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Sexual Minority Thriving: Bouncing Beyond Adversity

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Introduction

Despite significant advances in public policy, overt and covert negative attitudes and discrimination continue against sexual minorities. Sexual minorities are individuals who are romantically, sexually, or physically attracted to individuals of their own gender identity or to multiple gender identities and often identify as lesbian, gay, bisexual, or queer, among others. Holding a sexual minority identity both historically and presently has been met with stigma, discrimination, negative attitudes, and violence. This longstanding narrative has contributed to unnecessary suffering in sexual minority individuals. Research has shown that frequent experiences of discrimination and hateful attitudes may negatively affect sexual minority mental health (Mays & Cochran, 2001; Meyer, 2013). Sexual minorities have also been shown to be at a disproportionately high risk for psychological distress and mental health concerns in adulthood (Bränström, 2017; Cochran & Mays, 2007; Felner et al., 2021; Kerridge et al., 2017; Meyer, 2013; Nadal, 2018). More specifically, sexual minorities have been shown to have increased rates of anxiety, depressive, substance use, mood, panic, post-traumatic stress, and personality disorders compared to their heterosexual counterparts (Bränström, 2017; Cochran & Mays, 2007; Felner et al., 2021; Kerridge et al., 2017; Meyer, 2013; Nadal, 2018; Williams & Mann, 2017).

Research over the years has attempted to explain these disparities in mental health for sexual minority individuals. The dominant explanation in the literature is the role of discrimination in sexual minorities' lives. When compared to heterosexual individuals, sexual minorities have been shown to experience more victimization in both childhood and adulthood (Balsam & Rothblum, 2005; Mays & Cochran, 2001). Additionally, when

compared to heterosexual individuals, sexual minority individuals also showed significantly higher rates of household mental illness, household substance abuse, exposure to domestic violence, physical abuse, emotional abuse, and sexual abuse (Anderson & Blosnich, 2013).

However, despite facing significant adversity and stress in both childhood and adulthood, many sexual minority individuals do not display impairment. Some researchers have started to suggest that looking at sexual minorities from a deficits-based model creates an incomplete view and is potentially dangerous to the population (Colpitts & Gahagan, 2016; de Lira & de Moraes, 2018). In fact, de Lira and de Moraes (2018) posited that in order to promote a more positive and less stigmatizing narrative around sexual minorities, the research agenda needs to shift to identify and promote more strengths-based views of sexual minority individuals to challenge the belief systems that inspire prejudice, discrimination and violence. As a result, the construct of resilience has been used to better understand sexual minority mental health (Braveman, 2003; Herrick et al., 2013; Kwon, 2013; Meyer, 2013).

Resilience and Thriving: Conceptual Issues

One problem faced by resilience researchers is the lack of a clear, operationalized, and consensual definition of the construct. Definitions of resilience have varied in the literature both across disciplines and within disciplines (Shaik & Kauppi, 2010), making it a difficult construct to study. The first use of the word resilience in 1626 by Francis Bacon defined the construct as: “the action or an act of rebounding or springing back; rebound, recoil” (Martin, 2021). In the physical sciences, resilience is used to denote the ability of an elastic material to absorb energy and release that energy to return to its

original shape (Young, 1807). In the social sciences, Ungar (2019) posited that resilience is the dynamic process of the capacity of the biopsychosocial system to navigate resources to sustain positive functioning under stress in ways that are considered meaningful.

However, even these definitions are problematic and unclear. In a seminal article in 1998, Carver denoted several different pathways that describe individual responses to adversity as a way to differentiate between resilience and other constructs. The different pathways of functioning are depicted in Figure 1. More specifically, they describe resilience as the ability of an individual to return to their original level of functioning after experiencing adversity, or in other words, a homeostatic return to prior condition, very much like the original conceptualizations of the word. Carver then posited that thriving represents that the individual is returning to a level of functioning that is beyond their previous level of functioning and that the stressful or adverse experience promoted the emergence of a quality that makes the individual better afterward than before. The latter term, thriving, falls more in line with definitions of resilience in the sexual minority literature.

Resilience in sexual minority populations has also suffered from a lack of consensual agreement on the operationalized definition of the construct. For example, some research has defined resilience as the absence of mental illness, risky behaviors (such as self-harm/suicidal ideation or attempts) or psychosomatic symptoms (Reisner et al., 2014). Other researchers have defined resilience as the ability for sexual minorities to thrive despite significant adversity (Meyer, 2013). Some research has even focused on specific factors such as community resilience (Shilo et al., 2015) and family resilience

(Power et al., 2010). The question remains: what exactly are we talking about when we refer to sexual minority resilience: Carver's (1998) definition of resilience or thriving? This becomes increasingly problematic when the words "thrive" or "meaning" are used to describe resilience, because resilience is described often as purely being able to bounce back after a stressful event or adversity (Carver, 1998, Smith et al., 2008) However, it appears that what many other sexual minority researchers are most interested in is thriving, not resilience. As a result, in line with Carver (1998), this dissertation will define resilience as an individual's ability to bounce back after an adverse experience, and will define thriving as the ability experience growth, contentment, life meaning, and vitality after an adverse event.

Another similar concept, posttraumatic growth has been used in combination with resilience and thriving. Posttraumatic growth has been previously defined as the process of positive psychological change that results from an adverse event (Calhoun & Tedeschi, 2001). Posttraumatic growth is a distinct concept from resilience and thriving, although they are complimentary (Anderson, 2018). Although some researchers have suggested that posttraumatic growth can be used to measure thriving (Cohen et al., 1998), this presents several conceptual issues. Firstly, this suggests that there is no operationalized difference between the two concepts. Although posttraumatic growth and thriving are not the same, posttraumatic growth may help predict individuals who thrive or not after experiencing trauma or adverse events. Second, the interchangeable use of the two constructs would make it theoretically impossible for an individual to thrive without posttraumatic experiences. In sum, thriving is a state of higher functioning post adversity,

whereas posttraumatic growth denotes the process of growth that may precipitate this state of thriving.

Currently, it appears as though there has been no research in the sexual minority literature that looks at the potential relationships between resilience and thriving – or the distinctions between them. It appears one study to date has investigated the role of discrimination on one element of thriving in sexual minorities, life meaning. Douglas et al. (2020) investigated the role of minority stress on life meaning in sexual minority individuals and found that discrimination displayed a negative indirect effect on life meaning through expectations of rejection and identity concealment. They speculated that when individuals are subject to heterosexist discrimination, having to conceal one's identity in expecting to be rejected for it can reduce the sense that life is meaningful.

Existentialism and Sexual Minority Thriving

Life meaning is a key tenet of existentialist philosophy. Existentialist philosophers such as Jean-Paul Sartre, Simone de Beauvoir, Martin Heidegger, Edmund Husserl, and Karl Jaspers (among others) sought to understand the subjective human experience of what it means to *be* human. Existentialists believe that we have freedom and an internal locus of control and thus have responsibility for everything we do, which causes considerable anxiety (Bakewell, 2016). This anxiety, often referred to as existential anxiety, is created by the realization that our own death is inevitable and that we are then left with an immense amount of choice and responsibility to create a life of meaning. There are five core concerns that arise around existential anxiety: death, isolation, identity, freedom, and meaning (Glas, 2003, Koole et al., 2006).

It is clear to see the connection between these core existential concerns and holding a sexual minority identity. Douglas et al. (2020) already found that the experiences of discrimination and rejection reduce the sense that life is meaningful in sexual minorities, perhaps explained by the core concerns of identity, freedom, isolation, and meaning. Bakewell (2016) described a poignant nuance around the freedom described by existentialism: “On the other hand, I am only free within *situations*, which can include factors of my own biology and psychology as well as physical, historical, and social variables of the world into which I have been thrown” (pp. 34). Black existentialism, another branch of existentialist philosophy that seeks to provide the philosophical grounding of the struggle of living with inequity and historical oppression, concerns itself with the liberation of Black individuals who have historically not been viewed as human (Vereen et al., 2016). It seeks to illuminate that traditional existentialist concepts such as identity, freedom, free will, and existence, do not apply to Black individuals in the same way as more privileged groups.

Many of the concerns listed by Black existentialism have parallels with the sexual minority community. The longstanding narrative of rejection and deviancy of sexual minorities perhaps reduces the freedom that a sexual minority might experience as they may choose to hide their sexual minority identity in fear of rejection (isolation) and reject rather than embrace their minority identity. These concerns may reduce life meaning and quality of life in sexual minorities unless deliberately reflected upon and resolved. To date, little is known about sexual minority thriving, or how existential concerns might relate directly to that experience. Although Douglas et al. (2020) began to explore how discrimination relates to life meaning in sexual minorities, much more work needs to be

done. Additional research is needed to clarify and explore the connections between resilience and thriving in sexual minorities, as this topic has been widely under studied and unclearly defined. Therefore, the studies in this dissertation will use an existential framework to investigate the role of existential anxiety in sexual minority resilience and thriving, as well as investigate how individuals who are high in thriving differ from those who are low in thriving. More specifically, study one will investigate whether existential anxiety and identity pride moderate the relationship between resilience and the post-traumatic growth needed to facilitate the movement from resilience to thriving in sexual minorities. Study two will investigate the patterns among sexual minority individuals who are high in thriving and low in thriving using cluster analysis.

Upon completion both articles will be submitted to either *Psychology of Sexual Orientation and Gender Diversity* or *Journal of LGBTQ Issues in Counseling*. Each article would contribute to counseling and psychology by highlighting characteristics of sexual minority individuals that are high in thriving and high in resilience which may help counseling practitioners identify and encourage these strengths to foster well-being in sexual minority clients. Additionally, investigating the predictive relationships between resilience and thriving will help counseling practitioners identify processes that help clients move from being solely resilient to thriving. Finally, the studies would contribute to the larger narrative around sexual minorities away from the negative stigmatized view and towards a more positive, strengths-based perception.

Study One: Finding Meaning: The Role of Existential Anxiety, Identity Pride, and Posttraumatic Growth in LGBTQ+ Resilience and Thriving

Historically, most of the literature around sexual minority well-being centers around mental health disparities as they relate to discrimination and minority stress. Recently, there has been a surge in the literature focusing on sexual minority resilience to shift the narrative from a deficits-based approach to a strengths-based one. In a special issue of *Psychology of Sexual Orientation and Gender Diversity* dedicated to various aspects of resilience in sexual and gender minorities, Meyer (2015) presents a call to action to researchers to start to incorporate resilience into their studies of LGBTQ+ health. Meyer stated that resilience is a key element to understanding minority stress because many LGBTQ+ individuals are able to mount coping mechanisms and thrive despite this stress. Likewise, de Lira and de Morais (2018) echoed these assertions that starting to utilize a strengths-based model to conceptualize sexual minority well-being is necessary to shift the predominantly negative stigmatized view of the population as whole.

Resilience vs. Thriving

However, despite good intentions, the construct of resilience has struggled to be consensually operationally defined in the literature. Shaik and Kauppi (2010) highlighted that definitions of the construct of resilience has varied across disciplines and within disciplines. Unfortunately, the psychological study of LGBTQ+ well-being is no exception. For example, Reisner et al. (2014) defined resilience as the absence of mental illness, at risk behaviors (suicidal ideation/self-harm), or psychosomatic symptoms while Meyer (2015) defined resilience as the ability to thrive despite adversity. Kwon (2013)

defined resilience as a dynamic process of increasing psychological health by lowering reactivity to instances of prejudice with social support, emotional openness, and hope and optimism. Other types of resilience have also surfaced in the sexual minority literature such as community resilience (Shilo et al., 2015) and family resilience (Power et al., 2010).

In a seminal article, Carver (1998) discussed several different pathways that can denote individual responsiveness to adversity: 1) a downward slide after the adversity to which the individual succumbs to the stressor, 2) the person survives but is living with significant impairment, 3) the individual is able to return to the pre-adversity level of functioning, or 4) the individual surpasses their previous level of functioning and has an experience of growth as a result of the adversity. The latter two pathways denote two constructs that need to be separated: resilience and thriving. Therefore, arises two separate terms: resilience, or the ability for the individual to bounce back to the previous level of functioning and thriving, or the ability of the individual to bounce beyond their previous level of functioning and experience growth (Carver, 1998).

Thriving has also been a concept that has struggled to find a consensual operationalized definition (Brown, et al., 2017). Thriving in response to adversity has been conceptualized to result from three alternative processes: 1) after repeated exposure to adversity, the individual does not experience the downturn that is required to have to be resilient, 2) the initial exposure to adversity may enhance the person's ability to return to baseline more quickly to future adversity, and 3) that the individual comes to function higher than was the case before the event (Carver, 1998). The previously listed pathways highlight that for an individual to experience thriving, they first must experience

resilience. One of the central features of thriving is that the individual benefits or grows in some way as a result of the adverse event(s). For example, Epel et al. (1998) defined thriving as any physiological change that occurs from facing adversity that leaves an individual with greater resilience than pre-adversity. Other definitions range from a higher level of functioning in a life domain after an adverse event (Park, 1998), a psychological state where individuals experience vitality and learning (Spreitzer et al., 2005), growth through daily experiences (Mahoney et al., 2014) and a state of the fullest range of positive functioning mentally, physically, and socially, including happiness, a sense of accomplishment, and supportive and rewarding relationships (Su et al., 2014). In other words, thriving appears to combine growth, life meaning, contentment, and vitality despite experiencing significant adversity. Therefore, in LGBQ+ individuals, thriving can be defined as an individual's ability to experience growth, contentment, life meaning, and vitality after an experience(s) of adversity, such as minority stress or discrimination.

