

# Stress & Coping Patterns of Sexual and Gender Minorities (SGM)

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**Abstract:** *This paper examines how sexual and gender minorities experience stress and the ways they cope with it, drawing on the minority stress framework to connect social exclusion, stigma, and psychological well-being. The sexual and gender minorities (SGM) suffer stigmatization due to existing conditions of social exclusion and marginalization, which impact their overall health (Saraff et al., 2022). The objectives of the present study were to identify the types of stress, resilience, and coping strategies adopted and to study the relationship between the types of stress and coping strategies used. A descriptive correlational design is presented to assess stress levels, resilience, and coping strategies among individuals who identify as sexual and gender minorities, with ethical safeguards clearly outlined. Thirty-eight participants who self-identified as SGM volunteered through snowballing. The Gender Minority Stress and Resilience measure (GMSR) by Testa & others (2015) and the Proactive Coping Inventory (PCI) developed by Greenglass et al. (1999) were the standardized tools used. By bringing together theoretical perspectives and recent empirical findings, the paper positions mental health as a central concern within sexual and gender minority research. Attention is given to resilience and social support as important buffers that shape mental health outcomes, particularly in contexts where family acceptance, peer networks, and community spaces are limited. The results indicated that there was no significant relation between two types of stress and proactive coping, while a significant correlation existed between the types of stress and resilience.*

**Keywords:** Sexual and Gender Minorities, Gender Minority Stress, Coping Strategies, Resilience

## 1. Introduction

The term "sexual and gender minorities" (SGM) encompasses a variety of identities and behaviours, including intersex, gender non-conforming individuals such as pansexual, gender fluid, agender, asexual, demisexual, and aromantic, as well as lesbians, gay men, bisexuals, and transgender people (LGBT). The persistence of emotional and physical trauma is exacerbated by the pre-existing conditions of social exclusion and marginalization, as well as by the problems of genitality, desolation, negligence, inadequate family support, and restricted economic chances. Binary normativity in society invalidates nonbinary gender identities, which leads to stress.

Existing conditions of social exclusion and marginalization cause stigmatization for sexual and gender minorities (SGM), which has an effect on their general health (Saraff et al., 2022). According to Cochran et al. (2014) rather than being innate to their sexual orientation or gender identity, their prevalence is associated with experiences of assault, discrimination and stigma.

Meyer (2003) provided the first combinative expression of minority stress in order to understand the social, psychological, and structural factors that contribute to the disparities in mental well-being that the sexual minority experience. Meyer's Minority Stress Model (1995), posits that psychological discomfort can develop as a result of repeated exposure to the stigma that is internalized and perceived by others, as well as experiences of brutality and prejudice. Due to their status as a minority, SGM are subject to unique and hostile stressors.

Distal and proximal stressors are the main emphasis of the Minority Stress paradigm. Distal stressors include, but are

not restricted to, victimization and prejudice. A consequence of distal stressors in nature, such as homonegativity, are proximal stressors, which are more internalized. The minority population is particularly affected by these two stressors because they are a minority, and exposure to them may have serious negative effects on their health. Additionally, Meyer (2015) highlights the significance of comprehending resilience at the individual and community levels as a component of stress-coping mechanisms in his minority stress theory.

According to Meyer (2003), these mechanisms comprise both proximal and distal stress processes. Distal stressors include stressors such as discriminatory policies (Hatzenbuehler ML, 2016), victimized by violence (Meyer & others, 2021), poverty (Frost et al, 2019) and stigma (Frost et al, 2014). Proximal stressors emerge from acculturation where in SGM reject themselves due to internalized stigma (Liang & Huang, 2022), expectations of rejection (Douglass et al, 2020) and identity concealment which restricts their access to validation and social care (Pachankis et al., 2020).

The majority of the SGM domain's research focuses on HIV and other sexually transmitted illnesses, mostly ignoring mental health concerns. The term "resilience" has been used positively by researchers such as Hou et al. (2010) and Antoni et al. (2009). Resilience facilitates positive adaptation to stressors (Steinhardt & Dolbier, 2008). It encompasses individual, societal or community level characteristics that maintain adequate functioning despite repetitive demands (Dunkel Schetter, 2011).

