Positioning resilience science more centrally in affirming LGBTIQA+ persons and communities

Mirah Wilks[†], Beba (XM) Papakyriakou
and Juan A Nel

Abstract

Historically, in psychology, there was a tendency towards focusing on the individual and intrapsychic pathologisation of LGBTIQA+ persons. Despite a recent shift to affirmative, systemic, interpersonal, and contextual stances, too much emphasis in South African LGBTIQA+ scholarly work remains on adversity. Adversity derived from historical tensions may have accelerated adaptive problem-solving capabilities and solution-focused behaviours in some LGBTIQA+ populations. Certain solutions have generated creative resilience responses inexorably situated in race, ethnicity, culture, religion, gender, history, political oppression, and social class. Resilience science that has similarly evolved from the individual trait conceptualisation may have an important complementary contribution to make in affirming LGBTIQA+ persons and communities and enhancing the understanding of their resilience. Exploring resilience for wellbeing and survival addresses the infinite streams of human experiences of vulnerability and sustainable adaptive solutions. The multisystemic resilience perspective in this article endeavours to summarise current thinking in resilience science and position its applicability to future South African LGBTIQA+ scholarly work, building on existing systematic and critical reviews relating to the resilience of LGBTIQA+ persons. The aim of this position piece, suggesting the expansion of a 'resilience' frame, is to offer an important intervention in the overarching ways in which South African scholars and psychology professionals theorise and conduct research; to inform therapeutic and other psychological services to LGBTIQA+ persons and provide an important counterweight to the more general focus in South African LGBTIQA+ scholarship and psychological practice on adversity.

Keywords

Adversity, LGBTIQA+, multisystemic resilience, position piece, South Africa

Department of Psychology, University of South Africa, South Africa

[†]Deceased.

Corresponding author:
Juan A Nel, Department of Psychology, University of South Africa, PO Box 511, Groenkloof, Pretoria 0027, South Africa.
Email: nelja@unisa.ac.za

Resilience enquiry has developed from a medical model of pathology sited in the individual of the 1960s and 1970s to positive psychology in the first 19 years of the 21st century. Current under-standings suggest multiple socio-ecological systems interact with individuals in adversity. How traumatised individuals perceive their own skill sets, strengths, cognitive abilities, and emergent resilience empowers them to navigate adversity on multiple levels effectively. While it is prudent to acknowledge historic, older, and contested ways of explaining resilience (e.g., Bandura, 1999; Kumpfer, 1999; Seligman, 2011), resilience science has moved beyond person-focused accounts of resilience to multisystemic ones in which systems co-facilitate an individual's resilience (e.g., Masten, 2014, 2018; Masten et al., 2021; Ungar, 2021; Ungar & Theron, 2020), including those in already otherwise marginalised communities (e.g. de Lira & de Morais, 2018; Follins et al., 2014; Tankersley et al., 2021). The individual cannot be removed from resilience science, however. Still, to continue to emphasise the individual is to exonerate other systems from their co-responsibility for an individual's resilience. According to Masten (2018), there is an increasing impetus to com-bine knowledge and strategies to inform policies and practice to alleviate risk and encourage resil-ience in systems that shape human adaptation during the lifespan. Indeed, multisystemic knowledge of resilience is vital to foster an understanding of and an explanation of how the resilience of sys-tems that co-occur are mutually dependent (Ungar, 2021).

For South African LGBTIQA+[1] communities,[2] there is the need to acknowledge how the vari-ous positionalities, marginalities, inequalities, and intersectionalities of LGBTIQA+ persons can be theorised and understood in relation to resilience theory and concepts so the complex systems and strategies of resilience required by differently stratified/marked queer people in South Africa are not rendered reductively or in theoretical generalities. It is also important to establish a basis for application with LGBTIQA+ persons in South Africa who are differently queered and margin-alised by the effects of, among others, race, class, nationality, geography, and bodily violence.

In hetero-cis-normative and patriarchal South Africa, high numbers of LGBTIQA+ persons experience repeated threats to their physical and psychological wellbeing. An Affirmative Position Statement and subsequent expanded Practice Guidelines by the Sexuality and Gender Division of the Psychological Society of South Africa (PsySSA) provide important tools to develop and main-tain a basic level of competency with applicability for all psychology professionals when working with sexually and gender-diverse populations (PsySSA, 2013, 2017). The statement and guidelines include a broader conceptualisation and understanding of sexually and gender-diverse individuals. Furthermore, the guidelines call on psychology professionals to become aware of their biases and the best practices in the field in their related work.

Over time, a significant shift has taken place from pathologising sexually and gender-diverse issues towards a more affirmative approach for LGBTIQA+ persons' mental wellbeing embodied in PsySSA's Position Statement and Practice Guidelines. Recognised as normal and natural, diver-sity related to sexual orientation, gender identity, and biology per se are not seen as the cause of psychological difficulties or pathology. Instead, contextual awareness is deemed essential and includes understanding how social factors such as homo-, bi- and transphobia, heterosexism, cis-normativity, prejudice, and stigma impact mental health and wellbeing (Follins et al., 2014; McLachlan et al., 2019; PsySSA, 2017; Victor et al., 2014).