In LGBQ+ individuals, thriving has been widely under studied. One study to date appears to look at one potential aspect of thriving, life meaning, as it relates to discrimination and identity concealment in LGBQ+ individuals (Douglas et al., 2020). Life meaning has previously been defined as the significance felt and sense made of one's existence and being (Steger et al., 2006). Results did not show a direct effect between discrimination and life meaning, but it did predict expectations of rejection, identity concealment, and internalized homophobia. However, discrimination displayed a negative indirect effect with life meaning through expectations of rejection. These results may suggest that experiencing minority stress and having to conceal one's sexual orientation are potential mechanisms that may reduce life meaning in LGBQ+ individuals

(Douglas et al., 2020). Additionally, individuals who experience stressful events may seek to understand why those events occurred. LGBTQ+ individuals may search for meaning to regain power and resist oppression (Wexler et al., 2009). Therefore, the search for meaning may be a process that moves individuals from being resilient to thriving, whereas the perception that your life has meaning may indicate thriving.

Posttraumatic Growth as a Mechanism

Posttraumatic growth refers to the process of positive psychological change as a result of highly challenging life events or circumstances (Calhoun & Tedeschi, 2001). Posttraumatic growth is distinct from resilience, but the two terms are complementary to one another (Anderson, 2018). Their distinctness is highlighted by the emphasis on growth. More specifically, individuals who have coping capacities in response to adversity may experience very little growth as a result of the experience. In other words, an individual can cope and be resilient without experiencing posttraumatic growth. Therefore, successful coping (or bouncing back) does not require or necessitate posttraumatic growth (Tedeschi & Calhoun, 2004). However, in order to experience posttraumatic growth, an individual must experience an adversity that is severe enough to challenge an individual's core beliefs about themselves and the world (Tedeschi & Calhoun, 2004). The distinction between posttraumatic growth and thriving has yet to be investigated, however, Cohen et al. (1998) suggested that posttraumatic growth be used to assess thriving. However, this presents several conceptual problems. First, using posttraumatic growth as the variable to describe the construct of thriving suggests that the two constructs are the same. However, posttraumatic growth and thriving are not the same, but rather, may explain the relationship between individuals who are thriving and

those who are not after adverse events. As previously seen, thriving can be described as a state that has been the result of growth experiences, not the growth itself. Therefore, using posttraumatic growth as the sole variable to assess thriving disregards the state-like components to thriving. Second, it would theoretically make it impossible for individuals to thrive *without* posttraumatic experiences.

Several researchers have looked at posttraumatic growth as it relates to experiences of minority stress in LGBTQ+ individuals. Ratcliff et al. (2020) investigated posttraumatic growth in LGBTQ+ adults after they experienced general bullying or bullying specifically related to their minority identity in adolescence. Results indicated that individuals that attributed their bullying experiences to their sexual orientation reported overall greater posttraumatic growth than individuals who attributed their bullying to other elements such as weight or appearance. Additionally, the study showed that bullying severity positively predicted posttraumatic growth, suggesting that the experience of adversity must be seen as significant to trigger posttraumatic growth (Ratcliff et al., 2020). Posttraumatic growth has also been investigated regarding coming out, another stressful experience for LGBTQ+ individuals. Zavala and Waters (2021) explored levels of posttraumatic stress and posttraumatic growth in LGBTQ+ adults after their coming out experience. Study results revealed evidence of both posttraumatic stress symptoms and posttraumatic growth in the sample, and that a curvilinear relationship existed between posttraumatic symptoms and posttraumatic growth. In other words, individuals with moderate levels of posttraumatic stress symptoms after coming out displayed the highest levels of posttraumatic growth, with low and high posttraumatic stress symptom scores associated with lower posttraumatic growth (Zavala & Waters,

2021). Taken together, the results of these studies suggest that experiencing minority stress is a negative enough encounter to trigger posttraumatic growth in LGBTQ+ individuals. This may provide evidence to support that posttraumatic growth may explain the relationship between resilience and thriving for sexual minorities.

Existential Anxiety and Identity Pride as Moderators

Existential anxiety has been defined as anxiety that reaches beyond concrete threats and relates to existence (Glas, 2003). Having to confront existential concerns generally occurs the most dramatically after experiencing adversity (Koole et al., 2006). Existential concerns fall into five general categories: death, isolation, identity, freedom, and meaning. Each of the concerns represents a fundamental existential problem. The existential concern around death represents the awareness of our unavoidable mortality and our desire for continued existence, isolation represents the need to feel connected to others and not feel rejected, identity refers to having a clear sense of who we are and how we fit into the world, freedom represents our experience of free will and responsibility, and meaning represent the desire to believe life is meaningful and not completely random (Koole et al., 2006).

Using existentialism to conceptualize current societal stigmas and oppression is relatively new. Black existentialism is a philosophical alternative to traditional European existentialism and discusses how Black individuals experience unique existential concerns due to not being viewed as human and rejected by society (Vereen et al., 2017). Although this focuses on the experiences of Black individuals, many parallels exist in the LGBTQ+ community, where negative beliefs, rejection, discrimination, and prejudice still exist around this group (Meyer, 2015; Nadal, 2018).

These concerns relate to LGBTQ+ individuals in several ways. As mentioned previously, experiences of discrimination can negatively affect life meaning in sexual minority individuals due to fear of being rejected (Douglas et al, 2020). These findings may relate to the existential concerns of both identity and isolation. Additionally, based on minority stress theory (Meyer, 2003), expectations of rejection are a common minority stressor experienced by LGBTQ+ individuals. These fears around rejection may relate to the fundamental existential concern of isolation. Finally, the existential concern of freedom relates to LGBTQ+ individuals due to the discrimination they experience. Due to homophobic attitudes that still exist in society, many individuals still report being denied experiences and human needs that are afforded to their heterosexual counterparts. For example, in a large-scale national study, over 22% of LGBTQ+ individuals reported that they were personally discriminated against when seeking housing and 22% report being personally discriminated against in job hiring processes and promotion considerations (National Public Radio et al., 2017). These findings bring to question whether or not an LGBTQ+ individual does in fact possess the same freedom that a heterosexual individual does.

As a result of experiencing discrimination, holding an LGBTQ+ identity has the potential to be a stressful experience due to stigmatized beliefs, discrimination, and shame around one's identity (Meyer, 2003). However, despite experiencing these frequent adverse events, many LGBTQ+ individuals thrive. Positive identity development has been shown to be negatively associated with internalized homophobia in a sample of young sexual minority men. Positive identity development has also been shown protect against mental health disparities, such as major depressive symptoms (Bruce et al., 2015).

The acceptance of one's sexual identity may have positive mental health outcomes (Bonet et al., 2007). For example, LGBQ+ identity has been shown to positively predict mental health in a sample of lesbian, gay, and bisexual individuals (Zoeterman & Wright, 2014). Some research has shown that coming out and maintaining a sexual minority identity can elicit stress-related growth which may buffer negative experiences such as losing friends or family members (Bonet et al., 2007). Bonet et al. (2007) investigated if sexual minority women experienced stress related growth after accepting their sexual identity and what factors were associated with this growth. Results revealed that stress-related growth was associated with higher generativity and more attachment to the LGBTQ+ community. In other words, accepting an LGBQ+ identity may help buffer the effects of expectations of rejection or isolation and create experiences of growth and purpose in relationships and life.

Current Study

The current study seeks to understand some of the potential relationships between resilience and thriving for sexual minorities. More specifically, this study will test if posttraumatic growth mediates the relationship between resilience and thriving in LGBQ+ individuals. In addition, the study will test if identity pride and existential anxiety will moderate the relationship between resilience and posttraumatic growth. This study will test the following hypotheses: 1) The path between resilience and thriving will be mediated by posttraumatic growth. In other words, individuals that report greater resilience will also report more posttraumatic growth; in turn, more posttraumatic growth will predict greater thriving and 2) that the path between resilience and posttraumatic growth will be moderated by LGBQ+ identity pride and existential anxiety, such that the

relationship will be stronger when existential anxiety and identity pride are higher and weaker when existential anxiety and identity pride are low. The hypothesized model can be found in Figure 2.

Method

Participants

The participants were 303 individuals who identified as LGBTQ+. Participants ranged in age from 18 to 59 ($M = 31.48$, $SD = 8.09$). Individuals were allowed to select multiple gender options to best describe their experience. Of the sample, most individuals identified as women ($N=204$), with a large percentage of gender diverse individuals ($N=124$), and a small percentage of men ($N=33$). Of the sample, approximately 36% of the sample identified as lesbian, 24% bisexual, 21% queer, 9% pansexual, and 1% asexual. Outness varied across the sample with approximately 37% reported being out to everyone, 20% to friends only, 20% to friends and family only, 6% not out, and 4% to family only. Participants mostly reported being partnered with 32% being married/domestic partnership/committed relationship and 31% reported currently dating. Roughly 33% of participants reported being single, 8% being separated or divorced, and 1 participant reported being widowed. The sample was roughly 83% White, 8% Latinx/Hispanic, 7% Black, and 4% Asian. The sample varied in level of education, with less than 1% with no high school/GED, 6% with high school diploma/GED, 16% with some college, 8% with a 2-year college degree, 32% with a 4-year degree, 28% with a master's degree, and 6% with a doctorate or professional degree. Social class was assessed using three questions where individuals were asked their ability to obtain their needs and wants. Scores ranged from 1-12, with higher scores indicating higher

socioeconomic status ($M=6.91$, $SD=1.69$). There was a relatively even split between regions of the United States of participants' residence, with roughly 23% residing in the northeast, 27% in the Midwest, 23% in the south, and 24% in the west. Most participants reported living in urban areas (50%) followed by suburban areas (37%), and rural areas (12%).

Procedure

Participants were recruited via social media from Facebook, Twitter, Instagram, Reddit, and TikTok via an online survey. Individuals were invited to participate if they identified as LGBQ+ and were at least 18 years of age. Participants were informed that the purpose of the study was to investigate potential relationships between resilience and thriving in LGBQ+ populations. Participants who participated were entered into a random drawing to win one of fifteen \$20 Amazon gift cards. After visiting the survey link, the first page of the survey was the informed consent page. Participants indicated consent by moving forward with the survey. Participants responded to inclusion criteria demographic questions and then were presented with the LGBIS first to ensure that individuals' LGBQ+ identity was salient before presenting the remaining scales. The remaining scales were presented randomly to reduce potential order effects. The remaining demographic questions were asked at the end of the survey.

A total of 724 participants consented to participate by clicking next on the consent page; however, 53 individuals did not complete any of the survey after that point and were removed from the data. Nine individuals were removed for being younger than 18, and four individuals were removed for not identifying as LGBQ+. A total of 181 participants were removed for missing more than 15% of total data. Attention checks

were used to assess accurate data and check for the presence of bots. A total of 125 participants were removed for incorrectly answering two or more of the attention check questions. Forty-four individuals were removed due to not completing either of the outcome variable scales of the QOLS or the MILS. Four participants were removed for being univariate outliers. An outlier was defined as any data point greater than 3 standard deviations away from the mean on any scale. Lastly, one participant was removed for being a multivariate outlier.

Measures

Demographic measure

A demographic questionnaire asked participants their age, gender identity, sexual orientation, education, outness, socioeconomic status, and region of residence.

Heterosexist discrimination

Heterosexist discrimination was assessed using the Daily Heterosexist Experiences Questionnaire (DHEQ; Balsam et al., 2013). The measure is used to assess the various types of stressors that LGBTQ+ individuals experience and the level of subjective stress those experiences have caused and contains 50 items. Participants are asked how much the items have distressed or bothered them in the last 12 months on a 6-point scale (*0 = did not happen/not applicable to 5 = it did happen and bothered the individual extremely*). Scores range from 0-250 where higher scores indicate higher occurrence of heterosexist discrimination. Sample scale experiences include: “hearing people make jokes about LGBT people” and “hiding your relationship from other people.” The measure was scored based on occurrence. The DHEQ has shown to have correlations with other measures of anxiety, depression, perceived stress, and PTSD in a

sample of LGBT individuals (Balsam et al., 2013). Concurrent validity was also shown by moderate correlations with two other general LGB discrimination scales ranging from .34-.44. Additionally, the scale has been shown to have very strong internal consistency in LGB populations with a Cronbach's alpha of .92 (Balsam et al., 2013).

