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“It Truly Does Get Better:” Young Sexual Minority Men’s Resilient Responses to Sexual Minority Stress

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Abstract

Due to minority stress, sexual minority men experience mental health disparities. Sexual minority men who engaged in cognitive-behavioral therapy to address the minority stress underlying their distress completed an exercise eliciting their own resilience. This exercise involved writing an advice letter to a hypothetical peer about coping with minority stress. Qualitative analysis of these letters yielded 18 codes grouped into three categories reflecting resilience to minority stress. Categories included (1) cultivating internal affirmation strategies, (2) building supportive relationships and community, and (3) using cognitive and behavioral skills to cope with minority stress. Findings highlight this population’s resilience and suggest building resilience through treatment.

Keywords

resilience; sexual minority; affirming; cognitive-behavioral therapy; qualitative analysis

Sexual minorities (individuals who identify as lesbian, gay, bisexual, or another non-heterosexual identity) often face challenging social environments fraught with prejudice, discrimination, and marginalization (Frye et al., 2015). Psychological research has examined the detrimental effects these experiences have on sexual minority populations’ health and adjustment (Frost, Lehavot, & Meyer, 2015; Lee, Gamarel, Bryant, Zaller, & Operario, 2016; Marshal et al., 2011). Sexual minorities are more likely to experience depression, anxiety, psychological distress, self-harm behavior, suicidality, and alcohol and other substance use concerns compared to their heterosexual counterparts (Cochran, Sullivan, & Mays, 2003; King et al., 2008; Marshal et al., 2011). Prevalence of these psychosocial concerns are even higher for young and emerging adult sexual minorities (Bränström, Hatzenbuehler, & Pachankis, 2016; Rice, Vasilenko, Fish, & Lanza, in press). These mental health disparities are likely a result of cumulative sexual minority stress (Lee et al., 2016;

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Declaration of Interest Statement

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McCabe, Bostwick, Hughes, West, & Boyd, 2010). Sexual minority stress refers to the identity-based stigma, prejudice, and discrimination that sexual minorities face in heterosexist (i.e., attitudes and behaviors that favor heterosexual people and discriminate or stigmatize sexual minority people) environments (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Meyer, 2003; Meyer & Frost, 2012). As such, most of the existing research focuses on these mental health disparities and their determinants (Kwon, 2013).

Increasingly, research has documented sexual minorities' resilience and strengths in the face of identity-related adversities (Herrick, Friedman, & Stall, 2012; Herrick, Stall, Goldhammer, Egan, & Mayer, 2014; Hill & Gunderson, 2015; Kwon, 2013; Meyer & Frost, 2012; Russell, 2005; Savin-Williams, 2008; Vaughan & Rodriguez, 2014). In fact, despite the documented negative effects of sexual minority stress, many sexual minorities show substantial resilience in the face of negative social conditions (Bariola, Lyons, & Lucke, 2017). Although there is variation in the precise definition of the term, resilience is often described as a response in which an individual confronts adverse experiences and utilizes personal and environmental resources to successfully cope with, adapt to, or overcome the adverse situation (Fletcher & Sarkar, 2013; Luthar & Cicchetti, 2000; Meyer, 2015). Although recovery from adversity suggests a resilient response, thriving in response to adversity is also possible. For example, individuals might thrive by developing new skills or knowledge, increasing confidence in one's abilities, or improving relationships, following adversity (Carver, 1998). Meyer (2015) defines resilience as "the quality of being able to survive *and thrive* in the face of adversity," (p. 210; emphasis added). Drawing from the trauma literature, resilience in the face of adversity may actually be the default human response, even if distress co-exists with this resilience (Shalev & Errera, 2008).

Displaying resilience, despite the potential of cumulative sexual minority stress, many sexual minority people do not meet diagnostic criteria for psychiatric problems (e.g. Cochran & Mays, 2012). Of those who do experience psychiatric problems, many can improve through brief, affirming, evidence-based treatment (Lucassen, Merry, Hatcher, & Frampton, 2015; Pachankis, Hatzenbuehler, Rendina, Safren, & Parsons, 2015; Ross, Doctor, Dimito, Kuehl, & Armstrong, 2007).

To date, studies of resilience within sexual minority communities have examined a variety of adaptive responses and strategies that can buffer against the negative effects of minority stress on health (see de Lira & de Moraes, 2018; Herrick et al., 2012; Hill & Gunderson, 2015; Kwon, 2013). Adaptive coping includes emotional processing and regulation (Kwon, 2013; Madsen & Green, 2012; McDavitt et al., 2008; Pachankis & Goldfried, 2010), flexible thinking, building optimism, rejecting stereotypes (Clyman & Pachankis, 2014; Harper, Brodsky, & Bruce, 2012; Kubicek et al., 2009; Kwon, 2013; Madsen & Green, 2012; McDavitt et al., 2008; Reed & Valenti, 2012; Riggle, Whitman, Olson, Rostosky, & Strong, 2008), and self-affirmation (Harper et al., 2012; Reed & Valenti, 2012; Riggle et al., 2008). Social support within the LGBTQ community and from supportive allies is also protective (Bogart et al., 2017; Harper et al., 2012; Jackson, 2017; Kubicek, McNeeley, Holloway, Weiss, & Kipke, 2013; Madsen & Green, 2012; McDavitt et al., 2008; Reed & Valenti, 2012; Riggle et al., 2008; Rios & Eaton, 2016; Woodward, Banks, Marks, & Pantalone, 2017). Involvement in supportive religious/spiritual organizations, schools, and workplaces