In line with minority stress theory, there have been empirical findings that social support and adaptability are intermediaries in the association between shame and

depressive episodes and an inverse relationship with stigma and depression (Chakrapani & others, 2017). Family, supportive partners, and peer support are forms of social support (Chakrapani et al., 2018). LGBTQIA+ communities' offline and online support is another important source of social support (Chakrapani et al., 2017). As per this theory, the detrimental consequences of stress as well as beneficial effects of its management, peer support group, and strength define the total impact of well-being.

## Operational Definitions

### *Sexual and Gender Minorities*

Individuals who deviate from the majority (binary) in terms of their sexual orientation, identification or reproductive norms are known as Sexual and Gender Minorities (SGM). Lesbian, gay, bisexual, transgender, queer, intersex, asexual, and similar identities are included in this.

### *Gender Minority Stress*

Stressors, motivated by a prejudice experienced by individuals who identify themselves as sexual and gender marginalized groups (Frost & Meyer, 2023).

### *Coping strategies*

A consistent set of thoughts and behaviours an individual uses while managing a stress or difficult emotion (Folkman & Lazarus, 1984).

## 2. Review of Literature

Not much research has been done on the wellbeing-related experiences that are specific to nonbinary people.

In Italy, forty nonbinary people aged 19 and 36 years were evaluated utilizing the nonbinary minority stress framework through a semi-structured interview. Among the distal stressors they described were feeling helpless, discriminated against, harassed, and bullied. Repressed rejection, escapism, cynicism and gender incongruence were the proximal stressors. According to research by Rosati and colleagues (2024), non-binary people internalized negative emotions such as discomfort, humiliation, and a sense of social inadequacy because they experienced intrusiveness, control, non-affirmation, and social invalidation.

Puckett & other researchers (2021) examined 181 individuals whose gender expression was outside of traditional binary norms. The kinds of stressors they experienced during a 56-day period in a daily journal was documented. Many participants reported experiencing vicarious stress and non-affirmation, including misgendering, when they saw unfavourable media representations of TGD people's life. The pursuance of gender binarism and rejection were additional pressures.

In their online survey, de Vries et al. (2022) employed a number of instruments to examine coping and associated variables among 2264 respondents, including 279 transgender individuals in the Republic of Ireland. Comparing transgender participants to the LGB groups and the general population, the former reported poorer levels of self-esteem, elevated mental agony, self-injury and self-

afflicted harm. According to the results, the participants who had the most mental discomfort were younger, "not out," self-harmed, and utilized avoidant coping mechanisms.

Longna et al. (2024) evaluated 50 bisexual and homosexual participants (18 years and older) in North East India using a cross-sectional descriptive study to investigate their stress-coping mechanisms. Self-distraction was the most common coping mechanism, with over half of the participants reporting moderate stress. Perceived stress ratings were significantly positively correlated with avoidant coping mechanisms and self-blame.

Parwani & Talukdar (2024) examined the impact of societal hostility and deprivation of social care on the mental well-being of 151 Indian LGBTQ+ individuals using the partial least square-structural equation model. The findings showed that a deficiency of social care negatively moderated the association between societal antagonism and psychological well-being of the respondents. It was reported that weak coping strategies (problem-focused and emotion-focused) negatively facilitated the link between well-being and societal hostility.

Kapri & Singh (2025) evaluated 64 Chandigarh participants by comparing the resilience of cisgender people and sexual minorities. The groups' varying degrees of resilience were essentially insignificant. The results showed that resilience can be employed to prevent the LGBTQ+ community's inequities in mental well-being.

In an online Google survey, 180 participants, 18 to 30 years of age, who self-identified as SGM were asked regarding their encounters with discrimination, psychological distress, and resilience (Sinha & Badani, 2024). The findings indicated that prejudiced experiences and resilience did not significantly correlate. Resilience and psychological distress had a substantial negative connection ( $r = -0.58$ ). Resilience and psychological discomfort showed a statistically valid linear relationship. In terms of psychological suffering, resilience predicted a 34.5% variance.

Agency (Ganju, 2017) and positive self-perception (Mimiaga, 2014) were linked to adaptive coping. Overall resilience was shown to be low among transgender people. Stronger education, mainstream employment, and remaining with one's family of origin were associated with stronger resilience (Virupaksha & Muralidhar, 2018).