Resilience

Resilience was assessed using the Brief Resilience Scale (BRS; Smith et al., 2008). The measure assesses an individual's perceived ability to bounce back from stress. The scale contains 6 items on a 5-point Likert scale (*1 = strongly disagree, 5 = strongly agree*). Sample items include "I tend to bounce back quickly after hard times" and "I have a hard time making it through stressful events." Despite its shortened nature, the BRS has shown to have superior reliability and validity than other longer scales of resilience (Windle et al., 2011). Scores range from 6-30 with higher scores indicating greater resilience. The scale has been shown to have good internal consistency with Cronbach's alphas of .80-.91 across four samples of students and individuals with chronic pain and cardiac illness (Smith et al., 2008). Good convergent validity has been demonstrated with positive correlations with social support, other resilience measures, optimism, and purpose in life, while also being negatively correlated with pessimism and alexithymia (Smith et al., 2008). Because the BRS has not yet been validated for use in sexual minority populations, confirmatory factor analysis was performed to assess its viability with this population. The one factor model displayed excellent model fit based on the guidelines of Hu and Bentler (1999). The model fit indices of the one factor model were $\chi^2(14) = 23.90$; CFI = .99; TLI = .99; RMSEA = .04 (90% CI [.005, .08]). The factor loadings of all items ranged from .77 to .82.

Posttraumatic Growth

Posttraumatic growth was assessed using the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996). The measure assesses an individual's perception of growth after a stressful event. The measure is comprised of 21 items. Participants are asked on a 6-point Likert scale ($0 = I$ did not experience this change as a result of the event, $5 = I$ experienced this change to a great degree as a result of the event). Scores range from 0-105 with higher scores associated with greater posttraumatic growth. The PTGI has been shown to have good internal consistency in a sample of college students with Cronbach's alphas of .90 (Tedeschi & Calhoun, 1996), although the scale has not yet been validated for use for LGBTQ+ individuals. Concurrent and discriminant validity has been shown with correlations with optimism, religiosity, neuroticism, extraversion, openness, agreeableness, and conscientiousness. Because posttraumatic growth has not been validated for use in sexual minority populations, a confirmatory factor analysis was conducted. The model fit of the one factor model was $\chi^2(189) = 854.42$; CFI = .79; TLI = .75; RMSEA = .10 (90% CI [.09, .11]), indicating poor fit. An EFA suggested that a two-factor model best fit the data. A follow-up CFA with the two factor model yielded a model fit of $\chi^2(169) = 558.16$; CFI = .88; TLI = .85; RMSEA = .08 (90% CI [.07, .09]). The factor loadings of all items ranged from .5 to .8 except for item 18, which displayed a factor loading value of .29. As a result, item 18 was removed from the measure for this sample.

Thriving

In order to measure an individual's contentment in multiple life domains and life meaning, thriving was assessed by created a composite variable combining the scores of

the Quality of Life Scale (QOLS; Burckhardt & Anderson, 2003) and Meaning in Life Questionnaire (MLQ; Steger et al., 2006). The QOLS contains 16 items and scale items are measured on a 7-point Likert scale (*1 = terrible, 7 = delighted*). The scale asks participants to rate how satisfied they are with different elements in their lives such as material and physical well-being, relationships, and community. Items are summed and scores can range from 16-112, with higher scores representing higher perceived quality of life. The scale has shown good internal consistency in individuals with chronic illness with Cronbach's alpha ranging from .82-.92 across subscales. Convergent validity was demonstrated with high correlations between with QOLS and the Life Satisfaction Index with correlations ranging from .67-.75 across samples of patients with differing physical illnesses. (Buckhardt & Anderson, 2003).

The MLQ contains 10 items and measures how much individuals feel their lives have meaning. Items are scored on a 7-point Likert scale (*1 = absolutely untrue, 7 = absolutely true*). Scores range from 10-70, with higher scores indicating greater life meaning and purpose. Sample items include "I understand my life's meaning" and "My life has a clear sense of purpose." Good internal consistency has been established in samples of undergraduate psychology students with Cronbach's alphas between .86-.88 (Steger et al., 2006). Convergent validity has been shown with correlations with other measures of meaning with correlations ranging from .61-.66. Discriminant validity has been shown with measures of other types of well-being with correlations around .38 (Steger et al., 2006). After combining the two measures, total thriving scores could range from 26-182 with higher scores indicating greater thriving in life.

Confirmatory factor analysis was also conducted for both the QOLS and MLQ. The model fit of the one factor model for QOLS was $\chi^2(90) = 292.82$; CFI = .78; TLI = .70; RMSEA = .08 (90% CI [.07, .09]), indicating poor fit. An exploratory factor analysis suggested that a two-factor model was a better fit. The CFA for this two-factor model yielded these fit indices: $\chi^2(65) = 222.99$; CFI = .82; TLI = .84; RMSEA = .08 (90% CI [.07, .09]). The factor loadings of all items of the QOLS ranged from .4 to .6 except for items 3 and 4, which had factor loadings less than .3. As a result, these items were removed from the QOLS for this sample. For the MLQ, the model fit for the one factor model was very poor $\chi^2(35) = 1196.53$; CFI = .47; TLI = .16; RMSEA = .31 (90% CI [.30, .33]). As with the QOLS, EFA results suggested a two-factor model. The model fit of a two-factor model from a CFA was adequate, $\chi^2(34) = 126.28$; CFI = .96; TLI = .93; RMSEA = .09 (90% CI [.07, .11]). Factor loadings of all items ranged from .65 to .89.

Existential Anxiety

Existential anxiety was assessed using the Existential Concerns Questionnaire (ECQ; van Bruggen et al., 2017). The measure contains 25 items and assesses the degree of existential anxiety an individual reports experiencing. The measure is scored on a 5-point Likert scale ($0 = \text{never}$, $4 = \text{very often}$). Scores range from 0-100, with higher scores indicating greater existential anxiety. Sample items include “Existence feels threatening to me, as if at any moment something terrible could happen to me” and “It makes me anxious that my life is passing me by.” Strong internal consistency has been shown in sample of undergraduate students and their relatives, with Cronbach’s alpha of .92. Good convergent discriminant validity has been shown with correlations with measures of neuroticism (.55-.67), psychological distress (.53-.62), and meaning (.22-

.38). Since the ECQ has not yet been validated for use in sexual minorities, confirmatory factor analysis was performed. The model fit of the three-factor model was $\chi^2(223) = 890.73$; CFI = .81; TLI = .80; RMSEA = .09 (90% CI [.09, .10]), indicating poor fit. A follow-up EFA suggested a two-factor model was appropriate. A second CFA found the model fit of the two-factor model was $\chi^2(208) = 779.94$; CFI = .84; TLI = .82; RMSEA = .09 (90% CI [.08, .1]).

Identity Pride

Identity pride was assessed using the Identity Centrality and Identity Affirmation subscales of the Lesbian, Gay, Bisexual Identity Scale (Mohr & Kendra, 2011). The Identity Centrality subscale measures the degree to which an individual's sexual orientation is central to their identity and contains 5 items. The Identity Affirmation subscale measures the degree an individual associates positive thoughts and feelings around their sexual orientation and belongingness to the larger LGB community and contains 3 items. Items are scored on a 5-point Likert scale (*1 = strongly disagree, 5 = strongly agree*). Scores on the two subscales will be summed to create an identity pride variable. Scores can range from 8-40, with higher scores indicating higher identity pride. Good internal consistency has been shown in a sample of LGB undergraduate students in both the Identity Affirmation and Identity Centrality subscales with Cronbach's alphas of .89 and .86, respectively. Both subscales have shown convergent validity with correlations with another measure of importance of identity with correlations ranging from .41-.44. Additional convergent validity has been shown with the subscales correlating with ego-dystonic homosexuality ranging from -.56 to -.64.

Results

Preliminary analysis

Initial missing values analysis revealed no pattern in missing data and data appeared to be missing completely at random. Skewness and kurtosis were evaluated for each measure to check for assumptions of normality. All study variables displayed acceptable skewness (-.52 to .64) and kurtosis (-.77 to .29) values based on the guidelines of George and Mallery (2010).

Means, standard deviations, Cronbach's alphas, and correlations between the study's variables can be found in Table 1. The sample displayed moderate to high means for resilience, thriving, posttraumatic growth, existential anxiety, and identity pride. Notably, the sample displayed relatively low distress from discrimination experiences and high levels of identity pride. Consistent with the predicted relationships in the theorized moderated mediation analysis, resilience was positively correlated with thriving and posttraumatic growth. Additionally, distress from heterosexist discrimination was positively correlated with existential anxiety and negatively correlated with identity pride. In contrast to the hypothesized model, existential anxiety was negatively associated with thriving, resilience, and posttraumatic growth, suggesting that existential anxiety is not a mechanism that facilitates the experience of posttraumatic growth, but rather, may impede it.

To determine potential covariates, correlations were run to identify which demographic variables were related to the study's main variables. All categorical data were dummy coded into new separate variables to create interpretable data for the

correlation analyses. Thriving and resilience were negatively associated with socioeconomic status ($r = -.17, p < .01$; $r = -.15, p < .01$, respectively). These results suggest that individuals with more monetary means may tend to be less resilient and experience less quality and meaning of life, overall. Additionally, age was positively correlated with thriving and resilience ($r = .15, p < .05$, $r = .14, p < .05$, respectively). This result suggests that individuals who are older and perhaps have greater life experience may be more likely to display resilience and thriving in life. As a result, age and socioeconomic status were included as covariates in the main analysis.

Moderated mediation analysis

To test hypothesized relationships between resilience, thriving, posttraumatic growth, existential anxiety, and identity pride, PROCESS (Hayes, 2017) with bootstrapped standard errors and bias-corrected 95% confidence intervals was run. PROCESS is a regression path analysis modeling tool that estimates direct and indirect effects in mediator and moderator models. The double moderated mediation analysis was chosen to analyze all variables simultaneously. As hypothesized, resilience significantly predicted thriving ($b = .40, SE = .12, p < .05, 95\% CI [.06, .54]$) in the current sample. Posttraumatic growth also significantly predicted thriving ($b = .30, SE = .03, p < .001, 95\% CI [.23, .37]$). In contrast to the hypothesized model, resilience did not predict posttraumatic growth. The hypothesized model accounted for approximately 30% of the variance in thriving scores. A figure containing path weights in the moderated mediation model can be found in Figure 6. In order to isolate the variables contributing to the nonsignificant result in the model, each moderator variable was run separately as a single moderated mediation model. When run as separate moderation models, neither existential

anxiety nor identity pride produced a significant predictive relationship between resilience and posttraumatic growth. However, when the model was run without the moderator variables of identity pride and existential anxiety (as a simple mediation model), the relationship between resilience and posttraumatic growth was significant ($b = .61$, $SE = .20$, $p < .0001$, 95% CI [.22, 1.01]). The simple mediation model accounted for approximately 27% of the variance in thriving scores. Taken together, these findings suggest greater resilience predicted more posttraumatic growth, which in turn predicted greater thriving. However, identity pride and existential anxiety did not significantly moderate the relationship between resilience and posttraumatic growth. Neither of the covariates of socioeconomic status nor age displayed a significant interaction with the model.

Discussion

The current study investigated a moderated mediation model for LGBQ+ resilience and thriving. More specifically, the study tested whether posttraumatic growth significantly mediated the relationship between resilience and thriving in a sample of sexual minorities. In addition, it tested if the relationship between resilience and posttraumatic growth was moderated by existential anxiety and identity pride. The study found that the moderating roles of identity pride and existential anxiety were not supported, however, the mediating effect of posttraumatic growth on the relationship between resilience and thriving was supported. There are several potential explanations for the lack of significant findings for the moderating variables on the mediation analysis. First, the existential anxiety scale did not perform well with this sample. The model fit indices from the CFA did not indicate good model fit and suggest that theoretically the

scale is not a good fit for this sample. A different scale may perform better in assessing existential anxiety in sexual minorities. Perhaps a scale that highlights population-specific existential concerns may provide a more useful avenue for assessing existential anxiety in sexual minorities.

Additionally, results indicated that existential anxiety was correlated positively with heterosexist discrimination, which supports the assertion that existential anxiety may increase as a result of experiencing heterosexist discrimination, perhaps in a similar vein as suggested by Black existentialism (Vereen et al., 2017). However, existential anxiety was correlated negatively with identity pride, thriving, and resilience, and demonstrated only a small negative relationship with posttraumatic growth. Although these results run counter to the hypothesized relationships, this finding may suggest that individuals must resolve their existential anxiety to experience posttraumatic growth, as opposed to be actively experiencing it. The ECQ is a scale that assesses current existential anxiety, and during the time an individual is grappling with these existential concerns they may also be experiencing psychological discomfort and lack of resilience or thriving. Perhaps a scale that measures past or completed processing of existential anxiety or a longitudinal study design that assesses the development of thriving and resilience during the resolution of existential concerns may provide further insight into the relationship between these constructs.

