct effect of X on Y

Effect	se	t	p	LLCI	ULCI	c'_cs
-.1182	.0764	-1.5468	.1256	-.2701	.0337	-.1655

Indirect effect(s) of X on Y:

	Effect	BootSE	BootLLCI	BootULCI
SRG	.0002	.0095	-.0189	.0225

Completely standardized indirect effect(s) of X on Y:

	Effect	BootSE	BootLLCI	BootULCI
SRG	.0003	.0134	-.0261	.0317

********** ANALYSIS NOTES AND ERRORS **********

Level of confidence for all confidence intervals in output:
95.0000

Number of bootstrap samples for percentile bootstrap confidence intervals:
5000

------ END MATRIX -----

Appendices

Appendix A

Participant Information Sheet and Informed Consent Form

You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what your participation will involve. Please read the following information carefully and feel free to ask the researcher if there is anything that is not clear or if you need more information.

Purpose:

The purpose of this research study is to investigate the importance of community resilience in LGBTQ+ individuals and their experience of minority stress.

Procedure:

If you agree to be in this study, you will be asked to do the following:

1. Complete a demographic questionnaire
2. Answer 4 short questionnaires

Benefits/Risks to Participant:

Your participation would be a valuable contribution to the study and therefore to the potential advancement of knowledge on the subject. In addition, you will benefit by gaining important experience from participating in psychological research.

Possible psychological distress might be experienced since some questionnaire questions cover topics that could be sensitive for LGBTQ+ individuals that have experienced minority stress.

In case you experience any sort of distress or negative outcomes or you have concerns as a result of participating in the study you can contact the following sites where supporting services are offered free of charge.

a) For ACG students: American College of Greece, Counseling Center (210-600 9800, ext.1080,1081)
http://www.acg.edu/current-students/student-services/acg-counseling-center

b) Psy-Diktyo (Ψ-Δίκτυο)

http://psy-diktyo.gr/

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Refusal to participate (or discontinue participation) will involve no penalty or loss of benefits to which you are otherwise entitled. You may also stop at any time and ask the researcher any questions you may have.

Data Collected:

Data collected is confidential and will only be viewed and used by the researcher. There will be no identifiable information obtained in connection with this study. Your name, address or other identifiable information will not be collected. Any identifiable information obtained in connection with this study will remain confidential. Once the data has been fully analyzed it will be destroyed. Results will be reported only in the aggregate.

Contacts and Questions:

After the completion of the study, you may address any questions to the researcher. If you have questions after your participation has finished, you may contact the researcher at her personal e-mail (m.sotiriadis@acg.edu) and/or the supervisor of the study (okyriakidou@acg.edu).

Consent Form

Hereby freely agree to take part in the study described right above (If you agree, please check initial box):

1. I confirm that I have read the above text and understood the above information. I have had the opportunity to consider the information, ask questions about the purpose and procedures of this study as well as my willingness to participate and these have been answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise	
3. I hereby confirm that I understand the inclusion criteria (I confirm that I am 18 years of age or older and that I identify as an LGBTQ+ individual).	
4. I understand that I will not benefit directly from participating in this research. I comprehend that I will not gain any direct personal or financial benefits.	

5. I understand that the data will not be made available to any commercial organizations but is solely the responsibility of the researcher(s) undertaking the study.	
6. I am happy for the data I provide to be used in anonymised form for research publications such as journal papers, future reports as well as in mainstream publications or presentations.	
7. I understand that I am free to contact any of the people involved in the research to seek further clarification and information.	
8. I voluntarily agree to take part in this study.	

Press the button to continue with the survey if you agree with all the above.