can serve as additional protective factors (Darwich, Hymel, & Waterhouse, 2012; Huffman, Watrous-Rodriguez, & King, 2008; Kubicek et al., 2009; Madsen & Green, 2012; McDavitt et al., 2008). In non-affirming settings, interpersonal skills such as setting boundaries, ignoring, confronting, and educating can be useful (Bogart et al., 2017; Harper et al., 2012; Jackson, 2017; Madsen & Green, 2012; McDavitt et al., 2008; Reed & Valenti, 2012; Riggie et al., 2008). Additional behavioral skills displayed by sexual minorities can include focusing on one's own enjoyment, distraction, seeking mental health services when needed, and practicing self-care (Harper et al., 2012; Madsen & Green, 2012; Woodward et al., 2017).

Some interventions have sought to capitalize on and incorporate resilience into treatments seeking to improve sexual minority clients' mental health and well-being. For instance, Hobaica et al.'s (2018) review of empirically supported interventions for sexual minority youth found that many of these interventions sought to improve mental health via building resilience. For instance, *Affirmative Supportive Safe and Empowering Talk*, an intervention for sexual minority youth with an ethnic minority identity, seeks to increase proactive coping, build social support, and improve self-esteem (Craig, Austin, & McNroy, 2014). Building resilience to minority stress has also been a feature of sexual minority-affirming interventions for adults. For example, Lin and Israel's (2012) online intervention to reduce men's internalized heterosexism sought to debunk stereotypes about same-sex attracted men, highlight that heterosexism comes from society, and build positive attitudes about being same-sex attracted. Pachankis and Safren's (2019) *Handbook of Evidence-Based Mental Health Practice with Sexual and Gender Minorities* provides additional examples of interventions that incorporate resilience to improve mental health.

These studies show that sexual minorities demonstrate substantial resilience to minority stress, though mainly through retrospective self-report of their experiences and in non-clinical populations. However, there may be additional ways to indirectly obtain information about resilience, a multifaceted and complex psychological construct. Adding to this base of evidence regarding the resilience of sexual minority communities, this study explores sexual minority men's resilience in a novel way. The present study explores young sexual minority men's resilient responses to minority stress in the context of an affirming psychological treatment. Resilience was assessed via letters that participants wrote to a hypothetical sexual minority peer facing a minority stress situation. This study was guided by a resilience research framework (Herrick et al., 2014) which emphasizes the importance of identifying and incorporating the resilience of sexual minority communities to promote health and address health disparities. As such, the purpose of this study was to contribute to a descriptive understanding of the cognitive, emotional, and behavioral skills that young sexual minority men believe are useful for confronting sexual minority stress, with potential links to improved mental health.

Method

Participants

Participants in this study included the first 35 sexual minority men who completed ten sessions of brief, individually-delivered, identity-affirming cognitive-behavioral therapy

(CBT) called “ESTEEM” (Effective Skills to Empower Effective Men). Therapy was completed as part of a large ongoing randomized controlled trial of this treatment. Participants all provided informed consent after the study procedures had been fully explained. All study procedures were reviewed and approved by the Institutional Review Board for each study site. We continued to include participants until we reached coding saturation (i.e., new codes were no longer emerging).

As shown in Table 1, participants were drawn from two sites, Miami ($n = 13$, 37.1%) and New York City ($n = 22$, 62.9%), and were 19 to 35 years old ($M = 27$, $SD = 4.11$). The majority of participants identified as racial and/or ethnic minorities, with 37.1% of participants identifying as Hispanic/Latino, 28.6% identifying as White, 17.1% identifying as Black/African American, 14.3% identifying as multiracial, and 2.9% identifying as Asian. The majority of participants identified as gay (82.9%); four (11.4%) identified as bisexual, and two (5.7%) as queer. Additionally, most participants identified as cisgender male; two participants (5.7%) identified as transgender men.

Eligibility criteria for the trial included meeting diagnostic criteria for at least one *DSM* mood, anxiety, or trauma- and stressor-related disorder. Because this intervention was designed to address both mental and sexual health (for more information, see Pachankis, 2014), all participants also reported at least one instance of sexual behavior that could lead to HIV acquisition (condomless anal sex with a male partner of unknown or positive HIV status, unless with an HIV-positive main partner with a known undetectable viral load) while not adherent to pre-exposure prophylaxis. The most frequent mental health diagnoses that participants met criteria for at baseline were major depressive disorder (77.1%), generalized anxiety disorder (48.6%), and social anxiety disorder (37.1%). Although the focus of treatment varied across participants, the treatment protocol was designed to address participants’ symptoms associated with their mental health diagnosis as well as their sexual health in relation to their minority stress experiences.

Procedure

All participants completed the treatment, which was adapted from the Unified Protocol (Barlow et al., 2010) to address the sexual minority stress hypothesized to underlie their clinically significant psychological distress and sexual behavior that could lead to HIV acquisition. Given that many participants identified as racial and ethnic minorities, racial and ethnic minority stress was also addressed within treatment as relevant.

