Routledge
Taylor & Francis Group

Journal of Gay & Lesbian Mental Health

ISSN: 1935-9705 (Print) 1935-9713 (Online) Journal homepage: https://www.tandfonline.com/loi/wglm20

An exploration of happiness within the Irish LGBTI community

Jan M. A. de Vries, Carmel Downes, Danika Sharek, Louise Doyle, Rebecca Murphy, Thelma Begley, Edward McCann, Fintan Sheerin, Siobháin Smyth & Agnes Higgins

To cite this article: Jan M. A. de Vries, Carmel Downes, Danika Sharek, Louise Doyle, Rebecca Murphy, Thelma Begley, Edward McCann, Fintan Sheerin, Siobháin Smyth & Agnes Higgins (2020) An exploration of happiness within the Irish LGBTI community, Journal of Gay & Lesbian Mental Health, 24:1, 40-76, DOI: 10.1080/19359705.2019.1646689

To link to this article: https://doi.org/10.1080/19359705.2019.1646689

Published online: 20 Aug 2019.

JOURNAL OF GAY & LESBIAN MENTAL HEALTH
2020, VOL. 24, NO. 1, 40–76
https://doi.org/10.1080/19359705.2019.1646689

An exploration of happiness within the Irish LGBTI community

Jan M. A. de Vries, PhD, MSc, MA, BSc[a], Carmel Downes, MSc, BSocSc[a], Danika Sharek, MSc, BA[b], Louise Doyle, PhD, MSc, BNS[a], Rebecca Murphy, PhD, Msc, BA[a], Thelma Begley, MSc, BNS (Hons), RGN, RCN, RNT[a], Edward McCann, PhD, MSc, RN, RPN, RNT[b], Fintan Sheerin, BNS, PgDipEd, MA(jo), PhD, RNID, MRSB, FEANS, FNI[a], Siobháin Smyth, RPN, Dip.CPN, RNT, PG.Dip, CHSE, BNS (Hons), MSc[c], and Agnes Higgins, PhD, MSc, BNS, RPN, RGN[b]

[a]School of Nursing and Midwifery, University of Dublin Trinity College, Dublin 2, Ireland; [b]Trinity College Dublin, Nursing and Midwifery, Dublin 2, Ireland; [c]School of Nursing and Midwifery, National University of Ireland Galway, Galway, Ireland

ABSTRACT

This paper explores factors which contribute to happiness among lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals as part of the largest study to date of mental health in the LGBTI community in the Republic of Ireland (LGBTIreland study). This mixed methods study informed by minority stress theory, contained an online survey (n = 2,264) which explored various aspects of mental health and distress, but also the extent and experience of happiness and concomitant factors. The survey included ratings of happiness and life-satisfaction and an open-ended question on LGBTI related happiness. Quantitative findings showed a mean happiness rating of 6.58 out of 10 (11-point scale), which is lower than the general population in Ireland. Those identifying as gay men or lesbian women rated their happiness significantly higher than bisexual, transgender, or intersex participants. There was also an effect for age: teenage LGBTI participants had significantly lower ratings than other age groups. Happiness ratings very highly correlated with life-satisfaction (.88). A multiple linear regression showed happiness was predicted most significantly by self-esteem and being in a relationship. Qualitative findings emphasized the importance of self-acceptance and peer support for happiness. Findings are discussed using the minority stress perspective and cognitive dissonance theory.

ARTICLE HISTORY
Received 4 January 2019
Revised 5 July 2019
Accepted 9 July 2019

KEYWORDS
Happiness; LGBT; self-acceptance; minority stress; cognitive dissonance

CONTACT Jan de Vries, PhD, MSc, MA, BSc jan.devries@tcd.ie School of Nursing and Midwifery, 24 D'Olier Street, Trinity College Dublin, Dublin 2, Ireland.
Color versions of one or more of the figures in the article can be found online at www.tandfonline.com/wglm.
Supplemental data for this article is can be accessed at https://doi.org/10.1080/19359705.2019.1646689.

Introduction and background

In the Republic of Ireland, research on the mental health and well-being of people who identify as lesbian, gay, bisexual, transgender and intersex (LGBTI)[1] was scarce until recently. The most significant study, the Supporting LGBT Lives study (n = 1,110) (Mayock, Bryan, Carr, & Kitching, 2009), showed that there was cause for concern. Since then, substantial socio-political changes for LGBTI people in the Republic of Ireland has heralded the need for an update of the 2009 study. This culminated in the *LGBTIreland study* which is the source of the present paper Higgins et al. (2016).