Notably, the mentioned affirmative stance adopted by PsySSA – representative of organised psychology in South Africa – only in passing acknowledges that LGBTIQA+ persons and com-munities may have the inventiveness and internal resources to cope with their challenges and dif-ficulties (PsySSA, 2013, 2017; Victor et al., 2014). Tankersley et al. (2021) similarly indicate the importance of equipping researchers and clinicians better to encourage wellbeing and psychologi-cal adaptation among, for example, transgender and gender nonconforming youth (TGNC) facing

adversity. Accordingly, there may be a need to position resilience science more centrally in LGBTIQA+ scholarship and psychological practice, moving forward.

In this article, we summarise current thinking in resilience science, generally; focus on existing systematic and critical reviews relating to the resilience of LGBTIQA+ persons; and specifically informed by scholarship contained in PsySSA's ground-breaking affirmative Practice Guidelines, begin to extrapolate implications for psychology professionals working with LGBTIQA+ persons in South Africa in an attempt to contribute to resilience science through actionable insights grounded concretely in this country's specific peculiarities.

Resilience, adversity and LGBTIQA+ persons' lives

Adversity

To explore resilience, one must acknowledge adversity. The literature on adversity (e.g., stigma, discrimination, violence, hate crimes) and LGBTIQA+ persons abounds in South Africa and elsewhere (e.g., Breen et al., 2016; Follins et al., 2014; Herek, 2009; Judge, 2018; Judge & Nel, 2018; Lester, 2017; Levin & McDevitt, 1993; Marais et al., 2022; Meyer, 1995, 2003; Nel, 2007; Nel & Judge, 2008; Nel & Mitchell, 2019; Tankersley et al., 2021).

In South Africa, the country's Constitution, founded on democracy, equality, tolerance, impartiality, and support for human rights, The Promotion of Equality and Prevention of Unfair Discrimination Act, and, most recently, The Prevention and Combatting of Hate Crimes and Hate Speech Bill, have brought some measure of legal protection, relief, support, and respite for sexually and gender-diverse persons. Despite these post-1994 remedies, LGBTIQA+ persons, perceived as 'different' and in some quarters 'unAfrican', continue to be exposed to pervasive socio-political violence, trauma, hostility, inequality, and oppression because of anti-social attitudes and criminal behaviours prevalent in the country (Breen et al., 2016; Marais et al., 2022; Nel & Judge, 2008). In contrast to adversity research, resilience studies in LGBTIQA+ persons' lives are woefully absent from contemporary LGBTIQA+ literature, particularly in South Africa (PsySSA, 2013; Victor et al., 2014).

Resilience

According to Ungar (2021), resilience is a complicated multisystemic concept with many definitions, emphasising a shift in focus from disorder and breakdown in adversity to processes of adaptation, recovery or system-wide transformation. These processes are associated with change over time and produce a 'preferred outcome for one or more systems or parts of systems' (Ungar, 2021, p. 8).

The shift in focus now reflects the growing influence of developmental systems theory and the need to integrate knowledge about resilience to address multisystem threats (Masten et al., 2021). Thus, through multisystemic processes, resilience is the capacity of a dynamic system to adapt to challenges that threaten the way a system functions, survives, or develops in individuals and communities. This suggests the possibility of networked, multisystem protective factors working together (Masten et al.). All systems have the potential to show resilience. However, resilience will reflect the ability of multiple overlapping systems to interact well together under stress. Patterns of resilience are responses to the attribute of the stressors that a system experiences. The study of resilience is differentiated from fields like positive psychology, ecology, and population health, which include the factors that maintain normative functioning associated with expected patterns of growth and change (Ungar, 2021, p. 11).

Resilience, a natural human response typically arising as a positive adjustment during life's challenges, is relational, collaborative, and ecological. In LGBTIQA+ persons, as in others, ineffective styles and responses of resilience and the subsequent mental ill-health can be mediated and prevented by range, depth, adaptability, and complexity of resilience. Range refers to the preferred cognitive styles of problem-solving behaviours, creative coping styles, and differences in resilience capabilities on a continuum from high adaptation to high innovation, depending on the context (Kirton, 2003). Depth explores and indicates reliance on culturally embedded wisdom, traditional values, personal interpretations, and perceived meanings for core resilience resources (Theron, 2016b). Adaptability entails how LGBTIQA+ persons may manifest diverse resilience (i.e., adapting to adversity) in social-ecological systems, undergoing unpredictable, or predictable change. Complexity refers to the multi-factorial intersections of sexually and gender-diverse persons with juxtapositions of race, culture, and social affiliations, among others. Such multiple tensions – range, depth, adaptability, and complexity of resilience – can affect LGBTIQA+ persons' ability to navigate and negotiate for resources and mental health during adversity in the larger community (Judge, 2018; Nel, 2007; Tankersley et al., 2021).