The treatment is described in detail elsewhere (e.g. Burton, Wang, & Pachankis, 2017; Pachankis, 2015), however generally, session content included identifying participants’ minority stress experiences as they relate to mental, behavioral, and sexual health; exploring patterns of emotional responding to minority stress; developing mindfulness skills to cope with minority stress; engaging in cognitive reappraisal of minority stress experiences; developing awareness of emotion avoidance patterns and unhealthy emotion-driven behaviors; building assertiveness skills in the face of minority stress; developing and implementing behavioral experiments; and consolidating treatment gains. The treatment manual also guided therapists through being thoughtful about their implementation of CBT techniques to address minority stress. A possible misinterpretation of using CBT to address

minority stress could involve disaffirming a sexual minority person by invalidating or challenging real experiences of prejudice and victimization. Therapists were trained to fully validate these real experiences while also exploring ways in which participants might be empowered to cope effectively with their current lived experiences and stressors.

Several guiding principles were integrated throughout treatment: distress is a normal response to minority stress, minority stress experiences teach sexual minorities negative lessons about themselves, sexual minorities can be empowered to positively cope with minority stress and its consequences, sexual minorities have unique strengths, sex is healthy (including same-sex sexuality), and genuine relationships and social support are essential for sexual minority men. All sessions addressed the function of current psychosocial concerns in the context of early and ongoing minority stress experiences.

During the final treatment session, participants completed a written therapeutic exercise designed to elicit their resilience and ability to cope with sexual minority stress and consolidate treatment gains. Participants were presented with one of several pre-selected brief (2-3 minute) video clips that depicted a young sexual minority man experiencing sexual minority stress, such as family rejection, feeling like an outsider, workplace discrimination, rejection from a religious organization, or bullying. These videos were all real stories that young sexual minority men had contributed to a publicly accessible online project ("I'm from Driftwood: The LGBTQ Story Archive"). Participants' therapists selected the video clip participants saw from several pre-selected options. Participants were given 10-15 minutes and asked to hand-write a letter (approximately one page) to the man in the video that they watched, providing suggestions for how the man could effectively respond to the minority stress situation. Therapists informed participants that their letter could be used to help other sexual minority men facing similar situations. As such, this exercise elicited participants' personal resilience, or their own strategies for coping adaptively with minority stress. This is consistent with the "saying is believing" premise of this written exercise, which is intended to elicit and solidify the writer's own resilience and strengths by way of writing a letter to a peer in a relatable situation (Walton & Cohen, 2011). Therefore, the data that we analyzed for this manuscript was a novel way of evaluating sexual minority resilience. Building on prior work that assesses sexual minority men's self-reported or retrospective resilience, we observed participants' recommendations for confronting minority stress through their written letters.

Qualitative Data Analysis

All of the participants' letters were analyzed using qualitative content analysis (Morgan 1993). Coding was guided by the research question: What resilient responses to minority stress do young sexual minority men who completed a brief, identity-affirming therapy suggest that a sexual minority peer use?

All authors were directly involved in the full trial from which this data was drawn, in roles ranging from research assistant, to study therapist, to principal investigators. All authors held sexual and gender minority (SGM)-affirming personal and scientific viewpoints, identified as members and/or allies of SGM communities, and were knowledgeable about SGM health disparities and resilience (with experience in the field ranging from 3-20+ years). All but one

author had prior training and experience with qualitative research methods among SGM and/or HIV-affected communities.

The lead author, who was also a study therapist, clinical supervisor, and project director for the trial (Miami site), developed an initial set of codes using a mixed deductive (based on current research and theory) and inductive (based on review of participant data) approach. The lead author trained two coders (research assistants on the larger trial) to independently apply the initial coding structure to all available data. The coders met with the lead author at intervals of approximately every six coded participants. During coding meetings, the team established consensus for ratings that were applied inconsistently (i.e., coders initially disagreed on the code; percentage agreement: 88%). The lead author and coders discussed to consensus until the coding was either consistent or a change to the coding structure was made in order to improve the accuracy of the coding. In cases where there was disagreement that could not be resolved, the second author was consulted, who was a therapist on the trial. Additionally, the two senior authors (PI and co-PI on the larger trial) provided overall feedback on the coding structure and its applications which helped to clarify the structure and interpretation of the data. As the team iteratively revised the coding structure during the coding process, the lead authors and coders reviewed the previously coded data to verify prior coding in light of the changes. All codes were recorded in qualitative analysis software, Atlas.TI.

Results

Across the sample of 35 participants, 18 codes reflecting participants' recommended resilience strategies were identified. As described above, all of these codes were identified from the clinical exercise in which participants wrote letters to hypothetical young sexual minority men who were struggling with sexual minority stress. On average, participants' letters included four resilience codes, with this number ranging from two to seven.

The 18 resilience codes that emerged from the data were sorted, by author consensus, into three overarching categories that summarize the codes within that category. These categories include: (1) cultivating internal affirmation strategies, (2) building supportive relationships and community, and (3) using cognitive and behavioral skills to cope with minority stress. The specific codes within each category are discussed below with examples illustrating these codes. To contextualize these examples, participant demographics are reported following each quote. All of the codes, additional examples, and frequencies (reported to highlight the extent to which each theme and code were endorsed across the full sample) are reported in Table 2.