Appendix B

Demographic Questions

1. How old are you?
    - Under 18
    - 18-24 years old
    - 25-34 years old
    - 35-44 years old
    - 45-54 years old
    - 55-64 years old
    - 65+ years old

2. How do you describe yourself?
    - Cis Female
    - Cis Male
    - Non-binary
    - Trans Female
    - Trans Male
    - Prefer to self-describe
    - Prefer not to say

3. What is your sexual orientation?
    - Asexual
    - Bisexual
    - Gay / Homosexual
    - Heterosexual
    - Lesbian
    - Pansexual
    - Queer

4. How would you describe your disability/ability status?
    - A sensory impairment
    - A learning disability
    - A long-term medical illness
    - A mobility impairment
    - A mental health disorder
    - A temporary impairment
    - I do not identify with a disability or impairment

5. What is the highest level of education you have attained?
    - Less than a high school diploma
    - High school diploma
    - College or associate/trade degree
    - Bachelor's degree
    - Master's degree

6. What is your country of origin?
    - Greece
    - Other

7. What is your country of residence?
    - Greece
    - Other

Appendix C

The LGBT Minority Stress Measure

Instructions: Please read each statement carefully, and then indicate how frequently the situation described occurs in your life. OR
Please read each statement carefully, and then indicate how much you agree or disagree with the statement.

Scoring: The Community Connectedness subscale should be reverse scored before it is included with the total score. The measure is scored by averaging all of the items. Total scores can range from 1 to 5, with higher scores indicating greater LGBT minority stress. Note that the italicized items are the ones that were retained for the shortened form of the scale.

Identity Concealment- 6 items

(1- never happens 2- happens a little bit 3- happens sometimes 4- happens a lot 5- happens all of the time)

1. I avoid telling people about certain things in my life that might imply I am LGBT.
2. I avoid talking about my romantic life because I do not want others to know I am LGBT.
4. I do not bring a date to social events because I do not want others to know I am LGBT.
6. I limit what I share on social media, or who can see it, because I do not want others to know I am LGBT.

Everyday Discrimination/ Microaggressions- 13 items

(1- never happens 2- happens a little bit 3- happens sometimes 4- happens a lot 5- happens all of the time)

9. I am expected to educate non-LGBT people about LGBT issues.
14. People have re-labeled my identity, or referred to me by a name/pronouns that are different than how I identify myself

18. When in an organization or activity that is sorted by gender, I feel out of place because I am LGBT.
19. I have been accused of being too defensive or politically correct when talking about LGBT issues with someone who is not LGBT.

Rejection Anticipation- 6 items

(1- never happens 2- happens a little bit 3- happens sometimes 4- happens a lot 5- happens all of the time)

20. When I meet someone new, I worry that they secretly do not like me because I am LGBT.

23. I brace myself to be treated disrespectfully because I am LGBT.

24. I expect that others will not accept me because I am LGBT.

25. I worry about what will happen if people find out I am LGBT.

Discrimination Events- 6 items

(1- never happens 2- happens a little bit 3- happens sometimes 4- happens a lot 5- happens all of the time)

26. I have been excluded from an organization (e.g. a religious group, sports team, etc.) because I am LGBT.
27. I have been pressured to receive unnecessary services or been denied service, by a healthcare professional because I am LGBT.
29. I have received poor service at a business because I am LGBT.

31. I have been treated unfairly by supervisors or teachers because I am LGBT.

Internalized Stigma- 7 items

(1- strongly disagree 2- disagree 3- neither disagree nor agree 4- agree 5- strongly agree)

32. If I was offered the chance to be someone who is not LGBT, I would accept the opportunity.
33. I wish I wasn't LGBT.

37. I envy people who are not LGBT.

Victimization Events- 7 items

(1- never happens 2- happens a little bit 3- happens sometimes 4- happens a lot 5- happens all of the time)

39. I have been verbally harassed or called names because I am LGBT.

44. Others have threatened to harm me because I am LGBT.

45. I have been bullied by others because I am LGBT.

Community Connectedness- 5 items

(1- strongly disagree 2- disagree 3- neither disagree/ agree 4- agree 5- strongly agree)

48. I feel that I could find information and pamphlets on LGBT issues.
49. I feel that I could find professional services for LGBT issues if I needed to.