A dynamic system can adapt and endure or recover from substantial changes that threaten stability, sustainability, or development (Masten, 2014). It is commonly understood as a positive dynamic process encompassing adaptation to significant adversity exposure (Luthar et al., 2000). Resilience is variable-focused, where factors exist on the ecosystemic levels of child, family, and community. Thus, resilience is a process, a dynamic system's capability to adjust to disturbances that impend those system functions, viabilities, or developments (Masten, 2014).

Resilience is found in competencies (protective factors) that can co-exist with risk factors – an interactive concept concerned with serious risk experiences and a relatively positive psychological outcome, despite those negative experiences (Rutter, 2006). Resilience goes beyond social competence or positive mental health (both viewed as protective factors). For resilience to occur, social competence must co-exist with risk. Some may have relatively good outcomes (protective factors) notwithstanding experiences of severe stresses or adversities (risk factors) (Rutter, 2013). The common threads of resilience include harnessing resources in sustaining overall wellbeing, self-efficacy, and cultural wisdom (e.g., Gunderson, 2000; Masten, 2014; Meyer, 2003; Panter-Brick & Leckman, 2013; Rutter, 2006; Singh, 2013; Theron, 2016a) and how one reacts to challenges determining whether large or small problems can lead to positive, neutral, or negative consequences.

According to Ungar and Theron (2020), there is more insight into the aspects predicting mental disorder than the processes and factors promoting positive development among persons exposed to adversity and often atypically high stress levels. Ungar and Theron state that this is best understood as the process of multiple psychological, social, biological, and ecological systems interacting in ways that help individuals to improve, regain, or sustain their mental wellbeing following challenges by one or more risk factors. Diverse fields including psychology, political science, genetics and human ecology indicate that resilience depends on a person's thoughts, feelings, and behaviours, but, importantly, on the culturally available resources in stressed persons' various environments. Regarding multisystemic resilience, though not explicitly aimed at LGBTIQA+ persons, Ungar (2021) states 'The more the concept of resilience is described multi-systemically, the more useful it is when designing research and interventions that address the "wicked" problems that individuals and environments face' (Ungar, 2021, p. 28).

In the next section we consider how general resilience science, summarised above, has been applied to LGBTIQA+ persons and communities, internationally, with a view of assessing applicability and possibilities this may hold for South Africa, with its peculiarities.

International perspectives on LGBTIQA+ resilience

Studies on resilience in LGBTIQA+ communities internationally, especially those considering their lived realities, seem sparse. According to Lyons (2015), citing various authors, there are, however, numerous narrative accounts related to resilience. For example, as a major protective factor for mental health challenges; the positive influence of accepting sexual identity and a sense of authenticity and freedom, personal development, and enduring emotional connections with others; and how building resilience can contribute to the prevention and treatment of mental health problems at both public health and clinical levels. However, Lyons states there are still gaps in resilience research among lesbians and gay men and, thus, by extrapolation, also those who identify as BTIQA+. For example, knowledge of the psychological and social factors of resilience among lesbians and gay men remains sparse, and strategies to build resilience need to be prioritised; available resources for dealing with life challenges may be unlike those in the broader population, mainly if there are challenges with access to support from significant others due to rejection or fear of discrimination from health and support organisations. Resilience-building interventions may also require alterations to accommodate stigma-related challenges, while resilience can be advanced through training.

Citing various authors, Levitt et al. (2016) indicate that researchers understand health concerns associated with being a sexually diverse individual and related discrimination experiences, but suggest the need to ponder the influence of stress in this grouping on their resilience strategies. In LGB persons, stress results from systemic factors that contribute to competing desires for authenticity and self-determination. Levitt et al. highlighted the insidious nature of stress in this population, particularly in the United States that lacks protective legislation; they also highlighted the adaptive strategies used to mitigate the effects. Resilience strategies include withdrawing from heterosexist social environments, concealing a sexually diverse identity, cultivating a marginalised identity, finding community, dismissing prejudice, or directly confronting it, approaching others for support or professional assistance, developing political consciousness, and striving for confidence and self-acceptance.

Levitt et al. (2016), explored the lived experiences of sexually diverse persons' stress in a part of the United States without employment and services' protections related to sexual orientation. The identified themes suggested that developing resilience comes at a cost where persons make choices informed by continual risk assessments. Also, whereas political advocacy and critique and self-acceptance reinforce resilience, these do not help overcome stressors. However, resilience is enhanced by integrating LGB persons with other identities to resist stressors that divide communities. Last, competing social pressures between inauthenticity and constrained self-determination elicit sexual diversity-related stress. Levitt et al. concluded that resilience is understood to lessen but not resolve the deleterious impact of stress on sexually diverse persons by positioning resilience as a choice between authenticity and self-determination.