A study of over 5000 teens by Ybarra et al in 2015 indicated that SGM adolescents trusted their digital companions and found them more encouraging than real-life counterparts. Additionally, they showed resilience when utilizing social media, according to Ceglarek and Ward (2016).

It is critical to comprehend the coping mechanisms used by this demographic to manage minority stress and probable effects of such mechanisms on their status of mental well-being.

The goal of de Vries et al. (2022) was to implement non binary minority stress paradigm to define wellbeing as a complex, multidimensional phenomena that takes into

account both negative internal (cognitive/emotional) and external (environmental) elements.

### 3. Methods and Materials

#### Procedure

The present study aimed to assess stress and identify the coping strategies adopted by SGM.

The study's goals were to evaluate the distal and proximal stressors among SGM, assess their resilience, coping strategies and to investigate the relationship between types of stress and coping strategies adopted.

Gender and Sexual Minorities was the independent variable. The dependent variables were stress, resilience and coping strategies. The study followed a Descriptive correlational research design.

Ethical considerations were followed. Approval was sought from the Ethics Review Committee. Participants were made aware that involvement in the study was entirely voluntary. They were assured of confidentiality as no email IDs were recorded. Risks if any were minimized through a debriefing form. The data was used only for research purposes.

#### Participants

The participants consisted of thirty eight individuals who self-identified as SGM through snowballing method and answered the google form. They gave their permission to take part in the research. G\* Power software was used to determine the sample size.

The inclusion criteria were individuals who could read and comprehend English, were older than 18 years, and classified as SGM. Those SGM who did not consent for the study and could not understand the English language were the exclusion criteria.

#### Measures:

**Tools used for Data Collection**

	Name of the Tool	Author	Year of tool development	Psychometric Property
1.	Gender Minority Stress and Resilience Measure (GMSR)	Testa et al.	2015	.62, Internal reliability
2.	Proactive Coping Inventory	Greenglass et al.	1999	.86, Internal consistency

#### Analysis of data

MS Excel was used to enter the data, while SPSS Version 28 was used for analysis. Normality of the data was ascertained and accordingly parametric and non-parametric tests were employed for the analysis.

### 4. Results

**Table 1:** Description of study variables

Study Variables	Mean $\pm$ SD	Median (Range)
Distal stressors	23.76 $\pm$ 4.46	24(13-32)
Proximal stressors	44.03 $\pm$ 20.06	43(2-87)
Resilience	30.74 $\pm$ 7.92	28.50(16-47)
Proactive coping	109.82 $\pm$ 24.59	111(55-154)

Distal stressors are those objective stressors that SGM participants experience based on the actual experience. Hence it is also called as enacted stigma, which arouses from actual discrimination or violence they experience from the binary group. Proximal stressors are also referred as felt stigma, which arouses from the individual perception of the members of SGM based on the attitudes they hold about how members of the binary society view them. Hence individuals with proximal stressors are constantly vigilant about concealment of their identity. The present findings reflected through the mean score of 23.76 for distal stressors and 44.03 for proximal stressors indicate that the participants experienced higher proximal stressors when compared to distal stressors, suggesting that they experience more self-stigma than felt stigma. These results corroborate with the conclusions of Ramirez & others (2019) which indicate that proximal stress alone showed higher variance with regard to mental health outcomes. Similar findings by Di Placido (1998) suggest that concealment of identity acts as a major source of stress among SGM. The average resilience score is 30.74, and the resilience scores range

from 16-47 among the participants. The average proactive coping score is 109.82 and the scores range between 55-154.

**Table 2:** Correlation of proximal and distal stressors with Proactive coping and resilience

Variables	Correlation Coefficient (p-value)	
	Proactive coping <sup>#</sup>	Resilience <sup>@</sup>
Distal stressors	0.027 (0.874)	0.388 (0.016)*
Proximal stressors	-0.146 (0.382)	0.371 (0.022)*