Previous research has suggested that experiencing discrimination can negatively affect meaning of life in LGBTQ+ individuals because of the fear of rejection (Douglas et al., 2020, Meyer, 2003). This study hypothesized that this fear of rejection would relate to the existential concerns around identity and isolation. This study's results confirm the

findings of Douglas et al. (2020) in that a significant negative relationship was found between heterosexist discrimination and meaning in life and quality of life as measured by the thriving variable. This study also found a significant positive correlation between heterosexist discrimination and existential anxiety as hypothesized, however, not through the proposed relational model. This finding suggests there is a mechanism happening between discrimination experiences and existential anxiety that needs to be further explored.

Identity pride also failed to show a significant moderating effect on the relationship between resilience and posttraumatic growth. While identity pride was positively correlated with both thriving and posttraumatic growth in the current sample, it did not display a significant correlation with resilience. Previous research has shown that identity pride may protect against mental health disparities (Bruce et al., 2015) and been shown to relate to positive mental health outcomes in sexual minorities (Bonet et al., 2007). Combined with the findings from this study, it may be that identity pride serves multiple functions, such as acting as a protective factor that may enhance thriving and posttraumatic growth. However, it appears that identity pride is not a factor that is required to bounce back from discrimination in this current sample.

After the removal of the moderating variables of identity pride and existential anxiety, the mediation effect of posttraumatic growth on the relationship between resilience and thriving was significant. This finding suggests that posttraumatic growth may be one of the mechanisms that helps push LGBTQ+ individuals from being resilient to thriving. As theorized by Carver (1998), resilience denotes an individual's ability to bounce back from stressors whereas thriving indicates an individual's ability to grow

from those stressors. While thriving is an outcome, posttraumatic growth highlights some of the specific components in which an individual has changed as a result of experiencing stressors (Calhoun & Tedeschi, 2001). In sexual minorities, our results highlight that the process of changing one's views about the world and refocusing on values and priorities was associated with greater quality and meaning of life as measured by the thriving variable. In addition, the moderate positive association between posttraumatic growth and thriving may present evidence that runs contrary to Cohen et al. (1998)'s assertion that posttraumatic growth can be used to assess thriving. If the two constructs were identical, there would have been a much higher association between them. However, the development of a measure that more accurately assesses thriving may provide avenues for future research in this area.

Implications for Research and Practice

The findings from this study present several implications for research and practice with LGBTQ+ individuals. First, the study confirmed the role of posttraumatic growth in the trajectory for moving individuals from being solely resilient to thriving. Therefore, clinical interventions focused on increasing values clarification, understanding greater meaning of experiences of discrimination, and finding connection and purpose could be helpful in helping LGBTQ+ individuals to thrive after experiencing heterosexist discrimination. As such, cognitive therapies may be helpful in aiding in values clarification work and schema/belief revisions may be helpful in facilitating posttraumatic growth. A component of posttraumatic growth suggests core belief restructuring occurs as a result of the adverse event (Calhoun & Tedeschi, 2001). As a result, cognitive therapies that facilitate the restructuring of core beliefs may be helpful in

making sense of experiences of discrimination. Additionally, experiential therapies may also be helpful in processing greater life meaning and addressing existential anxieties to help facilitate thriving during and after adverse events. Lastly, relational-cultural therapy may be useful in helping LGBTQ+ individuals process oppression and focus on building connection and greater purpose.

To date, this appears to be the first study to focus on thriving in LGBTQ+ individuals. Additional research should be done to ascertain additional factors that may contribute to the process of moving towards thriving in sexual minorities. In this study's model, existential anxiety and identity pride were not significant in the moderated mediation model. Additional research should be done to ascertain these variables' roles in resilience, posttraumatic growth, and thriving in this population.

Lastly, many of the scales used in this study have not yet been validated for use in LGBTQ+ populations and several did not perform well with regard to demonstrating expected factor structures with the sample in this study. Further research should be done to ascertain the psychometric properties for these scales and their viability for use in this population. Additionally, it is clear that minority individuals face different stressors than those in the dominant majority. Scale development should continue around developing scales that specifically address these and other variables in minority populations to better understand these variables from their experience.

Limitations

There are several limitations to this study. First, the main outcome variable, thriving, does not yet have a scale that has been created to assess this construct. As a result, this study created its own by combining two already existing scales in an attempt

to get close to the construct definition based on previous research. The PTGI, QOLS, MILS, and ECQ did not display good model fit despite altering their structure and deleting problematic items after confirmatory and exploratory factor analyses in this sample. This may affect construct validity in this sample and may have affected the findings.

An additional limitation with the study is that this study focused solely on individuals who identified as sexual minorities. Our results did not display any significant differences in scores for individuals who identify as gender minorities, however, care should be taken in applying these findings to gender diverse individuals. While individuals who identify as gender minorities may share similar experiences with their other LGBTQ+ counterparts, they do have differing experiences with prejudice and discrimination. Additional research should focus on resilience and thriving in gender diverse populations to best understand this experience. Additionally, the sample in this study was primarily White. This limits generalizability to racial and ethnic minorities who may experience other forms of prejudice and discrimination related to their racial and ethnic identities.

Although this study found a significant correlation between posttraumatic growth and heterosexist discrimination, due to the nature of correlations, we cannot infer that the posttraumatic growth experiences happened as a result of heterosexist discrimination. Individuals in the sample may have experienced posttraumatic growth due to other factors or forms of trauma. Research that can isolate posttraumatic growth based on specific instances of discrimination and its relation to constructs such as resilience and thriving will be helpful in further clarifying this potential effect. Similarly, this study did

not specify or categorize prejudice or discrimination events by severity or type, but rather, a total score for events experienced were used. The self-report nature of this study is another limitation. Finally, this study utilizes a descriptive design and thus, no causal relationships should be determined from these findings.

Conclusion

Although LGBQ+ individuals continue to experience oppression and discrimination, not all of these individuals experience poor mental health outcomes. Many of these individuals are resilient and even thrive despite facing this adversity (Meyer, 2015). Carver (1998) theorized that individuals can respond to adversity in several different pathways, notably, through resilience and thriving. The current study tested these pathways in LGBQ+ populations, and examined potential variables that may help individuals push towards thriving despite this oppression and discrimination. Results of this study found that although posttraumatic growth mediated the relationship between resilience and thriving, the hypothesized moderating effects of identity pride and existential anxiety were not supported. The application of these findings for clinical work with LGBQ+ individuals provides guidance for mental health practitioners to help increase quality and meaning of life in LGBQ+ individuals despite experiencing oppression and discrimination. A final important note is that although this study provides support and potential strategies for LGBQ+ individuals to thrive despite oppression, it should not be used to invalidate the negative impact that discrimination and prejudice can have on LGBQ+ individuals lives. Efforts should continue to be made to push for the eradication of this oppression and increase equality.

Study Two: Patterns Among Resilient and Thriving LGBTQ+ Individuals: A Cluster Analysis Investigation

Frequently, research on sexual minority individuals centers around negative aspects of identifying as LGBTQ+ such as negative mental health outcomes, minority-based stress, and stigma. While this research has been integral to understanding the mental health processes around identifying as LGBTQ+, it is also important to highlight the positive qualities and strengths that LGBTQ+ individuals possess to shift the stigmatizing narrative that these individuals are sick or damaged (de Lira & de Morais, 2018). Various articles have highlighted differing variables that usually relate a predictor variable, such as social support or outness, to some positive psychological outcome, such as psychological well-being (Perrin et al., 2020). However, little has been investigated about what factors are generally associated with or contribute to resilience or thriving in sexual minorities. This study will add to this literature by examining patterns in characteristics among LGBTQ+ individuals who are resilient and thriving.

Historically, resilience and thriving have struggled to find consistent definitions in the literature, often varying from researcher to researcher and across disciplines (Brown et al, 2017; Shaik & Kauppi, 2010). Sometimes resilience and thriving are used interchangeably but they are in fact two different mechanisms that need to be understood separately, along with the interaction between them. The two constructs have been understudied in the LGBTQ+ literature. In a seminal article, Carver (1998) posited that resilience and thriving denote two different responses to adversity; resilience denotes an individual's ability to bounce back after adversity, whereas thriving denotes an individual experiencing growth and functioning at a higher level as a result of the adversity. Based

on Carver's definitions of resilience and thriving, it would be possible to cluster individuals based on level of functioning and presence of growth experiences to separate individuals who are resilient from ones who are thriving. However, Carver did not address minoritized populations in his model, and as the minority stress model states, the stressors that sexual minorities face are unique to them, which may limit the utility of Carver's model for minority populations. As a result, it is important to understand the additional qualities that LGBTQ+ individuals possess that allow them to be resilient and thrive despite the stressors that they face due to their identification as a sexual minority.

Variables Related to Thriving and Resilience

Although the research on specific variables related to resilience and thriving in LGBTQ+ populations have been sparse, some research has highlighted several variables that may relate to resilience in this population. For example, Perrin et al (2020) created a minority strengths model as a response to the Meyer (2003) minority stress model to investigate the personal and collective strengths minority individuals possess to create positive outcomes despite stress. Their path analysis model found positive mental health and positive health behaviors were successively predicted by social support, identity pride, self-esteem, and resilience. Social support has been repeatedly shown to be a buffer between stressful life events and psychological distress (Bränström, 2017; Lehavot & Simoni, 2011). Bränström (2017) found that social support significantly mediated the relationship between LGB victimization and number of psychiatric visits and antidepressant use in a sample of over 30,000 Swedish lesbian, gay, and bisexual adults. Some research has also revealed that social support may be associated with resilience in the general population (Netuvelli et al., 2008; Perrin et al., 2020). For example, research

conducted on a large sample of British older adults revealed that individuals with higher social support pre-adversity were more likely to be resilient than those with lower social support post-adversity (Netuvelli et al., 2008). Relatedly, researchers have also theorized that social support may also be related to resilience in LGBTQ+ populations (Fenaughty and Harré, 2008; Kwon, 2013) however, empirical testing of this has yet to be shown. Kwon (2013) believed that social support may promote resilience in sexual minorities by 1) providing a sense of connection to the sexual minority community to increase psychological health, and 2) that social support would provide a buffer against reactivity to prejudice. However, some research has shown that social support does not serve as a buffer between minority stress and psychological distress (Bruce et al., 2015; Szymanski, 2009), although the reasons why this disparity in findings exist in different samples remains unclear. Therefore, understanding what other variables are high and low in relation to social support may provide an explanation for why social support may or not be important in some individuals versus others.

Having pride and seeing value in one's minority identity, referred to as identity pride, is more likely to be associated with greater social resources, which in turn, has been predicted to increase resilience (Kwon, 2013). Additionally, identity pride may predict individual self-esteem (Pyszczynski et al., 2004), which has been posited to help minority individuals cope positively after adversity (Luthar, 2006). Szymanski (2009) investigated the moderating role of self-esteem on the relationship between heterosexual discrimination and psychological distress in a sample of gay and bisexual men. Results of the study found that recent heterosexual events significantly predicted psychological distress in gay and bisexual men with low self-esteem. Other research has shown that

identity pride and acceptance have been associated with less internalized homophobia and depression (Bruce et al., 2015). More specifically, in a sample of 200 sexual minority men, positive identity development partially mediated the relationship between concealment stress and internalized homophobia, which in turn positively predicted depressive symptoms (Bruce et al., 2015). This suggests that having a positive view of one's sexual identity protects against later development of internalized homophobia which decreases later possibility of depressive symptoms. Additionally, coming to terms with one's sexual identity has been shown to positively predict positive mental health outcomes (Zoeterman & Wright, 2014), while also eliciting stress-related growth and stress buffering from loss (Bonet et al., 2007). Taken together, the results of these studies highlight the potential role of positive identity development on the well-being of sexual minorities that may relate to their resilience and thriving.

As previously mentioned, Carver (1998) highlighted that thriving differs from resilience by the presence of growth. More specifically, growth is not a necessary component of resilience, but is one for thriving. One way that research has investigated this growth has been through the concept of posttraumatic growth. Posttraumatic growth can be defined as the process of positive psychological change that occurs after an adverse event (Calhoun & Tedeschi, 2001). Research has shown that some elements of minority stress are severe enough to trigger posttraumatic growth in LGBTQ+ individuals (Ratcliff et al., 2020; Zavala & Waters, 2021). Posttraumatic growth usually results in a core belief restructuring after an adverse event (Calhoun & Tedeschi, 2001), where sexual minority individuals may try make meaning of the adverse event (Wexler et al., 2009). One way that this may occur is through existential anxiety. Existential anxiety

refers to anxiety related to the core existential concerns around existence such as death, isolation, identity, freedom, and meaning (Koole et al., 2006). Many elements of sexual minority discrimination and prejudice center around fear of rejection, safety, isolation, and freedom due to homophobic attitudes and stigma. However, the role of existential anxiety as it relates to sexual minorities has not yet been investigated.

Cluster Analysis

Cluster analysis is a statistical technique used to group entities based on similarity in respect to the selected variables (Clatworthy et al., 2005). The goal of cluster analysis is to create groups where the cases within the groups are as similar as possible to those within the same group and as different as possible from the other groups. The analysis creates opportunities to organize large quantities of multivariate data (Clatworthy et al., 2005). In many ways, cluster analysis has a strong orientation towards advocacy, as it helps to identify groups of individuals so that researchers can easily identify what characteristics should be enhanced and fostered in counseling interventions to help individuals move towards better mental health outcomes. Cluster analysis is considered an exploratory analysis, as there is no hypothesis testing of any kind. Rather, the analysis assumes that the variables included are relevant to the phenomenon being studied (Meyers et al., 2017).