In an integrative literature review, de Lira and de Morais (2018) state there is growing attention to resilience in LGB individuals. Their review of 39 articles published up to 2015 found that the dimensions of individual, family, and community-based resilience are studied in the quantitative, international, cross-sectional, empirical literature. Concurrently, the focus is on individual resilience, and there is a paucity of research on simultaneous interactions between the individual, family, and social contexts or the contributions to resilience. Nevertheless, their discussion indicates that the individual is key. Regardless of the importance of the interaction between individual and contextual characteristics in resilience, contextual characteristics are the individual capacity to use one's relational skills and abilities to overcome adversity. De Lira and Morais conclude that the conceptual dimensions of resilience require further integration to ensure a more apt description of

its systemic and relational nature. Integrating the three resilience dimensions should be considered for broader and more effective interventions and public policies for the LGB population. Thus, the individual, the family, and the community could be the focus. Furthermore, resilience, as a concept, is vital for future LGB research focused on strength-based approaches after decades of risk-based approaches and the focus on pathologies.

According to Follins et al. (2014), Black LGBT persons are more likely to suffer violence than other LGBT or heterosexual persons of any ethno-racial background. The literature is replete with descriptions about the challenges faced by Black LGBT persons, but their resilience capacity is given little attention. Owing to their ability to thrive and adapt when faced with myriad challenges, including related to gender identity, health disparities, and racialised sexual orientation, Follins et al. examined LGBT resilience and social science literature and the factors leading to Black LGBT persons' resilience. The intersectional approach in their article explored the relationships among multiple modalities and dimensions of subject formations and social relations. A person's core identity comprises various social statuses (e.g., ethno-racial identity, religious identity, sexual orientation, education level, socioeconomic status) that frame their experiences. Thus, intersectionalities significantly affect their experiences but also affect 'patterns of privilege and disadvantage' (Follins et al., 2014, citing Williams et al., 2012, p. 1256).

Using an ecological systems perspective to determine the factors that promote resilience in Black LGBT persons according to the literature, Follins et al. (2014) examined personal traits (African consciousness and coping skills) and socialisation factors (kin and religious and racial communities). They found that the participants in the empirical studies demonstrated adaptation and resilience in varying degrees despite oppression and adversity, along with 'an acute awareness of how the multiple aspects of their identities continuously and simultaneously interact with one another and impact their experiences' (p. 203). They concluded there are still challenges in researching this population in the United States, and there are thus opportunities for developing and implementing related culturally competent and affirming social and clinical services.

Owing to the paucity of systematic reviews of risk and resilience factors for mental health among TGNC persons under the age of 25, in contrast to the proliferation of research and guidelines focusing primarily on TGNC adults, Tankersley et al. (2021) evaluated 44 peer-reviewed articles that met inclusion criteria for a systematic review for methodological rigour and findings. Common risk factors for negative mental health variables included weight dissatisfaction, low self-esteem, verbal and physical abuse, social isolation, discrimination, poor peer relations, and age. The studies showed a tendency among adolescents and older children to report higher rates of psychological distress. Also, resilience-promoting factors for mental health included the ability to use one's chosen name, belonging, parent connectedness, school safety, and social support. Using a minority stress and resilience-focused framework, and integrating the existing literature, Tankersley et al.'s review facilitated the promotion of psychological wellbeing for TGNC youth among clinicians and researchers.

Resilience, seen as an enduring constructive adaptation to one's circumstances and environment during adversity (Watson & Tatnell, 2022, citing Luthar et al., 2000), could empower individuals to cope with discrimination. Higher trait resilience corresponds with positive mental health outcomes, while lower trait resilience with poor mental health outcomes (Watson & Tatnell, 2022, citing Hu et al., 2015). Also, in a study involving 330 adults (aged 18–30) from Australia's LGBTIQA+ community, Watson and Tatnell (2022) examined non-suicidal self-injury (NSSI), psychological distress, discrimination, 'outness', and resilience. They found that identifying as LGBTIQA+ was associated with a greater risk for NSSI, and those individuals reported increased depression, anxiety and stress, and less resilience. Similarly, NSSI was associated with having to hide their gender identity in the workplace, but perceived discrimination, in general, was not associated with NSSI. Watson and Tatnell assert that developing resilience and social support in

LGBTIQA+ persons could help tackle the mental health of LGBTIQA+ persons. Higher trait resilience thus would come into play.

Resilience, thus, is generally viewed as a positive adjustment to adversity, contingent on complex multi-level negotiations between individuals with few protective factors and resources and the social reciprocation processes that can supply helpful resources from LGBTIQA+ allies' socio-cultural ecosystems (Gunderson & Holling, 2002). Disruptors to psychological wellbeing and mental health can be understood as either protective factors or risk factors (e.g., Rutter, 2006, 2013). Individuals might naturally perceive various challenges such as social injustice, loss, marginalisation, violence, economic deprivation, oppression, neglect, and sexual abuse, as risk factors impinging on their quality of life and mental health. Quixotically, some LGBTIQA+ persons' perceptions of these same challenges might view these events as pivotal periods in their life-course development as positive challenges and protective factors.

The core of resilience is to sustain survival in the human species. It is often operationalised as internal individual-level attributes and external community-level resources, as documented in the LGBTIQA+ context (Shilo et al., 2015). According to Ungar and Theron (2020), it is necessary to acknowledge the multifaceted interactions across systems that predict those who will do well and use this understanding to advance mental health interventions. Of significance is that LGBTIQA+ persons have the potential creativity and internal resources to deal with their difficulties and problems (PsySSA, 2017; Victor et al., 2014).