\* Significant # Pearson's correlation @Spearman's

To examine whether a relationship exists between types of stress and proactive coping and resilience, a Spearman rank-order correlation review was carried out. Proactive coping did not significantly correlate with either distal or proximal stressors. Nonetheless, a moderate beneficial relationship between resilience and distal stressors was discovered ( $\rho = 0.388$ ,  $p < 0.05$ ), also between proximal stressors and resilience ( $\rho = 0.371$ ,  $p < 0.05$ ). These findings can be interpreted in the light of conceptualization of resilience proposed by Zautra et al. (2010), who describe resilience as comprising of three key components: (1) Recovery, or the capacity to resume normal functioning after a significant stressor; (2) Sustainability, referring to the capacity to maintain functioning under ongoing stress without significant disruption; and (3) Growth, defined as enhanced adaptation or functioning beyond previous levels. From this perspective, the present findings suggest that participants, despite experiencing both proximal and distal stressors, demonstrated moderate levels of resilience. This may reflect resilience in terms of sustainability, the capacity to continue functioning effectively despite stressor recovery, wherein individuals have adapted to the initial stress associated with recognizing themselves as non-binary and have subsequently achieved an equilibrium in their sense of identity and daily functioning.

Further, subsidiary analyses were carried to study the relationship of various coping strategies with distal or proximal stressors and resilience.

**Table 3:** Correlation Coefficient scores of coping with stress and resilience

Coping Strategies	Correlation Coefficient (p-value)		
	Types of Stressors and Resilience		
	Distal	Proximal	Resilience
Proactive	0.20(0.903)	-.224(-176)	-0.190(0.254)
Reflective	0.125(0.456)	-0.060(0.721)	0.218(0.188)
Strategic Planning	0.005(0.977)	-0.070(0.678)	0.015(0.931)
Preventive	-0.018(0.914)	-0.001(0.997)	0.081(0.627)
Instrumental Support Seeking	-0.009(0.957)	-0.294(0.073)	0.149(0.371)
Emotional Support Seeking	0.007(0.967)	-0.075(0.655)	0.345(0.035)*
Avoidance	-0.046(0.785)	0.282(0.087)	0.51(0.760)
Overall Coping	0.27(0.874)	-0.146(0.382)	0.195(0.241)

To find if there exists any correlation between various coping strategies with distal/proximal stressors and resilience, Pearson correlation was carried out. There was no significant relation between various coping strategies and the two types of stressors. However, emotional support seeking was found to be significant with resilience indicated by the P value of 0.345(0.035)

#### Some Interesting findings based on the Demographic Variables

**Table 4:** Comparison of stress, coping and resilience with regard to age of participants

Variables	Age of participants			Test Statistic <sup>#</sup>	p-value
	19-22 yrs (n= 17)	23-26 yrs (n= 10)	27+ yrs (n= 11)		
	Mean $\pm$ SD				
	Median (Range)				
Distal	23.18 $\pm$ 4.11 24 (14 - 30)	24.00 $\pm$ 5.03 24 (13- 30)	24.45 $\pm$ 4.76 25 (17 - 32)	0.703	0.704
Proximal	44.35 $\pm$ 18.48 42 (2 -75)	44.40 $\pm$ 20.62 44.50 (8-87)	43.18 $\pm$ 23.65 40 (7-86)	.106	.948
Resilience	28.76 $\pm$ 7.90 27 (16-47)	29.80 $\pm$ 7.81 27.50 (22-45)	34.64 $\pm$ 7.28 35 (24-46)	4.368	.036
Proactive coping	110.18 $\pm$ 25.33 109 (69 -154)	95.30 $\pm$ 24.06 109 (55-116)	122.45 $\pm$ 17.41 122 (93-151)	6.633	0.036*

# Kruskal-Wallis test

Grouping Variable: age categories of sample

To compare stress, coping and resilience among different age categories of the sample, Kruskal-Wallis test was carried out. The findings showed that two age group categories differed significantly in terms of proactive coping. To check which of the two groups differ significantly, a pair wise comparison was carried out. A p-value of 0.036 with a median range of 109(55-116) for the age category of 23-26 years and the median range of 122(93-151) for 27+ years,

show that these two groups differ significantly with regard to proactive coping with the older individuals (27+ years) showing higher proactive coping abilities than their counterparts. The results support Koziara et al.'s (2022) conclusion that coping strategies develop over time, allowing people to overcome challenges and thrive in spite of stigma.