Cultivating Internal Affirmation Strategies

This category included codes that reflected participants' suggested internal strategies to affirm their identity as a sexual minority person and to handle sexual minority stress. Codes involved content related to self-acceptance, self-love, pride, hope, and creating meaning. Specific codes, discussed below, in this category included: (a) maintaining optimism, (b) being genuine and authentic, (c) knowing you are lovable and good enough, (d) taking pride

in your identity and strengths, (e) accepting yourself for who you are, and (f) finding meaning and growth from minority stress experiences.

A prominent code within this category was *maintaining optimism*, which included holding the view that one's circumstances will improve and overcoming adversity is possible. Participants echoed widespread messaging directed to LGBTQ communities from the *It Gets Better Project*. For instance, one participant stated: "We have all heard the saying, 'It gets better,' and as annoying as it might sound, it will get better" (27 years old, gay, Latino). Participants also recognized the challenge of maintaining optimism within a heterosexual context: "Although it is horrible what you have gone through, I want you to know that your life is still worth living and you can be happy" (29 years old, gay, White). Although most of the examples of maintaining optimism reflected hope for an individual's circumstances to improve, another component of optimism was hope that society will become more affirming: "Yet we can change society for the better and try to make sure that no one else will need or have to feel this way" (20 years old, gay, White).

Participants also emphasized the importance of *being genuine and authentic* in terms of being able to express one's full self and feel unrestricted by others' expectations. Participants commented about the importance of authentic self-expression rather than adhering to others' expectations: "Never try to pretend to be somebody else just to appease and help make others comfortable with who you are. It sounds corny, but you need to be true to yourself and be happy with yourself" (21 years old, gay, Latino). Participants also highlighted that as a sexual minority person, it is possible to carve one's own path rather than feeling restricted by heteronormative (i.e., the presumption/normalization of heterosexuality) narratives: "You can live a life very different from your friends that are sometimes pushed into heteronormative activities" (25 years old, gay, Latino). Another participant suggested that one's own possibilities for self-expression as a sexual minority person are not circumscribed by stereotypes: "You don't have to subscribe to what society's idea of a gay man is" (25 years old, gay, Black).

Additionally, participants encouraged *knowing you are lovable and good enough*, a belief that may conflict with early and ongoing heterosexist messages. One participant pointed out that this is true even in the face of rejection experiences from key figures: "I've learned that even though my mother said that [anti-gay messages] to me, it doesn't make me any less of a human being than everyone else" (27 years old, gay, Latino). Participants also combated inaccurate beliefs about sexual minority people's worth: "Being gay does not make you any less competent, intelligent, or valuable" (25 years old, gay, Black). One participant emphasized that one is not lovable in spite of who one is, but *because* of who one is: "To you I say this: 'You are loved. You are you and you are loved because you are you.' I hope you are able to see this about yourself with time and most importantly, I hope you're able to say it to yourself and mean it" (32 years old, gay, Latino). Being lovable was also emphasized in a religious context: "What I have learned since then is that God loves me no matter what" (34 years old, gay, White).

Participants also suggested *taking pride in your identity and strengths* as a sexual minority man. Within this code, they articulated the importance of living one's life with pride in order

to thrive and be happy: “I agree that being gay isn’t a choice, but I sometimes argue it’s a gift” (28 years old, queer, Black). This example highlights the perspective that being gay brings special strengths worth celebrating, an important component of pride.

Additionally, participants encouraged *accepting yourself for who you are*, which involved non-judgment of oneself and a feeling of self-acceptance: “I decided to accept myself for who I was and eventually others followed” (21 years old, gay, Latino). Finally, participants suggested *finding meaning and growth from minority stress experiences*, or using these stressful experiences as a learning experience: “You will be a better person from that experience because you will learn from it and grow” (27 years old, gay, Latino).

Building Supportive Relationships and Community

Codes in this category highlighted participants’ strategies for building, as well as navigating, interpersonal relationships and finding supportive and inclusive communities, including: (a) developing an affirming social environment, (b) involving yourself and getting support in the LGBTQ community, (c) knowing support is out there, (d) being assertive, (e) dismissing non-affirming perspectives, and (f) coming out.

Participants had several recommendations for building a supportive community. Many recommended *developing an affirming social environment*. Within this, they suggested intentionally choosing one’s relationships and affiliating with affirming people: “Hold tight to those who support you. I like to call these people ‘the light’ of my ‘lighthouses.’ Allow these people to help you through the dark times” (27 years old, gay, White). Another participant suggested building supportive families of choice: “You can essentially choose your family” (25 years old, gay, Latino). Participants highlighted the specific importance of *involving yourself and getting support in the LGBTQ community*: “Keep a close circle of friends who are also gay and live a similar lifestyle around you who can relate to your choices/feelings/mental state of mind and keep your feet firmly planted in the ground” (34 years old, gay, multiracial). In some cases, participants did not suggest a specific source of support, but emphasized the importance of *knowing support is out there* and that one is never truly alone in their struggles: “I want you to know that you are not alone, and do not need to feel isolated now” (20 years old, gay, White). Together, these codes highlight the overall importance of building supportive communities and relationships for this group of young sexual minority men.