There is a need for further exploration regarding resilience in LGBTIQA+ communities through the four aspects of their lived experiences, namely spatiality (lived spaces), corporeality (the lived body), temporality (lived time), and relationality (lived human relations) (Van Manen, 1990) to augment related research in South Africa for psychology professionals (PsySSA, 2017; Victor et al., 2014). Knowledge about their life-world stories regarding resilience in adversity and how their lived-world experiences of violence, discrimination, and oppression helped them find effective resilience strategies could be worth exploring further, mainly because such resilience enquiry may well evolve into later resilience research.

Having considered how resilience science has been applied to LGBTIQA+ persons and communities, internationally, we now assess applicability and concrete possibilities this may hold for South Africa.

Application to and relevance for South Africa

The aim here is to begin to extrapolate implications of international research findings outlined above, for psychology professionals working with LGBTIQA+ persons in South Africa in an attempt to contribute to resilience science through actionable insights grounded concretely in this country's specific peculiarities. To this end, as the point of departure, we deemed it relevant to utilise the PsySSA Position Statement (PsySSA, 2013; Victor et al., 2014) and Practice Guidelines (McLachlan et al., 2019; PsySSA, 2017).

PsySSA is the nationally representative, largest, association for psychology professionals in South Africa. The 12 PsySSA guidelines were developed as tool towards greater ethical, and sexual and gender diversity-affirming, health care, and are informed by current research and in-depth understandings, globally, and particularly locally regarding LGBTIQA+ lived experiences, health, and wellbeing-related needs. The PsySSA Guidelines, a first for Africa and still the only available on the continent, are aspirational in nature and intended as reference for psychology professionals to deal more sensitively and effectively with LGBTIQA+ service users/clients/participants in recognition of the harm that has been done in the past to individuals and groups by related prejudice in South Africa as well as by psychology, as a discipline (McLachlan et al., 2019; Victor et al., 2014) and thus relevant here.

We now, in abbreviated form, state what is contained in 10 of the most pertinent guidelines that PsySSA affirms and has committed to, followed by extracts of findings covered in this article as means of comparison to assess how centrally related resilience science currently features in this work.

Guideline 1: non-discrimination

Includes reference to the South African Constitution and Bill of Rights, National Action Plan for the Protection and Promotion of Human Rights, African Commission on Human and Peoples' Rights, internationally recognised sexual rights, and South African ethical rules of conduct for health practitioners; and so on.

This guideline seems to correspond well with what Levitt et al. (2016) highlighted in respect of the insidious nature of stress in the LGBTIQA+ population, particularly in contexts that lack protective legislation related to sexual and gender diversity.

Guideline 2: individual self-determination

Includes reference to the South African Professional Conduct Guidelines in Psychology that state that the client/patient ought to control and determine the course of their own lives. Includes the ability to seek, consent to and/or refuse treatment, as well as the right to coming out (or not disclosing) and/or living in stealth; and so on.

In this regard Lyons (2015), citing various authors, reported narrative accounts related to resilience, including the positive influence of accepting sexual identity and a sense of authenticity and freedom. However, in LGB persons, stress results from systemic factors that contribute to competing desires for authenticity and self-determination (Levitt et al., 2016). Accordingly, resilience strategies among others include withdrawing from heterosexist social environments and concealing a sexually diverse identity, and striving for confidence and self-acceptance. Whereas self-acceptance reinforces resilience, it does not help overcome stressors (Levitt et al). Indeed, competing social pressures between inauthenticity and constrained self-determination elicit sexual diversity-related stress. Importantly, Levitt et al. concluded that resilience is understood to lessen but not resolve the deleterious impact of stress on sexually diverse persons by positioning resilience as a choice between authenticity and self-determination.

Guideline 3: enhancing professional understanding

Includes the importance of appropriate language and conceptualisations; differences in academic categorisations and individual real-life experiences; conflation of 'sex' and 'gender' in popular discourse; constraints of social forces and socialising agents; importance of acknowledging diversity and fluidity; acknowledging the client is best placed in guiding which identity options and pronouns to use; and so on.

Tankersley et al.'s (2021) review indeed highlighted that resilience-promoting factors for mental health in TGNC youth included the ability to use one's chosen name, while Follins et al. (2014) emphasised the importance of culturally competent and affirming social and clinical services.

Guideline 4: awareness of normative social contexts

Includes reference to, among others, related assumptions, and implications (also for health care provision) of hetero-cis-normativity and heterosexual and cisgender privilege.

Levitt et al. (2016), in particular, specified as resilience strategies withdrawing from heterosexist social environments, concealing a sexually diverse identity, dismissing prejudice or directly confronting it, approaching others for support or professional assistance, developing political consciousness, and striving for confidence and self-acceptance.