Current Study

Taken together, social support, posttraumatic growth, identity pride, and existential anxiety have been shown or posited to be associated with resilience and/or

thriving in sexual minority individuals. The current study sought to understand different profiles of individuals who experience differing levels of resilience and thriving and how those individuals differ in key variables. Understanding these groups of individuals and how they differ on the study's variables will help researchers and practitioners better understand and foster these strengths and characteristics among sexual minorities. As a result, this study utilized cluster analysis to identify resilient and thriving individuals based on the Carver (1998) conceptualizations of responses to adversity. Carver's (1998) model can be found in Figure 2. Based on this framework, the thriving group was identified with higher scores on quality of life and posttraumatic growth while the resilient group showed higher scores on quality of life and lower scores on posttraumatic growth. The other two groups constituted Carver's survival with impairment response to adversity as well as a transitioning group. The survival with impairment group was identified with lower scores on both quality of life and posttraumatic growth while the transitioning group was identified with low scores on quality of life and higher scores on posttraumatic growth. A model of these proposed clusters can be found in Figure 3. In addition, the study hypothesized that individuals in the resilient and thriving groups would show greater social support, existential anxiety, and identity pride than the survival with impairment group.

Method

Procedure

Participants filled out an anonymous online survey from a link found in email or social media announcements on Facebook, Twitter, Instagram, or Reddit. After clicking the hyperlink, participants were taken to a webpage containing the informed consent page

of the study. Participants indicated consent by moving forward with the study. Items related to study inclusion were asked first (age and sexual orientation). Following inclusion criteria, identity pride was presented first to ensure identity salience before existential anxiety questions. All other study measures were randomly presented to reduce potential order effects. Demographic questions were asked last to ensure that only sexual orientation is salient when answering study measures. Additionally, three attention check questions were presented throughout the survey to reduce random responses or detect the presence of online bots. Any individual who incorrectly answered two or more of the attention check questions were removed from the data set.

Participants

The final sample of participants were 294 individuals who identified as LGBQ+. Approximately 724 individuals consented to participate in the study, however, 234 individuals were removed for missing more than 25% of study data. Approximately 125 individuals were removed for incorrectly answering two or more of the attention check questions. Thirteen individuals were removed for not meeting the study criteria (were not 18 or older or did not identify as LGBQ+). Ten individuals were removed for not completing either the variables used for clustering (posttraumatic growth and quality of life). Four individuals were identified as univariate outliers and were removed from the data. An outlier was defined as a score that exceeded 3 standard deviations from the mean. Lastly, one individual was removed for being a multivariate outlier.

In the study's sample, the age of participants ranged from 18-59 ($M = 31.45$, $SD = 8.05$). Participants were allowed to select multiple gender identity labels to best describe their experience. Approximately 203 individuals identified as women, 119 identified as

gender diverse (individuals who identified as transgender, nonbinary, two spirit, agender, or genderqueer), and 23 identified as men. Most of the sample identified as bisexual or pansexual ($N = 113$), followed by lesbian ($N = 106$), queer ($N = 64$), gay ($N = 26$), and asexual ($N=5$). In relation to outness, roughly 31% of individuals identified being out to everyone, 21% to friends only, 20% to both friends and family, 4% to family only, and 7% were not out at all. Most individuals were partnered (32% married or domestic partnership and 31% dating) while 34% reported being single, 7% divorced/separated, and 1 individual reported being widowed. The sample was roughly 83% White, 8% Latinx/Hispanic, 7% Black, and 4% Asian. As for education, less than 1% of individuals reported not having a high school diploma or GED, roughly 7% had a high school diploma or GED equivalent, 17% with some college, 9% with a two year degree, 32% with a four year degree, 28% with a master's degree, and 7% with a doctorate or professional degree. Socioeconomic status was assessed using three questions asking participants their perceived ability to obtain wants and needs. Scores can range from 3-12 with higher scores indicating higher perceived social class. Participants perceived social class ranged from 3 - 12 ($M = 6.93$, $SD = 1.7$). There was a roughly even split among region of residence of participants with roughly 23% living in the Northeast, 27% in the Midwest, 23% in the South, and 25% in the West. Participants mostly reported living in urban areas (49%) followed by suburban areas (38%) and rural areas (12%).

Measures

Demographic measure

A demographic questionnaire asking participants their age, gender identity, sexual orientation, education, outness, socioeconomic status, and region of residence.

Heterosexist Discrimination

Heterosexist discrimination was assessed using the Daily Heterosexist Experiences Questionnaire (DHEQ; Balsam et al., 2013). The measure is used to assess the various types of discrimination experiences that LGBTQ+ individuals experience and the level of subjective stress those experiences have caused. Participants are asked how much the items have distressed them in the last 12 months on a 6-point scale from 0 (*did not happen/not applicable*) to 5 (*happened and bothered me a lot*). Scores range from 0-250 with higher scores indicating higher occurrence and distress of heterosexist discrimination. Sample scale items include: “hearing people make jokes about LGBT people” and “hiding your relationship from other people.” The measure will be scored based on distress and occurrence. The DHEQ has shown to have correlations with other measures of anxiety, depression, perceived stress, and PTSD in a sample of LGBT individuals. Concurrent validity was also shown by moderate correlations with two other general LGB discrimination scales ranging from .34-.44. Very strong internal consistency in this population has been established with a Cronbach’s alpha of .92 (Balsam et al., 2013).

Social Support

Social support was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988). The measure assesses an individual’s perceptions of social support from friends, family, and significant other(s). The scale contains 12 items rated on a 7-point Likert scale ranging from 1 (*very strongly disagree*) to 7 (*very strongly agree*). Scores range from 12-84 with higher scores reflecting greater social support. Sample items include “There is a special person with whom I can share my joys

and sorrows” and “I can count on my friends when things go wrong.” Very strong internal consistency has been shown with Cronbach’s alpha of .92. Convergent and discriminant validity has been established using the Adolescent Family Caring Scale (AFCS), where the family subscale of the MSPSS correlated strongest with the AFCS than the other subscales. Confirmatory factor analysis was conducted for the MSPSS since it has not yet been validated for use in LGBQ+ populations. The model fit of the theorized three factor model was $\chi^2(51) = 129.28$; CFI = .98; TLI = .96; RMSEA = .07 (90% CI [.05, .08]); these values indicate adequate fit. All items displayed factor loadings between .7 to .8.

Quality of Life

Quality of life was assessed using the Quality of Life Scale (QOLS; Burckhardt and Anderson., 2003) The QOLS contains 16 items and scale items are measured on a 7-point Likert scale ranging from 1 (*terrible*) to 7 (*delighted*). The scale has participants rate their satisfaction with different elements in their life such as material well-being, physical well-being, relationships, and community with correlations ranging from .67-.75 across samples of patients with various physical illnesses. Scores range from 16-112, with higher scores representing higher perceived quality of life. Good internal consistency has been established with Cronbach’s alpha ranging from .82-.92 across subscales (Buckhardt & Anderson, 2003). Confirmatory factor analysis was conducted for the QOLS since it has not yet been validated for use in LGBQ+ populations. The model fit of the one factor model for QOLS was $\chi^2(90) = 292.82$; CFI = .78; TLI = .70; RMSEA = .08 (90% CI [.07, .09]), indicating poor fit. An EFA suggested that a two-factor model best fit the data. A follow-up CFA with the two factor model yielded a

model fit of $\chi^2(65) = 222.99$; CFI = .82; TLI = .84; RMSEA = .08 (90% CI [.07, .09]), indicating better fit. The factor loadings of all items of the QOLS were greater than .5 except for items 3 and 4, which had factor loadings less than .3. As a result, these items were removed from the QOLS for this sample.

Existential Anxiety

Existential anxiety was assessed using the Existential Concerns Questionnaire (ECQ; van Bruggen et al., 2017). The measure contains 22 items and assesses the degree of existential anxiety an individual experiences. The measure is scored on a 5-point Likert scale 0 (*never*) to 4 (*very often*). Scores range from 0-88, with higher scores indicating greater existential anxiety. Sample items include “Existence feels threatening to me, as if at any moment something terrible could happen to me” and “It makes me anxious that my life is passing me by.” Strong internal consistency has been established with Cronbach’s alpha of .92 in a samples of students with and without mental health diagnoses. Good convergent discriminant validity has been shown with correlations with measures of neuroticism (.55-.67), psychological distress (.53-.62), and meaning (.22-.38) (van Bruggen et al., 2017). Since the ECQ has not yet been validated for use in sexual minorities, confirmatory factor analysis was performed. The model fit of the three-factor model was $\chi^2(223) = 890.73$; CFI = .81; TLI = .80; RMSEA = .09 (90% CI [.09, .10]) indicating poor fit. An EFA suggested that a two-factor model best fit the data .A follow-up CFA with the two factor model yielded a model fit of $\chi^2(208) = 779.94$; CFI = .84; TLI = .82; RMSEA = .09 (90% CI [.08, .1]) indicating better fit.

Posttraumatic Growth

Posttraumatic growth was assessed using the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996). The measure assesses an individual's perception of growth after a stressful event. The measure is comprised of 21 items. Participants are asked on a 6-point Likert scale ranging from 0 (*I did not experience this change as a result of the event*) to 5 (*I experienced this change to a great degree as a result of the event*). Scores range from 0-105 with higher scores associated with greater posttraumatic growth. Good internal consistency has been established with Cronbach's alphas of .90 in a sample of college students (Tedeschi & Calhoun, 1996), although the scale has not yet been validated for use for LGBTQ+ individuals. Concurrent and discriminant validity have been shown with correlations with optimism, religiosity, neuroticism, extraversion, openness, agreeableness, and conscientiousness in a sample of undergraduate psychology students with correlations ranging from -.17-.20 (Tedeschi & Calhoun, 1996). The PTGI has not yet been validated for use in LGBTQ+ populations, therefore, confirmatory factor analysis was conducted. The model fit of the one factor model was $\chi^2(189) = 854.42$; CFI = .79; TLI = .75; RMSEA = .10 (90% CI [.09, .11]). An EFA suggested that a two-factor model best fit the data. A follow-up CFA with the two factor model yielded a model fit of $\chi^2(169) = 558.16$; CFI = .88; TLI = .85; RMSEA = .08 (90% CI [.07, .09]). The factor loadings of all items ranged from .5 to .8 except for item 18, which displayed a factor loading value of .29. As a result, item 18 was removed from the measure for this sample.

LGBQ+ Identity

The Lesbian, Gay, Bisexual Identity Scale (LGBIS; Mohr & Kendra, 2011) is a measure that assesses eight dimensions of LGB identity. The measure has 8 subscales

(*Acceptance Concerns, Concealment Motivation, Identity Uncertainty, Internalized Homonegativity, Difficult Process, Identity Superiority, Identity Affirmation, and Identity Centrality*) and contains 27 items. Participants indicate their experiences using a 6-point Likert scale ranging from 1 (*disagree strongly*) to 6 (*agree strongly*). Scores range from 27-162 with higher scores reflecting greater LGB identity development. Moderate to high internal consistency has been shown with Cronbach's alphas ranging from .76-.89 across all subscales. The study will look at each subscale individually in the cluster analysis. Good convergent validity has been shown with other related identity measures ranging from .41-.44 (Mohr & Kendra, 2011).

Results

Initial missing values analysis revealed no pattern in the missing data and data appeared to be missing completely at random. Skewness and kurtosis were evaluated using the guidelines of George and Mallery (2010) for each measure to check for assumptions of normality. All study variables displayed acceptable skewness (-.52 to .64) and kurtosis (-.77 to .29).

Means, standard deviations, Cronbach's alphas, and correlations between the study's variables can be found in Table 2. The sample displayed moderately high levels of identity pride and social support, in addition to moderate levels of posttraumatic growth, existential anxiety, quality of life, and distress from heterosexist discrimination. In regard to demographic variables, holding a genderqueer identity was positively associated with posttraumatic growth ($r = .15, p < .01$), suggesting that holding a gender identity outside of the gender binary may have facilitated additional processing and growth related to adverse events. Similarly, pansexual sexual identity was positively

associated with quality of life ($r = .18, p < .01$). Taken together, these results suggest that individuals not being constrained to a particular binary and having freedom to choose may facilitate both posttraumatic growth and quality of life. Lastly, socioeconomic status was negatively associated with both quality of life ($r = -.21, p < .01$) and social support ($r = -.13, p < .01$), suggesting that as individuals gain monetary means they report less social support and less quality of life overall.