Participants also discussed how to approach interpersonal situations in which they were not getting what they want or deserve. They emphasized *being assertive* and speaking up for oneself: “People react better than you might think when you are frank, honest, and speak up for yourself” (23 years old, gay, Latino). They also suggested *dismissing non-affirming perspectives*, thus using their interpersonal energy judiciously: “People who believe that being gay is wrong are misinformed and he shouldn’t put much stock in pleasing them or wondering if he is upsetting them” (35 years old, gay, Latino). Each of these codes were categorized within “building supportive relationships and community” because they each involved enacting behaviors in relationships with others that were congruent with their own needs and identity.

Participants also wrote about *coming out* and how to protect or enhance one's own well-being during this process. This was considered a code within the "building supportive relationships and community category" because coming out was largely discussed by participants in terms of the effect that it had on their relationships and community, and involved navigating their identity in relation to other people. One participant emphasized intentionality in the coming out process: "Come out at your own terms and when you are ready" (26 years old, gay, Asian). Other participants highlighted the benefits of coming out: "When I told my sister I was gay, I felt a huge sense of relief and when I told my little brother I got that feeling again. Like you, I told my siblings out of the spur of the moment, and by telling them I feel stronger" (19 years old, gay, multiracial). Others contextualized the challenges they experienced when they came out with the ultimate benefits: "My friend rejected me and I found myself more alone than ever, but the silver lining was that I was able to start as someone who was truer to who I really am, and that's worth more than any person or thing" (25 years old, gay, Latino).

Using Cognitive and Behavioral Skills to Cope with Minority Stress

Finally, participants highlighted cognitive and behavioral skills that could be used to cope with sexual minority stress. Codes in this category, all of which were covered in the treatment program, included: (a) identifying what you are feeling and why, (b) being mindful of your emotions, (c) challenging thinking traps, (d) approaching discomfort, (e) setting and working toward personal goals, and (f) engaging in enjoyable activities and practicing self-care. Participants applied these strategies, which are consistent with general CBT principles, within the context of coping with sexual minority stress.

Several participants recommended *identifying what you are feeling and why*. This skill encompassed recognizing one's emotions and the situational triggers for these emotions: "I've learned more to stop and examine these negative feelings and impulses and ask more about what they are rooted in" (28 years old, gay, Latino). Along with this, participants encouraged being *mindful of your emotions*, including non-judgmental acceptance and awareness of emotional experiences. Mindful awareness includes being present and embracing feelings instead of pushing them away. As stated by one participant: "And though emotions can be overwhelming at times because we've been taught not to address them, they help us know ourselves better, and deserve time and acknowledgement" (25 years old, gay, Latino).

Participants also recommended *challenging thinking traps*, which involved reappraising automatic, unhelpful thoughts triggered by stressful situations. For some participants this meant re-evaluating learned expectations of rejection in order to seek out new experiences that could lead to a new perception of oneself: "Some things that helped me through these situations were challenging my own thoughts and experiences. I pushed everything my inside voice was telling me (i.e. 'No one will like you, 'You don't belong.')" (26 years old, gay, Latino). Participants addressed the utility of challenging automatic thoughts to reduce distress: "If you have much anxiety or a habit of negative thoughts about yourself/others... try and stop yourself and ask if they are really true" (29 years old, gay, Latino).

To learn new information about oneself and others, participants also suggested *approaching discomfort* instead of avoiding negative emotions and situations that they expected would elicit such discomfort: “I did this by putting myself in some uncomfortable situations” (26 years old, gay, Latino). They encouraged seeking out opportunities to be vulnerable and engaging in behaviors that may lead to their goals even if these behaviors might be challenging to undertake: “Also if there are small things you are afraid to do because of your history...just do them anyways and work your way up in your own time to tackling the bigger fears. The world is not as dangerous as we thought” (29 years old, gay, Latino). This included approaching relationships, which although potentially uncomfortable given past experiences of rejection, could lead to developing new, positive relationships: “What would happen if you were to invest a little more into those people, rather than reacting to and engaging with these isolating feelings?” (27 years old, bisexual, White).

Participants also suggested *setting and working toward personal goals*. Some participants suggested goal-setting in general while others suggested setting specific goals related to reducing the impact of minority stress on their lives. For instance: “Another suggestion would be to write down your goals, like for example, maybe it would be safer for you to leave your small conservative town and work towards living in an environment that is more accepting” (29 years old, gay, White). Finally, participants emphasized the importance of *engaging in enjoyable activities and practicing self-care*. Emphasizing this, one participant suggested: “Take yourself out on dates. Examine what situations bring you joy and do more of them” (28 years old, gay, Black).

Discussion

All of the young sexual minority men in this study were able to identify a range of resilient strategies that a hypothetical peer could use to respond adaptively to sexual minority stress. Participants conveyed these resilient responses in the context of psychological treatment. Specifically, participants were tasked with drawing on their own resilience (learned prior to and/or during treatment) to help a hypothetical sexual minority peer cope with a minority stress situation. Although this exercise elicited participants’ suggestions to a hypothetical peer, consistent with its “saying is believing” premise (Walton & Cohen, 2011), the exercise was actually intended to elicit and solidify participants’ strategies for dealing with *their own* minority stress. The strategies participants recommended were based on their own learning and resilience, but for the sake of the exercise, directed to a peer. As such, participants’ recommended strategies for dealing with minority stress highlights their own resilience. The themes of resilience to minority stress identified in this analysis are potentially useful focal points for clinicians to build sexual minority clients’ ability to cope with minority stress. Capitalizing and building upon the resilience of sexual minority clients in the context of evidence-based treatment may be helpful in supporting sexual minority clients who are coping with the effects of sexual minority stress on their health.