50. I feel that I could find a public space that is supportive of LGBT activities.

Appendix D

The Transcultural Community Resilience Scale

Scoring:
1: Strongly Disagree
2: Disagree
3: Neither Agree or Disagree
4: Agree
5: Strongly Agree

1.If anything was to happen to me, I know I could count on my community

2. In the event of an extreme situation (natural disaster, war, etc.), I know that I can count on my community to face the event and move forward

3. When I go through hard times, there are people in my community I can talk with

4.The relationships I maintain in my community help me cope with problems that happen to me or that may happen

5. One of my strengths in the face of adversity is knowing that I can count on one or many people from my community

6.The members of my community know they can count on me when problems arise

7.I am willing to help the members of my community who face difficulties

8.I get involved in my community's activities

9.My community's activities help me create bonds with people

10.My community helps me adapt in the event of changes or difficulties

11.Being able to count on my community in the event of difficulties is very reassuring to me

12.In my community, we always find a way to laugh and distract ourselves, even in difficult times

13.In my community, there is at least one person who can help me find concrete solutions when I face difficulties

14.When I go through difficult times, there are institutions in my community and/or my city that can help me

15.If I were to get sick, I know that I could turn to the health care institutions in my area to have the care necessary

16. I trust the health care staff in my area to provide me with adequate care

17. I have trust in the social services of my community

18.I have enough information to know which institutions to turn to in the event of difficulties

19.In my community, there are important traditions of mutual support

20.My community makes efforts to integrate all its members and to make them stronger

21.My community enables its different members to build strong bonds

22.Mutual support is one of the values in my community

23.In my community, sharing is a very important value

24. I feel proud to be a member of my community

25. I share the values of my community

26.Participating in my community's activities is important to me

27.I am attached to my community and to its values

Appendix E

Multidimensional Scale of Perceived Social Support

Instructions: We are interested in how you feel about the following statements. Read each statement
carefully.

Indicate how you feel about each statement.

1. There is a special person who is around when I am in need.
2. There is a special person with
whom I can share joys and sorrows.
3. My family really tries to help me.
4. I get the emotional help & support I need from my family.
5. I have a special person who is a real source of comfort to me.
6. My friends really try to help me.
7. I can count on my friends when things go wrong.
8. I can talk about my problems with
9. I have friends with whom I can share my joys and sorrows.
10. There is a special person in my life who cares about my feelings.
11. My family is willing to help me make decisions.
12. I can talk about my problems with my friends.

Appendix F

The Revised Stress-Related Growth Scale

For each of the following statements, indicate how much change you experienced, if any change at all, as a result of the negative event that you nominated earlier. Please use the following scale:

+3 = A very positive change
+2 = A moderate positive change
+1 = A somewhat positive change
0 = No change
-1 = A somewhat negative change
-2 = A moderate negative change
-3 = A very negative change

Because of this event…

1. I experienced a change in how I treat others.

2. I experienced a change in the extent to which I feel free to make my own decisions.

3. I experienced a change in my belief that I have something of value to teach others about life.

4. I experienced a change in the extent to which I can be myself and not try to be what others want me to be.

5. I experienced a change in the extent to which I work through problems and not just give up.

6. I experienced a change in the extent to which I find meaning in life.

7. I experienced a change in the extent to which I reach out and help others.

8. I experienced a change in the extent to which I am a confident person.

9. I experienced a change in the extent to which I listen when others talk to me.

10. I experienced a change in the extent to which I am open to new information and ideas.

11. I experienced a change in the extent to which I communicate honestly with others.

12. I experienced a change in my desire to have some impact on the world.

13. I experienced a change in my belief that it's OK to ask others for help.

14. I experienced a change in the extent to which I stand up for my personal rights.

15. I experienced a change in my belief about how many people care about me.