K-means cluster analysis in SPSS Version 27 was used to identify the four clustered groups. K-means cluster analysis is an iterative partitioning method that begins by dividing cases into the required number of clusters and calculating the center of each of those selected variables. Following the calculation of the cluster center, cases are relocated to their nearest cluster center. This process continued until all entities are closer to their own cluster center than to any other. Four clusters were determined prior to analysis to align with the Carver (1998) model. The two variables used in the cluster analysis (posttraumatic growth and quality of life) were converted into standardized scores prior to clustering. The final cluster centers (in standardized form) can be found in Table 3. Each of the clustered groups differed significantly from one another in posttraumatic growth $F(3, 287) = 196.14, p < .001$ and quality of life $F(3, 287) = 297.13, p < .001$, indicating distinct clusters. Figure 4 displays a graph of score means for posttraumatic growth and quality of life in each of the clusters. As hypothesized, the four clustered groups that emerged aligned with the study's hypotheses: the thriving group emerged with higher scores on both posttraumatic growth and quality of life, the resilient group emerged with higher scores on quality of life and lower posttraumatic growth, the survival with impairment group emerged with lower scores on quality of life and

posttraumatic growth, as well as a transitioning group with lower scores on quality of life and higher scores on posttraumatic growth.

After the groups were identified, separate ANOVAs were run to examine how each of the clustered groups differed on levels of social support, existential anxiety, distress experienced from heterosexist discrimination, and identity pride. Each clustered group differed significantly on level of distress from heterosexist discrimination $F(3, 250) = 5.37, p < .001$. Individuals in the thriving group experienced the lowest levels of distress from heterosexist discrimination ($M = 92.77, SD = 22.30$) whereas the survival with impairment group experienced the highest levels of distress from heterosexist discrimination ($M = 107.17, SD = 23.64$). As hypothesized, results from post hoc Tukey's test showed that individuals in the survival with impairment group showed significantly greater distress from heterosexist discrimination than both the resilient ($p < .05$) and thriving ($p < .01$) groups.

Each of the clustered group differed significantly on levels of social support $F(3, 284) = 17.7, p < .001$. Those in the thriving group displayed the highest scores for social support ($M = 67.31, SD = 11.64$) and the survival with impairment group displayed lowest scores for social support ($M = 51.40, SD = 15.17$). Results from post hoc Tukey's test showed that consistent with hypothesis, individuals in the survival with impairment group displayed significantly less social support than the other three groups, but the greatest difference was with the thriving group ($p < .001$).

Individuals across clusters also differed significantly in regard existential anxiety, $F(3, 285) = 24.75, p < .001$. Individuals in the survival with impairment group displayed the highest scores of existential anxiety ($M = 71.0, SD = 16.66$), whereas the thriving

group had the lowest scores ($M = 48.29$, $SD = 17.07$). Post hoc Tukey's test results showed that individuals in the survival with impairment group displayed significantly higher existential anxiety than those in the transitioning ($p < .01$), resilient ($p < .001$), and thriving ($p < .001$) groups. This finding runs counter to the hypothesis that individuals in the thriving group would display higher existential anxiety than those in other groups.

Lastly, the four clusters also differed significantly in levels of identity pride $F(3,287) = 15.36$, $p < .001$. Individuals in the transitioning group displayed the highest scores of identity pride ($M = 38.68$, $SD = 5.40$), followed very closely by the thriving group ($M = 38.07$, $SD = 5.73$), whereas individuals in the survival with impairment group displayed the lowest scores on identity pride ($M = 32.75$, $SD = 7.60$). Post hoc Tukey's test revealed that individuals in the survival with impairment group displayed significantly less identity pride than the transitioning group ($p < .001$) and thriving group ($p < .001$). The thriving group and transitioning group did not display any significant differences on scores of identity pride.

Discussion

The purpose of the current study was to identify different profiles of individuals based on the resilience and thriving framework of Carver (1998) and how those groups of individuals differ on key variables. This study identified four groups of individuals based on the Carver framework: thriving, resilient, survival with impairment, and transitioning. The groups were identified using K-means cluster analysis on the variables of posttraumatic growth and quality of life. Separate one-way ANOVAs were utilized to determine differences in social support, existential anxiety, distress from heterosexist discrimination, and identity pride among the groups of individuals.

As suggested by Carver (1998), individuals who are resilient tend to bounce back from experiences of adversity but generally may not experience any growth from that experience. However, individuals who are thriving tend to not only bounce back from adverse experiences but are able to experience growth and move to a level of functioning that is greater than they experienced pre-adversity. Consistent with Carver's theory, the findings showed that the thriving group displayed higher scores on both quality of life and posttraumatic growth, whereas the resilient group displayed higher scores on quality of life but lower scores on posttraumatic growth. Carver also theorized that some individuals are not able to bounce back from these adverse experiences and are impaired in some way from the event(s). This group of individuals (survival with impairment) were identified in the study with lower scores on both the quality of life and posttraumatic growth measures. This study also found a fourth group that was not in Carver's original framework, the transitioning group. The transitioning group was identified with low scores on quality of life but higher scores on posttraumatic growth. These individuals were likely transitioning into higher functioning groups such as thriving but may be in a stage of change where quality of life may be low. It is likely that these individuals at a later time point may fall into either the resilient or thriving groups after this transition period. Another interesting finding is that identifying as genderqueer was associated with greater posttraumatic growth and identifying as pansexual was associated the greater quality of life. This important finding should be further investigated, as it provides evidence against the traditional binary of both gender and sexual identity. It may also suggest that individuals who are not restricted to traditional binaries may in fact display more growth and better quality of life.

Results from the ANOVAs revealed significant differences among the different groups of individuals on levels of social support, existential anxiety, distress from heterosexist discrimination, and identity pride. Of note, the survival with impairment group reported the lowest levels of social support and identity pride and the highest scores on distress from heterosexist discrimination and existential anxiety, whereas the thriving group displayed high scores on social support and identity pride and the lowest scores on heterosexist discrimination and existential anxiety. These results are supported by Perrin et al. (2020), whose path analysis model found that positive mental health and positive health behaviors are predicted by social support and identity pride. Based on these findings, individuals in the thriving group are more likely going to have positive mental health outcomes and positive health behaviors due to their high levels of social support and identity pride that may help to increase their quality of life. These positive mental health outcomes and coping skills likely contribute to experiencing growth as a result of experiencing discrimination. Additionally, previous research has shown that social support can help mitigate the possible negative effects of stressful life events such as discrimination and victimization (Bränström, 2017; Kwon, 2013; Lehavot & Simoni, 2011). The clustered groups of this study help add evidence to the importance of social support in coping with distress from heterosexist discrimination.

This study's findings also provide support for the beneficial role of identity pride in enhancing resilience and thriving in LGBTQ+ individuals. Identity pride, or having pride in and seeing value in one's LGBTQ+ identity, has been associated with greater social resources (Kwon, 2013) and helps individuals cope with adversity (Luthar, 2006). In the current study, individuals in the survival with impairment group displayed the

lowest levels of identity pride and social support and the highest levels of distress from heterosexist discrimination. These results suggest that having lower pride in one's minority identity may reduce connection to the greater LGBTQ+ community and thus, create poorer outcomes after experiencing heterosexist discrimination. The thriving group in this study had significantly higher identity pride and posttraumatic growth scores than individuals in the survival with impairment group. These findings fall in line with previous research which has found that identity pride predicts positive mental health outcomes (Zoeterman & Wright, 2014) and stress-related growth (Bonet et al., 2007).

The findings of this study did not support the hypothesis that individuals in the thriving group would display greater scores on existential anxiety than individuals in the survival with impairment group. Previous research has shown that LGBTQ+ individuals may try to make meaning of an experience of discrimination (Wexler et al., 2009). This study theorized that one mechanism that this may occur is through existential anxiety. Existential anxiety refers to the anxiety related to core existential concerns (Koole et al., 2006) which may be salient after experiencing discrimination and prejudice related to one's sexual minority identity. Interestingly, the clusters in this study displayed results directly opposite to this hypothesized effect. Individuals in the thriving group experienced the lowest scores on existential anxiety whereas individuals in the survival with impairment group displayed the highest. This may be due to the way the construct was assessed. The existential anxiety measure utilized in this study assesses current levels of existential anxiety, which likely causes discomfort and distress. As theorized, individuals in the thriving group may have had to resolve existential anxiety to experience the core belief restructuring that may have occurred due to the adverse events.

Therefore, interpreting the results as current levels of existential anxiety, the findings are not surprising. However, a scale that measures past or completed processing of existential anxiety or a longitudinal study design that assesses the resolution of existential concerns may provide further insight how this construct relates to responses to adversity in LGBQ+ individuals.

Implications for Research and Practice

This study presents several implications for research and practice with LGBQ+ individuals. First, it helped identify clusters of individuals that may need the most support in regard to responding to adversity such as heterosexist discrimination. In addition, it also identified several important characteristics and factors that may need to be addressed in clinical work to help improve functioning and quality of life for LGBQ+ people. For example, individuals in the survival with impairment group displayed low scores on social support and identity pride. Therefore, affirming counseling and psychotherapy work that aids in positive identity development for LGBQ+ individuals may help them improve functioning and connect them with the greater LGBTQ+ community and increase social resources and coping. Additionally, this study highlights the potential importance of social support in positive adaptation to stressors in LGBQ+ populations. As a result, mental health practitioners should support clients in identifying and building social networks, such as through support groups. Lastly, the results of this study highlighted that individuals in the survival with impairment group exhibited much higher scores on both distress from heterosexist discrimination and existential anxiety than the other groups. This finding highlights the potential relationship between heterosexist discrimination and existential anxiety and how these experiences may lead to worse

outcomes. Individuals in the thriving group reported significantly less distress from heterosexist discrimination and existential anxiety. As a result, it is imperative that practitioners who work with LGBTQ+ individuals discuss the greater meaning that individuals are pulling from discrimination experiences and how they may relate to existential concerns. In addition, it may highlight that existential therapy may be a useful avenue for pursuing these topics with this population to help them resolve some of these greater life conflicts.

This study also provides important avenues for continued research for LGBTQ+ populations. To date, it appears that this is the first study to utilize cluster analysis as a method to understanding LGBTQ+ mental health and wellbeing. Further exploration of this method in this population to identify factors and additional classification methods may help identify individuals at the greatest risk for poor mental and physical health outcomes and test interventions and relationships that may help move them from at risk categories. Additionally, it also appears that no study to date has investigated the differential roles of resilience and thriving in LGBTQ+ individuals. Additional research should be done to ascertain additional factors and relationships that may contribute to the process of moving towards thriving in LGBTQ+ individuals. Lastly, future research should investigate the role of existential anxiety in mental health concerns for LGBTQ+ individuals to better understand how individuals relate to their experiences of discrimination and oppression.

Limitations

Several limitations are present for this study. First, the PTGI, QOLS, and ECQ scales used in this study have not yet been validated for use in LGBTQ+ populations and

the PTGI and ECQ did not perform well using confirmatory factor analysis. Further research should be done to ascertain the psychometric properties for these scales and their viability for use in this population. Based on these findings, it is clear that sexual minority individuals face different stressors and have different lived experiences than those in the dominant majority. Scale development should specifically address these and other variables in minority populations to better understand their experience. An additional limitation of this study is that this study has been limited to understanding the experience of sexual minorities, not gender minorities. While sexual and gender minorities co-exist under the same LGBTQ+ umbrella, they have different experiences related to discrimination and although we found no meaningful differences in scores based on gender minority status, care should be taken in applying these findings in gender minority individuals. In a similar vein, most of the participants in this study were White. This limits generalizability to those with multiple minority identities. Additional research should focus on recruiting and studying those with multiple marginalized identities to investigate how those experiences differ. Finally, this study utilizes a descriptive design and thus, no causal relationships should be determined from these findings.

Summary

Despite experiencing adverse events such as discrimination and prejudice, many LGBTQ+ individuals display resilience and growth (de Lira & de Moraes, 2018; Meyer, 2015). Carver (1998) theorized several different responses to adverse events that may be indicative of functioning and adaptation. This study used Carver's framework to classify individuals in four distinct clusters around his framework using the variables of

posttraumatic growth and quality of life. Results of this study found that each of the clustered groups differed in line with the Carver (1998) framework and found that individuals in each of the clustered groups displayed significant differences on levels of social support, identity pride, distress from heterosexist discrimination, and existential anxiety. The application of these findings to clinical work with LGBQ+ populations provides suggested avenues for aiding in positive coping in LGBQ+ individuals that may help facilitate their movement towards thriving. Although this study provides implications to help LGBQ+ individuals cope with their heterosexist society, it should not be used to blame or invalidate LGBQ+ individuals experience of discrimination and oppression. Rather, society should continue to move towards acceptance to eradicate inequality and create a more affirming environment to all LGBQ+ people.