Guideline 5: intersecting discriminations

Includes a definition of intersectionality and application to, among others, practitioner awareness of the multiple intersecting identities of sexually and gender-diverse individuals, and the diversity of experiences among sexually and gender-diverse individuals. The use of cultural humility as a tool when working with cultures different from their own is recommended.

Multiple tensions – range, depth, adaptability, and complexity of resilience that can affect LGBTIQA+ persons' ability to navigate and negotiate for resources and mental health during adversity in the larger community – are acknowledged (Judge, 2018; Nel, 2007; Tankersley et al., 2021).

In addition, Follins et al. (2014) reported that Black LGBT persons are more likely to suffer violence than other LGBT or heterosexual persons of any ethno-racial background. They purport that while the challenges faced by Black LGBT persons are well documented, their resilience capacity is given little attention. Accordingly, Follins et al. examined LGBT resilience and social science literature and the factors leading to Black LGBT persons' resilience. They found that intersectionalities significantly affect their experiences but also privilege and general disadvantage.

Guideline 6: counteracting stigma and violence

Includes reference to a body of knowledge in respect of significant experiences (and fear) of discrimination, victimisation, and ill-treatment; institutionalised discrimination/oppression; associated vulnerabilities to mental health issues; hesitancy to access health care; and application to:

- Awareness that all sexually and gender-diverse people, regardless of race and/or socio-economic status or culture, may have been subjected to systemic prejudice, discrimination, and violence, albeit in varying forms and at different levels of intensity
- The recognition of the nature and extent of bullying, hate speech and hate crime sexually and gender-diverse people endure
- The recognition and counteracting of the psychological effect of stigma, prejudice, discrimination and violence on the individual and targeted group/community
- Cognisance of the effect stigma, prejudice, discrimination and violence have on society in general

Watson and Tatnell (2022) emphasise that resilience could empower individuals to cope with discrimination and that developing resilience and social support in LGBTIQA+ persons could help with improved mental health.

Resilience strategies include withdrawing from heterosexist social environments, concealing a sexually diverse identity, cultivating a marginalised identity, finding community, dismissing prejudice or directly confronting it, approaching others for support or professional assistance, developing political consciousness, and striving for confidence and self-acceptance (Levitt et al., 2016).

Guideline 7: recognising multiple developmental pathways

Includes reference to a general movement away from imposed identities, to self-chosen identities; increased recognition of personal agency, human development variations, and attractions and identities that evolve over a lifetime; cultural and social contexts that change over time, including expectations of people at different stages of life, and needs of people that may differ across their lifespan.

There is, indeed, an increased need to combine knowledge and strategies to inform policies and practice to alleviate risk and encourage resilience in systems that shape human adaptation during the lifespan (Masten, 2018).

Guideline 8: non-conforming family structures and relationships

Includes acknowledgement that many LGBTIQA+ persons are parents (sometimes before coming out) or want to have children (own; via adoption, fostering, surrogacy), also lesbian- and gender non-conforming people and trans men; and requirements of reproductive treatment; and that psychology professionals need to understand the diversity and complexities of relationships within families of origin and families of choice and for people in different relationship configurations.

Numerous narrative accounts related to resilience, include, as a major protective factor for mental health challenges, enduring emotional connections with others (Lyons, 2015).

Guideline 9: the necessity of an affirmative stance

The required lens is that of a cultivated and ongoing sensitivity to and acceptance of sexual and gender diversity as normal, increased contextual awareness of factors impacting wellbeing, and empathy with the unique experiences of and acknowledging the diversity in and among LGBTIQA+ persons and communities. Also included is actively taking a positive view of LGBTIQA+ clients' lives and that they may have the inventiveness and internal resources to cope with their challenges and difficulties.

Guideline 12: continued professional development

Stresses the importance of seeking continued professional development regarding sexual and gender diversity, including developing social awareness of the needs and concerns of sexually and gender-diverse individuals.

Diverse disciplines indicate that resilience among others depends on the culturally available multisystemic resources in stressed persons' various environments (Ungar, 2021).

Strategies to build resilience need to be prioritised; available resources for dealing with life challenges may be unlike those in the broader population, mainly if there are challenges with access to support from significant others due to rejection or fear of discrimination from health and support organisations. Resilience-building interventions may also require alterations to accommodate stigma-related challenges, while resilience can be advanced through training (Lyons, 2015).

Conclusion

Comparing what PsySSA affirms and commits to in their Practice Guidelines and emerging international resilience science focused specifically on LGBTIQA+ populations proved revealing. The PsySSA Guidelines, as with most other related research and scholarship, seems too focused on

adversity and the individual, thus neglecting the potential and opportunities presented by multisystemic resilience.

More emphasis on external community-level resources for resilience, including from LGBTIQA+ allies and developing social support in LGBTIQA+ persons may be called for. The dimensions of individual, family, and community-based resilience are all deemed vital, as is the individual capacity to use one's relational skills and abilities to overcome adversity. Recognising the systemic and relational resilience dimensions and integrating sexual and gender diversity with other identities to resist stressors that divide communities, may contribute to broader and more effective interventions and public policies for LGBTIQA+ populations. Also called for is a focus on strength-based, rather than risk-based approaches and the focus on pathologies.