Participants’ recommendations were in many ways consistent with the growing literature on resilience among sexual minorities. Although this study largely highlights consistency with prior research, the current study suggests the co-existence of minority stress and resilience.

All individuals in this trial experienced some degree of minority stress that theoretically took a toll on their mental health, yet they all also showed resilient responses to minority stress.

Consistent with prior research, participants suggested maintaining optimism. Optimism has been shown to have protective effects on mental health for sexual minority men (Clyman & Pachankis, 2014; Kwon, 2013; Madsen & Green, 2012). Maintaining optimism is also consistent with the trial's treatment principles and popular messaging intended to foster resilience among LGBTQ communities (i.e., *It Gets Better Project*).

Participants suggested developing affirming social environments, either with supportive allies or through involvement and support within the LGBTQ community. This strategy represents a central principle of the psychological treatment participants completed (Burton et al., 2017; Pachankis, 2015) and is described in the literature as an effective strategy for coping with sexual minority stress (Harper et al., 2012; Jackson, 2017; Kubicek et al., 2013; Madsen & Green, 2012; McDavitt et al., 2008; Pachankis, 2015; Reed & Valenti, 2012; Riggle et al., 2008) as well as co-occurring sexual and racial/ethnic minority stress (Bogart et al., 2017). Participants' emphasis on self-acceptance and genuine self-expression was also consistent with the psychological treatment they completed, as well as broader literature on coping with minority stress (Harper et al., 2012; Reed & Valenti, 2012; Riggle et al., 2008). Thus, this group of young sexual minority men appeared to have learned powerful lessons of resilience related to their outlooks for the future, perceptions of the availability of support within their communities, and views on the degree to which they have a right to express and accept themselves.

Although it is impossible to differentiate which resilient strategies participants learned in treatment versus outside of treatment, some of the recommendations that they made were clearly relevant to the cognitive and behavioral components of the treatment program. In particular, participants wrote about using CBT skills that were discussed within the treatment protocol to cope with minority stress. This suggests that some aspects of participants' recommended responses to minority stress were likely developed or strengthened in the context of the identity-affirming treatment program.

Some of the messages that participants provided in their letters reflected CBT skills such as cognitive restructuring, behavioral activation, reducing avoidance, and building awareness of the connection among thoughts, feelings, and behaviors, highlighting their application of CBT skills to managing sexual minority stress. For example, participants challenged assumptions of interpersonal rejection based on past learning histories and suggested approaching situations that might have been avoided in the past due to stigmatizing experiences or messages. Participants' letters also reflected their abilities to restructure thoughts about themselves as a sexual minority person and engage in valued activities, regardless of invalidating or non-affirming perspectives from others. Participants' recommendation of not avoiding discomfort was consistent with the psychological treatment, which emphasized engaging in valued activities or behaviors that typically activated minority stress, such as holding a partner's hand in public, going on a date with a same-sex partner, or having conversations about sexual orientation with family members when safe to do so. From a CBT perspective, beliefs such as "I am unlovable" and "I am not

good enough” are common core beliefs in general (Beck, 2011), which may be especially important to address for sexual minorities in the context of early and ongoing heterosexist and invalidating environments. Participants showed evidence of being equipped with core beliefs of being lovable and good enough and were interested in sharing these with other sexual minority men. As such, these identity-affirming CBT-relevant strategies may be relevant focal points for clinicians working with sexual minority men who face minority stress.

The intervention participants received was explicitly guided by Hatzenbuehler’s (2009) mediation framework, which explains the association between sexual minority stress and psychological outcomes through pathways including maladaptive coping and emotion regulation in the face of minority stress, social and interpersonal processes that negatively impact the mental health of sexual minorities (e.g., social isolation, lack of social support), and cognitive processes resulting from long-term exposure to minority stress (e.g., feelings of hopelessness, pessimism about the future). Each of these pathways link minority stress and mental health disparities among sexual minority people. Participants’ writing reflected this framework. For example, cultivating internal affirmation strategies can offset maladaptive coping and enhance emotion regulation, building supportive relationships and community can change negative interpersonal processes leading to improved mental health, and using cognitive and behavioral skills can help to offset unhelpful cognitive processes. The fact that participants’ writing reflected the pathways of this model at least partially support the validity of this theoretical framework as applied to a clinical intervention.

Taken together, these findings highlight the strengths of this sample of young sexual minority men. Participants were able to respond to this exercise by drawing on their own knowledge and skills of how to adaptively respond to minority stress and deploy this knowledge to guide a hypothetical peer who was facing an acute minority stressor. All of these participants were experiencing diagnosed mental health problems and sexual behavior that could lead to HIV acquisition at the beginning of treatment. Following their completion of an identity-affirming CBT-based treatment program, these participants could all identify multiple adaptive strategies for managing the negative effects of minority stress, suggesting that resilience is a potential focal point for clinicians seeking to enhance sexual minority men’s health. The combination of evidence-based CBT skills and affirming messages throughout treatment were evident through participants’ recommended responses to minority stress, providing some evidence for the utility of integrating these approaches.