Conclusion

Despite advances in policy and societal attitudes, prejudice and discrimination persist against sexual minority individuals. Experiences of discrimination have been shown to negatively affect sexual minority mental health (Mays & Cochran, 2001; Meyer, 2015). However, despite these negative experiences, many sexual minority individuals do not experience poorer mental health outcomes and are resilient (Meyer, 2015). Recently, the research agenda around sexual minority mental health has begun a shift to include more positive traits that these individuals may possess, such as resilience. Carver (1998) theorized four ways that individuals may respond to adverse experiences such as discrimination: 1) succumbing, 2) survival with impairment, 3) resilient, and 4) thriving. Much of the research on sexual minorities has focused on pathways one and two, with less focus on three and four. The studies included in this dissertation sought to further explore the relationships and factors associated with resilience and thriving in sexual minority populations. More specifically, study one tested if the relationship between resilience and thriving was mediated by posttraumatic growth, and if the relationship between resilience and posttraumatic growth was moderated by identity pride and existential anxiety in a sample of LGBTQ+ individuals. Study two identified groups of individuals with similar patterns among scores in posttraumatic growth and quality of life and utilized one-way ANOVAs to investigate differences among those groups on social support, existential anxiety, identity pride, and distress from heterosexist discrimination.

Results of study one did not support the findings of the moderated mediation model, however, it did find a significant mediation effect between resilience, posttraumatic growth, and thriving. More specifically, results revealed that the

moderating roles of identity pride and existential anxiety were not supported, however, the mediating effect of posttraumatic growth on the relationship between resilience and thriving was supported. Results of study two confirmed that the groupings from the cluster analysis aligned with the Carver (1998) model. It found that individuals were grouped into clusters: 1) survival with impairment group (low posttraumatic growth and quality of life), 2) resilient (high quality of life and low posttraumatic growth), and 3) thriving (high quality of life and high posttraumatic growth). The study also displayed a fourth group not related to the Carver model labelled as the transitioning group, who displayed high scores on posttraumatic growth and low scores on quality of life. These individuals were theorized as being in transition to higher functioning groups. The study's results also confirmed hypotheses that individuals in the thriving group would display higher scores on social support and identity pride and lower scores on distress from heterosexist discrimination compared to those in the survival with impairment group.

One hypothesis from study two was that existential anxiety would be higher for those in the thriving group compared to the survival with impairment group and this was not supported. Similarly, existential anxiety was found in study one to be associated with less thriving, rather than more thriving as was hypothesized. The existential anxiety measure utilized in both studies assessed *current* levels of existential anxiety, rather than *resolved* existential anxiety. Individuals in the thriving group in study two, or high in the thriving variable in study one, may have previously experienced and resolved existential anxiety, but may not be currently experiencing it. Existential anxiety was positively associated with distress from heterosexist discrimination in both studies, indicating that

there may be an association between the two constructs, although the exact mechanism appears to be unknown. Heterosexist discrimination has been associated with reduced life meaning in sexual minorities (Douglas et al., 2020), a key tenet of existentialist philosophy. Existentialist philosophy, particularly Black existentialism (Vereen et al., 2016) highlights how the longstanding narrative of rejection and deviancy of sexual minorities may reduce the freedom that a sexual minority person might experience as they may choose to hide their sexual minority identity in fear of rejection and reject, rather than embrace, their minority identity. These concerns may reduce life meaning and quality of life in sexual minorities unless deliberately reflected upon and resolved. Therefore, it may be more important to investigate the resolution of existential anxiety as it relates to thriving in sexual minorities. Further longitudinal analysis of these relationships would help better understand the relationship between these constructs.

Identity pride was associated with thriving in both study one and study two. In study two, individuals in the thriving group displayed significantly higher scores on the identity pride variable than those in the survival with impairment group. In addition, identity pride was positively associated with both resilience and thriving in study one, albeit not through the moderated mediation model. Previous research has shown that identity pride is associated with greater resilience and stress-related growth (Bonet et al., 2007), fewer depressive symptoms (Bruce et al., 2015), and positive mental health (Zoeterman & Wright, 2014) in sexual minorities.

Additionally, the results from this dissertation found that resilience and thriving are, in fact, two distinct constructs. In study one, results from the correlation analysis revealed a significant positive association between resilience and thriving, in addition to

the mediation analysis which found that greater resilience predicted posttraumatic growth, which in turn, predicted greater thriving. While there was a positive association between both constructs, the Pearson's coefficient for the association between the two constructs was only .27. If the constructs were one and the same, one would expect a much stronger R value between the two constructs. Similarly, results from the cluster analysis in study two found that individuals in the thriving and transitioning group displayed significantly greater posttraumatic growth scores than those in the survival with impairment and resilient groups. These findings also suggest that posttraumatic growth may be one of the mechanisms that helps push LGBQ+ individuals from being resilient to thriving.

Taken together, these findings provide several implications for clinical and empirical work with LGBQ+ populations. First, it highlights the importance of several variables in the facilitation of thriving in sexual minorities: posttraumatic growth and identity pride. Therefore, practitioners working with LGBQ+ individuals should utilize methods that are both affirming and explore greater meaning after experiences of discrimination and oppression. Practitioners should also focus their efforts on positive identity development to help sexual minorities embrace, rather than reject their minority identity and foster connections with the greater LGBTQ+ community. Research should continue to focus on the positive psychology of sexual minority individuals. It is clear that there is a dearth of research on the positive qualities that sexual minorities possess, and it appears that no study to date has investigated sexual minorities who are thriving. Additionally, counseling and psychotherapy interventions should be investigated in

regard to achieving the specific outcomes of developing the positive characteristics of posttraumatic growth and identity pride in sexual minorities to help facilitate this growth.

Lastly, longitudinal examinations of the development of thriving in sexual minorities is necessary to better understand how these mechanisms unfold over time. This research would allow researchers and mental health professionals to have a greater understanding of this process in order to better aid with the facilitation towards thriving. This dissertation provides several avenues for future development of this research line. Upon completion of these studies, each will be submitted to either *Psychology of Sexual Orientation and Gender Diversity* or the *Journal of LGBTQ Issues in Counseling*. Further, I will expand the research and thriving line to longitudinal examinations. These longitudinal examinations can be understood in the context of greater LGBTQ+ mental and physical health outcomes and provides opportunity for grant applications. Additionally, this will be expanded to better understand resilience and thriving in gender minorities. In sum, those in the LGBTQ+ community are able to obtain high levels of quality of life and meaning despite living in a society where many negative attitudes continue to exist. This dissertation highlights some of the characteristics and factors that contribute to this in sexual minorities and provides opportunities to improve clinical and empirical work on this population and change the narrative around sexual minorities that they are “sick and damaged”. Further work in this area will continue to push for equality, acceptance, and better outcomes for sexual minority people.

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Tables and Figures

Table 1

Variable	M	SD	α	1	2	3	4	5	6
1. Resilience	18.12	6.27	.92	-					
2. Identity Pride	36.34	6.76	.85	-.05	-				
3. Heterosexist Discrimination	98.75	24.15	.91	-.15*	-.13*	-			
4. Existential Anxiety	58.39	19.27	.93	-.37**	-.18**	.48**	-		
5. Thriving	109.00	14.13	.82	.27**	.35**	-.23**	-.44**	-	
6. Posttraumatic Growth	74.59	21.38	.93	.18**	.36**	.04	-.13*	.50**	-

Note. $N = 303$. * $p < .05$, ** $p < .01$

Table 2

Variable	M	SD	α	1	2	3	4	5	6
1. Quality of Life	53.51	9.94	.83	-					
2. Posttraumatic Growth	76.11	21.6	.93	.42**	-				
3. Heterosexist Discrimination	99.26	24.20	.91	-.30**	.02	-			
4. Existential Anxiety	58.47	19.21	.92	-.57**	-.14*	.47**	-		
5. Identity Pride	36.23	6.78	.85	.23**	.37**	-.12*	-.16**	-	
6. Social Support	60.40	14.72	.90	.45**	.27**	-.39**	-.30**	.27**	-

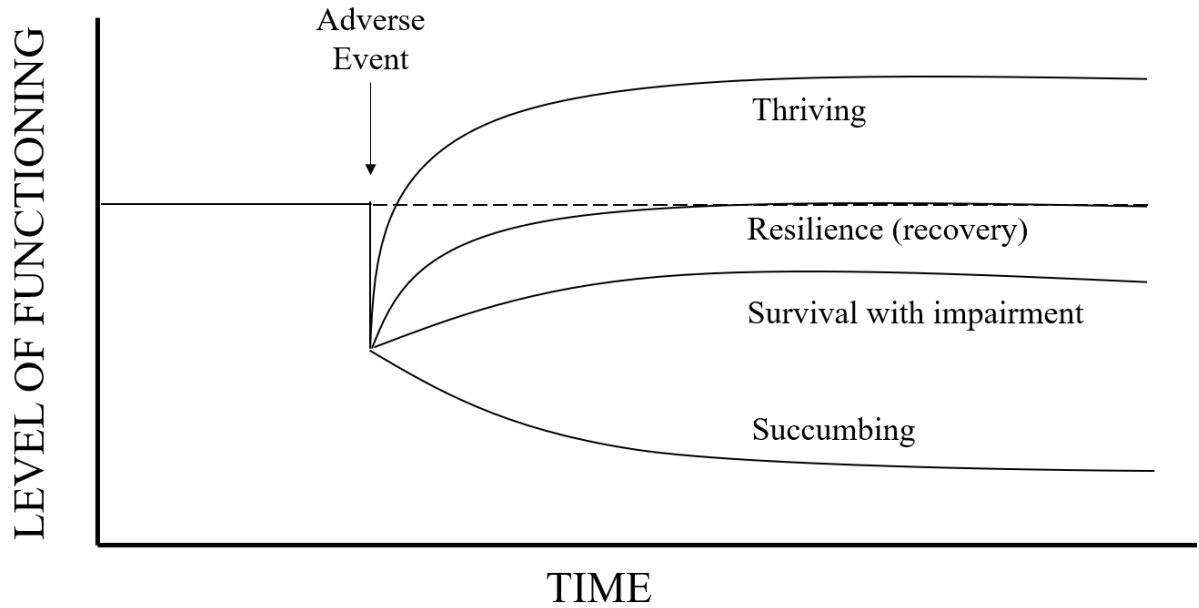
Note. $N = 292$. * $p < .05$, ** $p < .01$

Table 3

Variable (Standardized)	Transitioning	Survival with impairment	Resilient	Thriving
1. Quality of Life	-1.31	-1.79	1.89	2.57
2. Posttraumatic Growth	2.01	-1.86	-2.49	1.89
N	85	69	54	83

Figure 1

Carver (1998) Responses to Adverse Events



Note. Carver (1998) theoretical potential responses to trauma/adversity. Carver makes no distinction between discrete timebound adverse events and a prolonged period of adversity.

Figure 2

Hypothesized Model

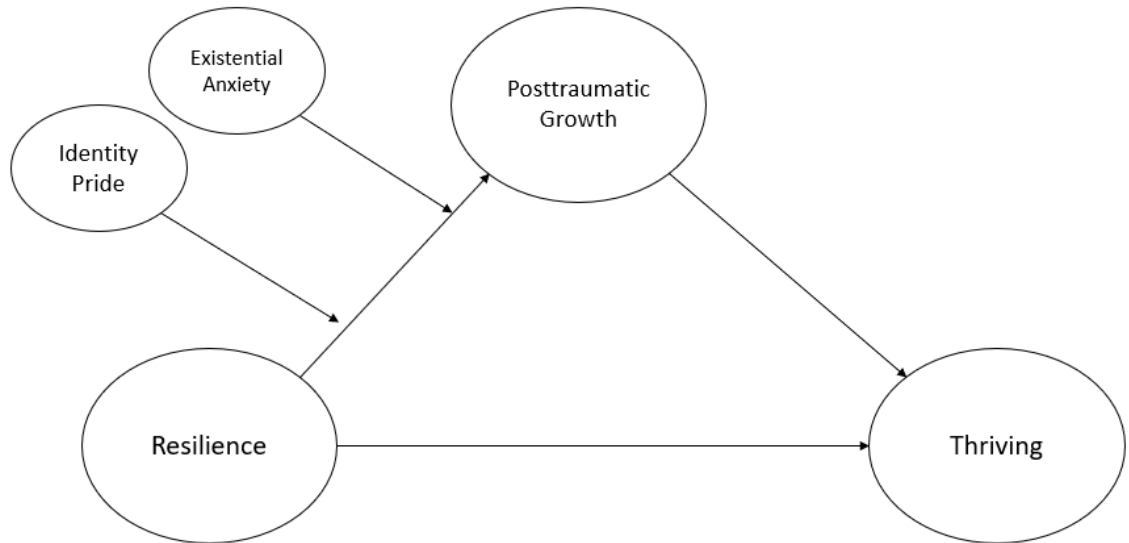


Figure 3*Framework for Clustered Groups*

		Level of Functioning	
		Low	High
Growth Experiences	Low	Survival with Impairment	Resilient
	High	Transitioning	Thriving