The time has come that the systems that LGBTIQA+ persons and communities are connected to accept and operationalise co-responsibility for LGBTIQA+ persons' resilience and that researchers support them to do so by not reinforcing person-focused accounts of resilience. It is essential to recognise and champion the resilience of LGBTIQA+ persons and communities in facing substantive adversity. Such resilience skills and talents could significantly help both the collective and individuals rebound from trauma, regenerate a sense of (self-)worth, and regain psychological stability to reconstruct mental health trajectories for a more authentic life.

It is our hope that a future revision of the PsySSA Practice Guidelines will benefit from a suggested positioning of resilience science more centrally in scholarly endeavours and psychological practice aimed at affirming LGBTIQA+ persons and communities in South Africa and beyond.

Declaration of conflicting interests

Funding

ORCID iDs

Beba (XM) Papakyriakou https://orcid.org/0000-0003-4548-366X

Juan A Nel https://orcid.org/0000-0001-9013-5563

Notes

1. 'LGB' (sexual orientations, also referred to as sexual diversity), 'T' (transgender identity, also referred to as gender diversity) and 'I' (intersex, also referred to as biological diversity). Q can represent queer or questioning. The '+' represents those who are part of the collective but for whom 'LGBTIQA' does not accurately capture or reflect their identity. This acronym reflects the historical chronology, development, and elusiveness of sexual and gender identity and complexity of related terminology in languages in the world of sexually and gender-diverse groups. Convenient acronyms do not represent a gold standard for a quintessential or proto-typical LGBTIQA+ life, however. People and their associated communities are naturally complex, three-dimensional, and heterogeneous, regardless of gender identity and sexual orientation.
2. Increasingly, the use of the term 'community' to describe this immensely diverse range of gendered and sexual subjectivities has come under question for the way it has traditionally tended to reductively render LGBTIQA+ persons' homogenously–erasing the various positionalities, marginalities, intersectionalities, and significant inequalities that in fact characterise queer peoples broadly. Of importance is the need not to evacuate inherent diversities of this community. There is no one LGBTIQA+ community in South Africa, but various, communities, often marked by, among others, their racialised subjectivity and material status.

References

Bandura, A. (1999). Self-efficacy: Toward a unifying theory of behavioral change. In R. F. Baumeister's (Ed.), *The self in social psychology* (pp. 285–298). Psychology Press.

Breen, D., Lynch, I., Nel, J. A., & Matthews, I. (2016). Hate crime in transitional societies: The case of South Africa. In J. Schweppe & M. A. Walters (Eds.), *The globalisation of hate: Internationalising hate crime* (pp. 126–141). Oxford University Press.

de Lira, A. N., & de Morais, N. A. (2018). Resilience in lesbian, gay, and bisexual (LGB) populations: An integrative literature review. *Sexuality Research & Social Policy*, *15*, 272–282. https://doi.org/10.1007/s13178-017-0285-x

Follins, L. D., Walker Ja'N, J., & Lewis, M. K. (2014). Resilience in Black lesbian, gay, bisexual, and transgender individuals: A critical review of the literature. *Journal of Gay & Lesbian Mental Health*, *18*(2), 190–212. https://doi.org/10.1080/19359705.2013.828343

Gunderson, L. H. (2000). Ecological resilience–in theory and application. *Annual Review of Ecology and Systematics*, *31*, 425–439.

Gunderson, L. H., & Holling, C. S. (Eds.). (2002). *Panarchy: Understanding transformations in human and natural systems*. Island Press.

Herek, G. M. (2009). Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *Journal of Interpersonal Violence*, *24*(1), 54–74.

Judge, M. (2018). *Blackwashing homophobia: Violence and the politics of sexuality, gender, and race*. Routledge/Taylor & Francis.

Judge, M., & Nel, J. A. (2018). Psychology and hate speech: A critical and restorative encounter. *South African Journal of Psychology*, *48*(1), 15–20.

Kirton, M. J. (2003). *Adaptation-innovation: In the context of diversity and change*. Routledge.

Kumpfer, K. L. (1999). Factors and processes contributing to resilience: The resilience framework. In M. D. Glantz & J. L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 179–224). Kluwer Academic/Plenum Press.

Lester, C. N. (2017). *Trans like me; a journey for all of us*. Virago Press.

Levin, J., & McDevitt, J. (1993). *Hate crime: The rising tide of bigotry and bloodshed*. Plenum Press.

Levitt, H. M., Horne, S. G., Herbitter, C., Ippolito, M., Reeves, T., Baggett, L. R., Maxwell, D., Dunnavant, B., & Geiss, M. (2016). Resilience in the face of sexual minority stress: 'choices' between authenticity and self-determination. *Journal of Gay & Lesbian Social Services*, *28*(1), 67–91. https://doi.org.10.1080/10538720.2016.1126212

Luthar, S. S., Cichetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, *71*, 543–562.