Although a contribution to the resilience literature, this study has some limitations. The data used for this analysis were gathered through the exercise that was completed as a component of a larger psychological treatment. Thus, there is no way to disentangle changes in resilience specifically attributable to this exercise. There also was not a control group who completed these letters without receiving the identity-affirming CBT-based treatment. Therefore, although participants’ recommended strategies were highly relevant to treatment content (i.e., CBT-based and identity-affirming principles covered in treatment), additional research would be needed in order to definitively state which strategies were developed in treatment versus outside of treatment. The resilient responses to minority stress that participants’ recommended were directed to a peer; the degree to which participants

themselves were actively utilizing these strategies likely varied. However, this exercise was designed on the premise that participants would draw on their own resilience and consolidate it through writing their letters, therefore representing a novel way to assess resilience within this population. Despite these limitations, the findings suggest that participants were able to identify resilience strategies that may have been protective against the potentially negative effects of sexual minority stress on their lives.

Additionally, the findings were limited to young sexual minority men, the majority of whom identified as racial/ethnic minorities, in two urban areas. Although a strength of this particular contribution to the resilience literature, further research will be needed to assess resiliency among sexual minority women, transgender and non-binary individuals, and sexual and gender minorities in different geographic areas (e.g., rural, international settings) to examine whether there are additional, unique examples of resilience within different populations. For example, it is possible that different experiences of minority stress rooted in gender expression and unique cultural and geographic contexts may elicit different forms of resilient responses from unique populations within the broader sexual and gender minority community.

This study's findings have implications for sexual minority affirming psychological treatment. Given the known mental and behavioral health disparities affecting sexual minority clients (Cochran & Mays, 2012; King et al., 2008; Marshal et al., 2011) and high rates of mental health service utilization (D'Anna et al., 2012; Grella, Greenwell, Mays, & Cochran, 2009), clinicians may utilize the findings to inform clinical practice that is affirming and evidence-based (Pachankis, 2018; Pachankis & Safren, 2019).

The findings suggest that clinicians should assess not only client distress, but also their reservoirs of healthy coping and resilience that may already be established and support the use of these during treatment. Participants may have arrived to treatment with a capacity for resilient responding (even if they have not personally utilized these resilient responses yet), with seeking treatment in itself being a resilient response to stress. Thus, clinicians may benefit from integrating affirming cognitive-behavioral practice with a motivational interviewing approach focused on collaboratively working with clients to capitalize on and build clients' own intrinsic motivation and desire for change (Naar & Safren, 2017).

Additionally, clinicians can help sexual minority clients to integrate new resilient responses into their existing repertoire of minority stress coping skills and experiment with personally employing resilient responses to minority stress that they might recommend to a peer. Positive mental health for sexual minorities is not simply the absence of distress (Bariola et al., 2017), but also the presence of adaptive coping, resilience, and thriving. Thus, blending CBT skills with a focus on identity development and resilience may help clinicians to optimize positive outcomes above and beyond reducing psychological symptoms and disorders. Finally, many of the resilient responses are consistent with positive psychology's virtues and character strengths, such as curiosity, integrity, social intelligence, self-regulation, and hope (Vaughan & Rodriguez, 2014). This consistency suggests the potential utility of incorporating a positive psychology clinical approach into affirming CBT interventions to address sexual minority stress. Continuing to build our knowledge of how

sexual minorities adaptively cope with stigma and discrimination can inform ongoing development of supportive resources, including informal support, mental health treatment, and organizational programming.

In addition to the many useful applications of these findings for clinicians seeking to engage in sexual minority affirming practice, the findings presented here may also be usefully presented directly to sexual minority individuals who are actively coping with minority stress. For example, these findings and the narratives provided by participants may help to highlight the resilience of the larger sexual minority community, thereby strengthening sexual minority readers' own resilience. Another potential application of the findings could be sharing narratives of resilience in a peer-based intervention context.

These findings highlight the need for future research to continue building a greater understanding of sexual minority individuals' adaptive responding to adverse experiences, such as sexual minority stress and its impact on mental and sexual health. As discussed by Kwon (2013), it is important to continue to understand the impact of stigma, prejudice, and discrimination on sexual minorities' psychosocial outcomes, and, at the same time, balance sexual minorities' known disproportionate risk with their increasingly recognized resiliency. Resilient responding is reflective of much of the sexual minority population (Bariola et al., 2017) and in order to better understand sexual minority mental health it is important to continue to study patterns of resilience and positive coping to support these approaches in the context of psychological treatment (Vaughan & Rodriguez, 2014). Continuing to build on a resilience research framework (Herrick et al., 2014), the findings from this study can be utilized to further explore how young sexual minority men may utilize the resilient responses that they recommended to a peer in order to promote their own health and prevent adverse health outcomes.