Figure 4

Cluster Means for Posttraumatic Growth and Quality of Life

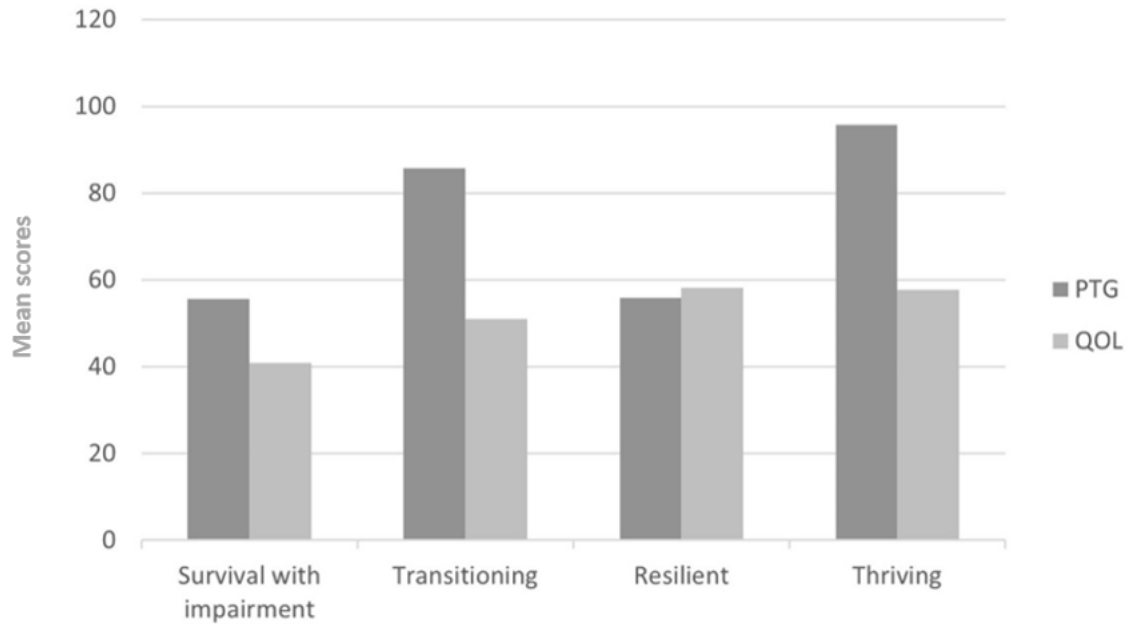
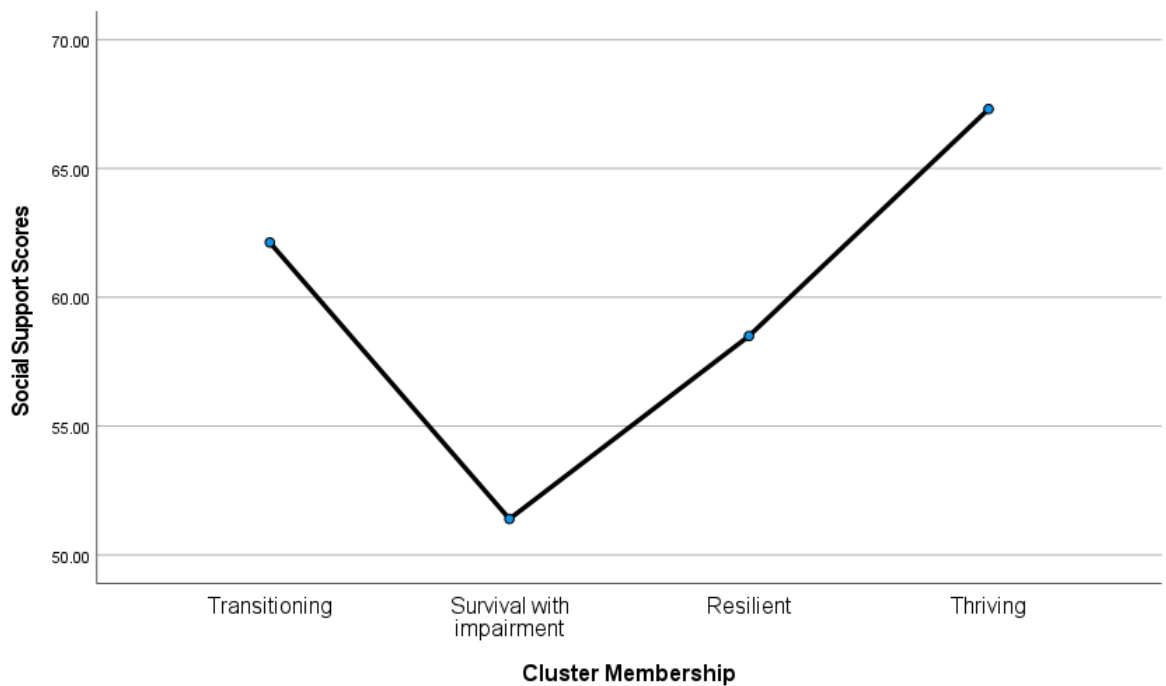
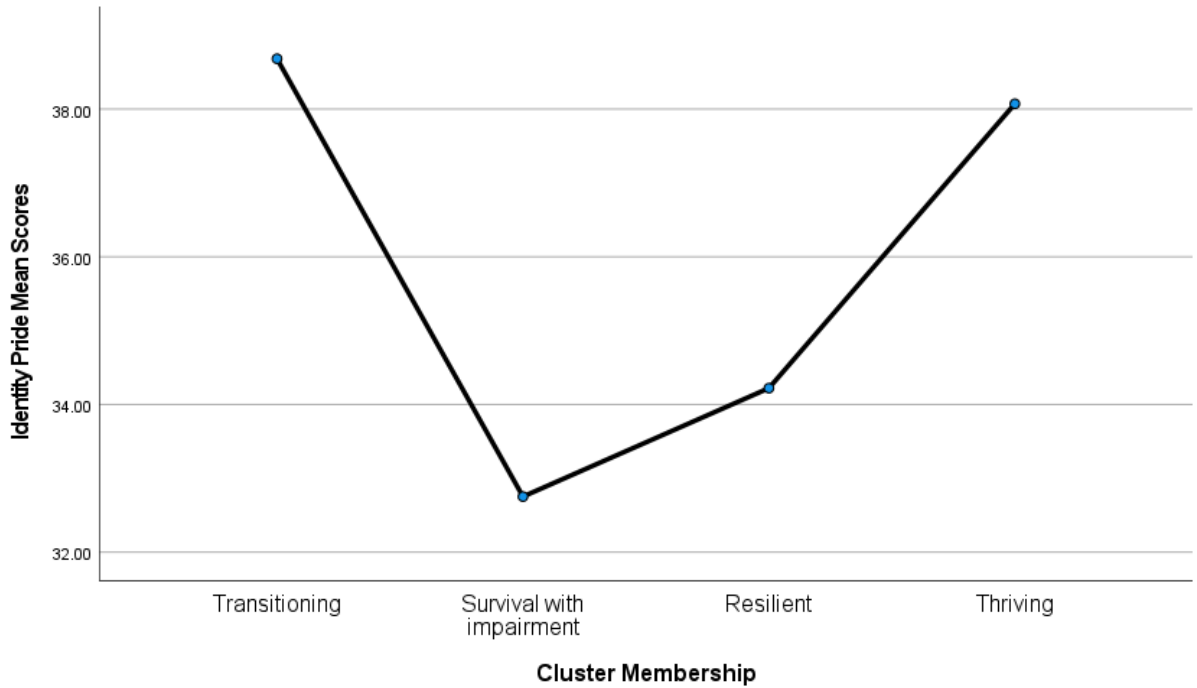


Figure 5

Mean Plots for Identity Pride, Social Support, Heterosexist Discrimination, and Existential Anxiety



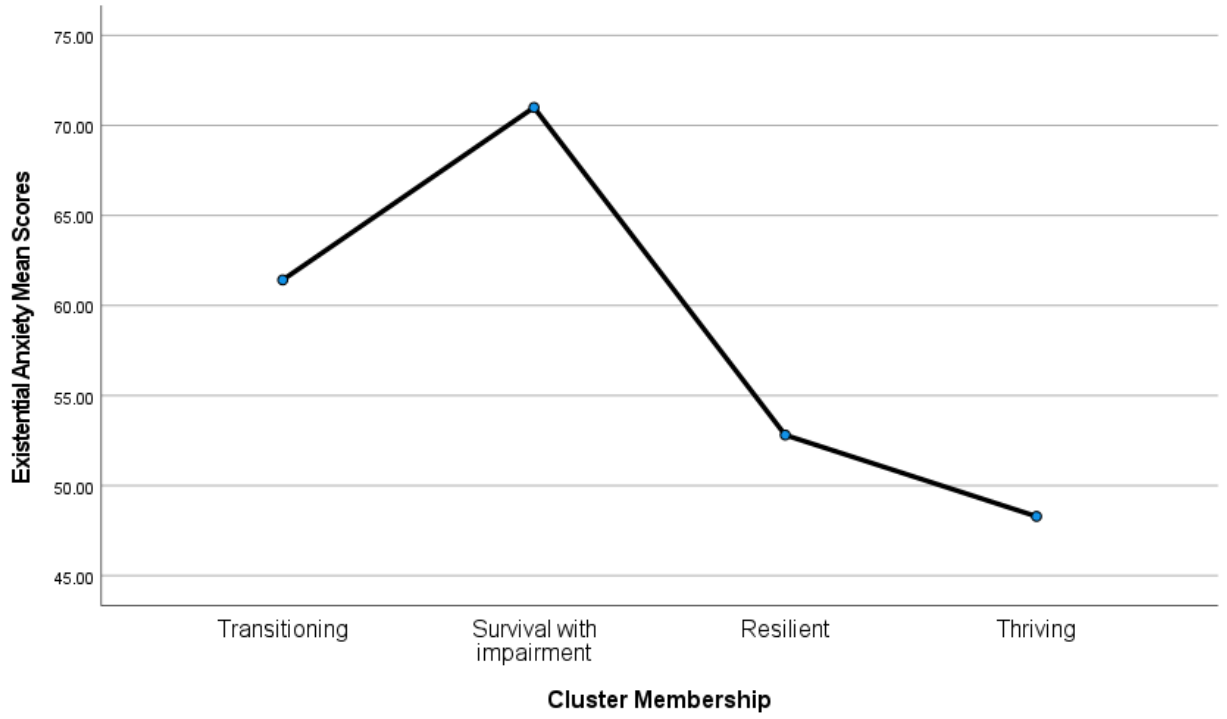
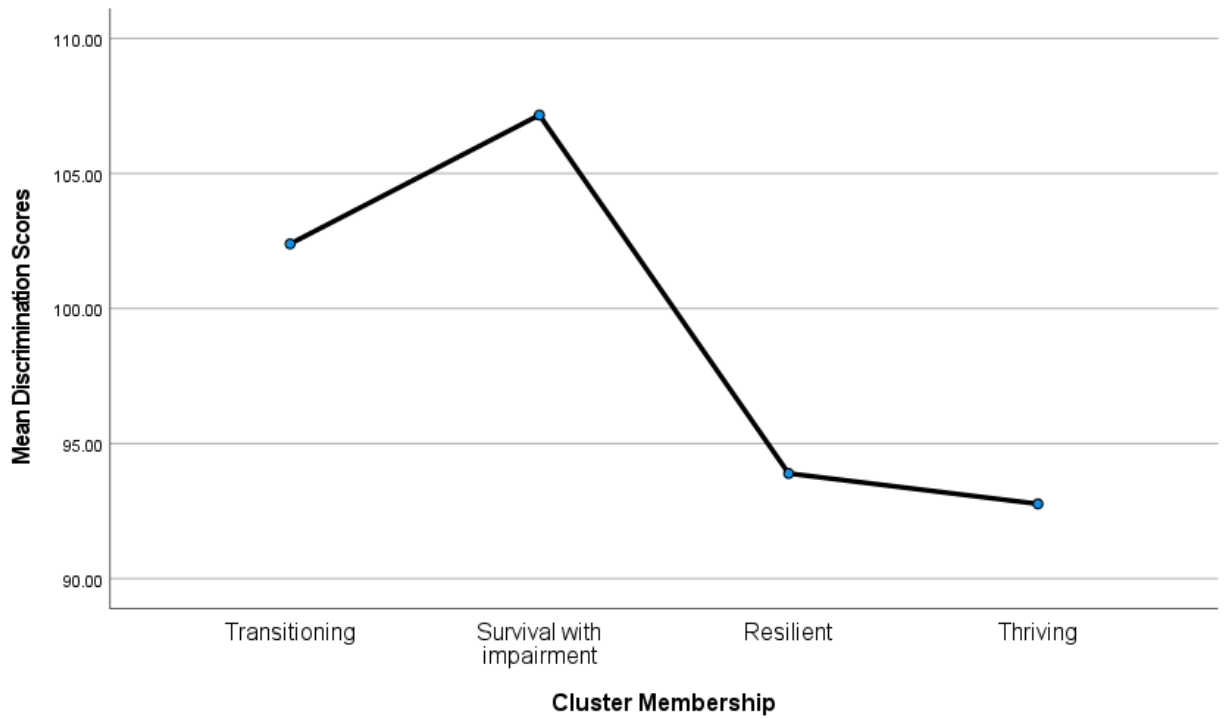


Figure 6*Results of Double Moderated Mediation Model*