Lyons, A. (2015). Resilience in lesbians and gay men: A review and key findings from a nationwide Australian survey. *International Review of Psychiatry*, *27*(5), 435–443. https://doi.org/10.3109/09540261.2015.1051517

Marais, A., Nel, J. A., & Govender, R. (2022). Emotional consequences of hate incidents: Experiences of a South African cohort. *South African Journal of Psychology*, *52*(1), 122–134. https://doi.org/10.1177/0081246320985343

Masten, A. S. (2014). *Ordinary magic: Resilience in development*. Guilford Press.

Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and promise. *Journal of Family Theory & Review*, *10*(1), 12–31. https://doi.org/10.1111/jftr.12255

Masten, A. S., Lucke, C. M., Nelson, K. M., & Stallworthy, I. C. (2021). Resilience in development and psychopathology: Multisystem perspectives. *Annual Review of Clinical Psychology*, *17*, 521–549. https://doi.org/10.1146/annurev-clinpsy-081219-120307

McLachlan, C., Nel, J. A., Pillay, S. R., & Victor, C. J. (2019). The Psychological Society of South Africa's guidelines for psychology professionals working with sexually and gender-diverse people: Towards inclusive and affirmative practice. *South African Journal of Psychology*, *49*(3), 314–324. https://doi.org/10.1177/0081246319853423

Meyer, I. H. (1995). Discrimination and violence against LGB individuals. *Journal of LGBT Health Research*, *3*(3), 55–71.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*, 674–697.

Nel, J. A. (2007). *Towards the 'Good Society': Healthcare provision for victims of hate crime. From periphery to centre stage*. (Unpublished doctoral thesis). University of South Africa.

Nel, J. A., & Judge, M. (2008). Exploring homophobic victimisation in Gauteng, South Africa: Issues, impacts and responses. *Acta Criminologica*, *21*(3), 19–36.

Nel, J. A., & Mitchell, Y. (2019). Victims of hate crime. In R. Peacock (Ed.), *Victimology in Africa* (3rd ed., pp. 271–292). Van Schaik.

Panter-Brick, C., & Leckman, J. F. (2013). Editorial commentary: Resilience in child development- interconnected pathways to wellbeing. *The Journal of Child Psychology and Psychiatry*, *54*(4), 333–336.

Psychological Society of South Africa. (2013). *Sexual and gender diversity position statement*.

Psychological Society of South Africa. (2017). *Practice guidelines for psychology professionals working with sexually and gender-diverse people*.

Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of the Sciences*, *1094*, 1–12.

Rutter, M. (2013). Annual research review: Resilience-clinical implications. *The Journal of Child Psychology and Psychiatry*, *54*, 474–487.

Seligman, M. E. P. (2011). *Flourish: A new understanding of happiness and wellbeing and how to achieve them*. Nicholas Brealey.

Shilo, G., Antebi, N., & Mor, Z. (2015). Individual and community resilience factors among lesbian, gay, bisexual, queer, and questioning youth and adults in Israel. *American Journal of Community Psychology*, *55*, 215–227.

Singh, A. A. (2013). Transgender and intersex students: Resilience and empowerment. In E. Fisher & K. Hawkins (Eds.), *Creating school environments to support lesbian, gay, bisexual, transgender, and questioning students and families: A handbook for school professionals* (pp. 57–72). Routledge.

Tankersley, A. P., Grafsky, E. L., Dike, J., & Jones, R. T. (2021). Risk and resilience factors for mental health among Transgender and Gender Nonconforming (TGNC) youth: A systematic review. *Clinical Child and Family Psychology Review*, *24*, 183–206. https://doi.org/10.1007/s10567-021-00344-6

Theron, L. C. (2016a). The everyday ways that school ecologies facilitate resilience: Implications for school psychologists. *School Psychology International*, *37*(2), 87–103.

Theron, L. C. (2016b). Towards a culturally- and contextually-sensitive understanding of resilience: Privileging the voices of black, South African young people. *Journal of Adolescent Research*, *31*(6), 635–670. https://doi.org.10.1177/0743558415600072

Ungar, M. (2021). *Multisystemic resilience: Adaptation and transformation in contexts of change* (M. Ungar, Ed.). Oxford University Press. https://doi.org/10.1093/oso/9780190095888.003.0002

Ungar, M., & Theron, L. (2020). Resilience and mental health: How multisystemic processes contribute to positive outcomes. *The Lancet Psychiatry*, *7*(5), 441–448. https://doi.org/10.1016/S2215-0366(19)30434-1

Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. The Althouse Press.

Victor, C. J., Nel, J. A., Lynch, I., & Mbatha, K. (2014). The Psychological Society of South Africa sexual and gender diversity position statement: Contributing towards a just society. *South African Journal of Psychology: Special 20th Anniversary Edition*, *44*(3), 292–302. https://doi.org.10.1177/0081246314533635

Watson, C., & Tatnell, R. (2022). Resilience and non-suicidal self-injury in LGBTQIA+ people: Targets for prevention and intervention. *Current Psychology*, *41*, 307–314.