**Table 5:** Comparing stress, resilience and proactive coping with type of disclosure of sexual orientation

Type of Disclosure	Study variables			Proactive Coping
	Distal	Proximal	Resilience	
	Mean $\pm$ SD			
	Median (Range)			
No	22.23 $\pm$ 4.27 23 (14 - 29)	51.85 $\pm$ 17.57 45 (29-87)	29.92 $\pm$ 9.50 27 (16-47)	116.54 $\pm$ 28.08 116 (56-154)
Yes to all	25.64 $\pm$ 4.65 26 (17 - 32)	30.91 $\pm$ 24.01 34 (2-86)	31.00 $\pm$ 5.87 30 (22-39)	116.09 $\pm$ 18.52 121 (79-138)
Yes to some	24.91 $\pm$ 3.08 25 (19-30)	46.55 $\pm$ 14.95 45 (22-68)	32.64 $\pm$ 8.81 31 (22-46)	101.18 $\pm$ 25.04 110 (55-136)
Test Statistic <sup>#</sup>	4.214	7.150	.704	2.298
p-value	.122	.028	.703	.317

#Kruskal-Wallis Test

Grouping Variable: Sexual disclosure

To compare stress, resilience and proactive coping among groups based on their disclosure of their sexual orientation, Kruskal-Wallis test was carried out. It was found that the two groups differed significantly on proximal factors of stress. This was indicated by the p-value of .028. A pair wise

comparison was carried out to check which two groups differed, the adjusted significance of .035 between the groups of disclosure to all and disclosure to none indicate that those who had not revealed their sexual orientation showed higher level of proximal stress 45(29-87), when

compared to those who disclosed 34(2-86). Similar findings were reported by Di Placido (1998) which states that concealment of one's sexuality can be a major precipitator of stress for the SGM. Paradoxically, the findings of Hetrick

and Martin (1987) states that concealing one's stigmatized attribute is the most common coping strategy used by these individuals.

**Table 6:** Comparison of stress, coping and resilience with regard to living status

Study Variables	Living Status		Test Statistic #	p-value
	With Family (n= 21)	Others <sup>@</sup> (n= 17)		
	Mean ± SD Median (Range)			
Distal stressors	24 ± 4.25 25 (17- 32)	23.47 ± 4.82 24 (13 - 30)	171.0	0.825
Proximal stressors	37.76 ± 17.75 39 (7- 68)	51.76 ± 21.17 45 (2 - 87)	105.000	0.031*
Resilience	30.05 ± 7.14 27(21-46)	31.59 ± 8.94 29 (16-47)	156.500	.517
Proactive coping	112.48 ± 24.67 114 (55-154)	106.53 ± 24.83 109 (56-154)	148.000	.370

#Mann Whitney U test @ Others – Living alone, in hostel, with partner

To compare stress, resilience, and proactive coping among participants based on their living status, the Mann Whitney U test was performed. A notable difference was seen in proximal stressors between participants living with their family and those living alone or with their partner, which was indicated by a p-value of 0.031, and a median range of 39(7-68) for participants residing with family and a Median range of 45(2-87) for those residing alone, indicating that participants who reside alone, or in a hostel or live with a partner had higher levels of proximal stress when compared to participants residing with their families. Identical findings were reported by Baumeister and Leary (1995) who stated that family support and connectedness stand out as a major tool to reduce stress among LGBTQ individuals. Inversely, those with low social connectedness showed higher levels of stress and were more prone to psychological distress.

### Summary

The findings of the study indicate that proximal stressors like non-disclosure, internalised transphobia, gender related rejection are high among members of SGM. There is a positive correlation between stress factors and resilience, indicating that members of this community learn to sustain or grow and thrive with stress. Living conditions influence the level of stress, with members living alone or away from their family experiencing more proximal stressors. Similarly, disclosure of their gender identity is also closely connected with proximal stress experienced by individuals of SGM.

## 5. Study Restrictions and Prospects

Since the data only represent a tiny percentage of the population, the findings cannot be generalized. The study's conclusions show a new direction of research where, instead of conceptualizing stress as just a negative factor experienced by the SGM, positive psychology constructs like thriving, posttraumatic growth among this population could be investigated.

### Data accessibility statement:

The researchers are willing to share the unprocessed data related to the conclusions.

### Conflict of Interest

The research was carried out without any financial or commercial ties that might be seen as a potential conflict of interest, by the authors.

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