Ample research documents the connection between sexual minority stress and mental health disparities and a growing body of research highlights the resilience of sexual minority communities. This study provides additional knowledge about how sexual minority men who completed an identity-affirming CBT treatment suggest dealing with minority stress in order to adapt, cope, and thrive, regardless of the unfair social conditions that can undermine sexual minority men's health. Examining the writings of sexual minority men who completed an affirming psychological treatment is a novel research method that can provide a new window into sexual minority men's resilience, which may not be fully articulated in retrospective and self-report measures. These findings can lead to further research focused on optimizing mental health among sexual minorities.

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Table 1.

Participant demographics and descriptive information

	Miami (N = 13)	New York (N = 22)	Total (N = 35)
<u>Race/ethnicity</u>			
White	2 (15.4%)	8 (36.4%)	10 (28.6%)
Black	3 (23.1%)	3 (13.6%)	6 (17.1%)
Hispanic/Latino	7 (53.8%)	6 (27.2%)	13 (37.1%)
Asian	1 (7.7%)	-	1 (2.9%)
Multiracial	-	5 (22.7%)	5 (14.3%)
<u>Sexual orientation</u>			
Gay	12 (92.3%)	17 (77.3%)	29 (82.9%)
Bisexual	-	4 (18.2%)	4 (11.4%)
Queer	1 (7.3%)	1 (4.5%)	2 (5.7%)
<u>Gender Identity</u>			
Cisgender Man	12 (92.3%)	21 (95.5%)	33 (94.3%)
Transgender Man	1 (7.3%)	1 (4.5%)	2 (5.7%)
<u>Diagnoses</u>			
Major Depressive Disorder	8 (61.5%)	19 (86.4%)	27 (77.1%)
Dysthymia	2 (15.4%)	8 (36.4%)	10 (28.6%)
Generalized Anxiety	6 (46.2%)	11 (50%)	17 (48.6%)
Social Anxiety	3 (23.1%)	10 (45.5%)	13 (37.1%)
Panic Disorder	4 (30.8%)	2 (9.1%)	6 (17.1%)
OCD	2 (15.4%)	3 (13.6%)	5 (14.3%)
PTSD	2 (15.4%)	1 (4.5%)	3 (8.6%)
Agoraphobia	3 (23.1%)	6 (27.2%)	9 (25.7%)
Substance Use Disorder	5 (38.5%)	12 (54.9%)	17 (48.6%)
Alcohol Use Disorder	4 (30.8%)	7 (31.8%)	11 (31.4%)

Table 2.

Young sexual minority men's resilience codes, example participant quotes, and frequencies

Categories and Codes	Participant Quotes	Total frequency	Participant frequency (%)
1. Cultivating Internal Affirmation Strategies		65	30 (86%)
A. Maintaining optimism	<i>I know it's hard, but it does get better.</i>	21	15 (42.9%)
B. Being genuine and authentic	<i>Don't try to fit into someone else's mold.</i>	14	11 (31.4%)
C. Knowing you are lovable and good enough	<i>Being gay does not make you a bad person nor unlovable.</i>	14	10 (28.6%)
D. Taking pride in your identity and strengths	<i>It's ok to be gay, to thrive and live with pride and respect for yourself.</i>	7	7 (20.0%)
E. Accepting yourself for who you are	<i>As long as you accept yourself, other people will learn to accept you too.</i>	5	5 (14.3%)
F. Finding meaning and growth from minority stress experiences	<i>It is the only purpose of life to grow and struggle and seek out to be the best person you can be.</i>	4	4 (11.4%)
2. Building Supportive Relationships and Community		42	22 (63%)
A. Dismissing non-affirming perspectives	<i>Worrying so much about what other people think and wanting their approval will drive you crazy.</i>	12	11 (31.4%)
B. Developing an affirming social environment	<i>Choose who you want to surround yourself with.</i>	8	7 (20.0%)
C. Being assertive	<i>I want you to stand up for yourself.</i>	7	6 (17.1%)
D. Knowing support is out there	<i>There will be huge support for you always.</i>	6	6 (17.1%)
E. Involving yourself and get support in the LGBTQ community	<i>One thing I would suggest would be to form friendships with other LGBTQ people to build a network of support – almost like your own family.</i>	5	4 (11.4%)
F. Coming out	<i>When I did come out, I found that people cared and were glad to know the real me.</i>	4	4 (11.4%)
3. Using Cognitive and Behavioral Skills to Cope with Minority Stress		40	24 (69%)
A. Challenging thinking traps	<i>Some things that helped me through these situations were challenging my own thoughts and experiences</i>	11	9 (25.7%)
B. Being mindful of your emotions	<i>Continue to be focused in the present and reduce avoiding your feelings because they are valid.</i>	9	9 (25.7%)
C. Approaching discomfort	<i>Rather than avoid them I need to go ahead and muster through social situations and with each situation it will get easier.</i>	7	7 (20.0%)
D. Setting and working toward personal goals	<i>Set up goals to achieve your desired outcome.</i>	5	5 (14.3%)
E. Identifying what you are feeling and why	<i>Examine which situations cause you anxiety and figure out why.</i>	5	4 (11.4%)
F. Engaging in enjoyable activities and practicing self-care	<i>Try to find an activity that you love and do it often.</i>	3	3 (8.6%)

* Note. Total frequency refers to the total number of excerpts from participant data that reflects this category. The same participant may have provided multiple excerpts reflecting the same code. Participant frequency and percent refers to the number and percent of participants who endorsed this code (does not account for multiple endorsements).