This substantial study consisted of (a) an online survey of the LGBTI community (n = 2,264) on mental health, wellness and challenges to both, (b) structured telephone interviews with a representative sample (n = 1008) of the general population to assess public attitudes to LGBTI people. This publication addresses the happiness aspect of the on-line survey. Before introducing the study in more detail, an overview is provided of conceptual aspects of happiness research internationally, in Ireland, and in the LGBTI community, with reference to minority stress theory.

Happiness, life-satisfaction, wellness and well-being

The World Data Base of happiness research (https://worlddatabaseofhappiness.eur.nl/) equates happiness with 'subjective enjoyment of life' (Veenhoven, 2019, p.1). Within this, happiness can be understood as the immediate response to a pleasure giving event (hedonic happiness) or as a broader evaluation of satisfaction with life (eudaimonic happiness) (Ryan & Deci, 2001). Some authors have reserved the term happiness for the first type but more commonly the second perspective is taken (Lyubomirsky, 2001). A recent literature review suggests a broad definition which emphasizes happiness as "synonymous with quality of life or well-being" (Veenhoven, 2015b, p.381), and as "life-satisfaction; enduring enjoyment of one's life as a whole" (p.382). Often, terms like quality of life, wellness, well-being, or subjective well-being are used interchangeably (Veenhoven, 2015b). This blurring of conceptual lines is endemic to the field. While this can be problematic (Veenhoven, 2019), the conceptual overlap is such that theorists often justifiably take an inclusive perspective (Lyubomirsky, 2001).

Understanding what makes people happy is a matter of recognizing biological, psychological, social, cultural, spiritual and economic elements. In a most general sense, social capital (trust, social interactions, and shared norms) tends to generate happiness (Rodríguez-Pose & von Berlepsch, 2014). A recent systematic review of the international literature highlights correlations between happiness and societal aspects such as wealth, freedom, gender equality, security, qualities of government and institutions

in society, urbanization, globalization, and autonomy. At the individual level, happiness is correlated with education, being gainfully employed, having sufficient income, social participation, having intimate ties through marriage, children, family, and friends (Veenhoven, 2015b). Furthermore, genetics and temperamental factors may also play a role (Bartels et al., 2010), as do luck and favorable or unfavorable life events (Chen, 2016; Oishi, Graham, Kesebir, & Galinha, 2013; Oishi & Gilbert, 2016). Inner peace and harmony are often associated with stable happiness (Dambrun et al., 2012), and so are self-esteem (Argyle, 2001), self-concept clarity (Usborne & Taylor, 2010), social and self-acceptance (Ryff, 2014; Ziller, Hagey, Smith, & Long, 1969). There is evidence to suggest that majorities in society score higher on happiness measures than minorities (Veenhoven, 2015b). This has been confirmed for ethnic (Clark, Anderson, Clark, & Williams, 1999) and sexual minorities (Meyer, 2003) and is therefore of particular relevance for the study addressed in this paper.

Minority stress and LGBTI

Social psychological research has demonstrated convincingly that not conforming openly to majority behavioral norms is stressful for individuals (Bond & Smith, 1996). What is more, negative social mechanisms reserved for out-groups, such as stereotyping, prejudice, discrimination and aggression, generate stress (Aronson & Aronson, 2017). Meyer's (2003) model of minority stress outlines how prolonged stress resulting from being subjected to minority stress is bound to have a negative impact on happiness, health, and mental health (Meyer & Frost, 2013); a principle that stress research has provided ample support for (Calcia et al., 2016; Selye, 1956, Maslach & Leiter, 2016).

Meyer's model (2015) includes experiences of prejudice, stereotyping or violence, expectations of rejection, hiding, concealing, internalized homophobia and ameliorative coping processes. In the first place, the intensity and frequency of prejudice experienced outlines the extent of the pressure and stressors. As research has shown, degree of discrimination in the environment and specific victimization play a major role in LGBTI youth (Russell & Fish, 2016) and adults (Petrou & Lemke, 2018). Also, the expectation of rejection, and the vigilance this creates, may bring about chronically high levels of sympathetic arousal, which is the core of the stress response (Juster et al., 2019; Selye, 1956). Furthermore, to what extent the LGBTI identity is out in the open or concealed is important. Much of the stress may vary according to the openness with which a lesbian, gay and trans identity is expressed (Fingerhut, Peplau, & Gable, 2010) or the extent to which gender non-conforming behavior is displayed

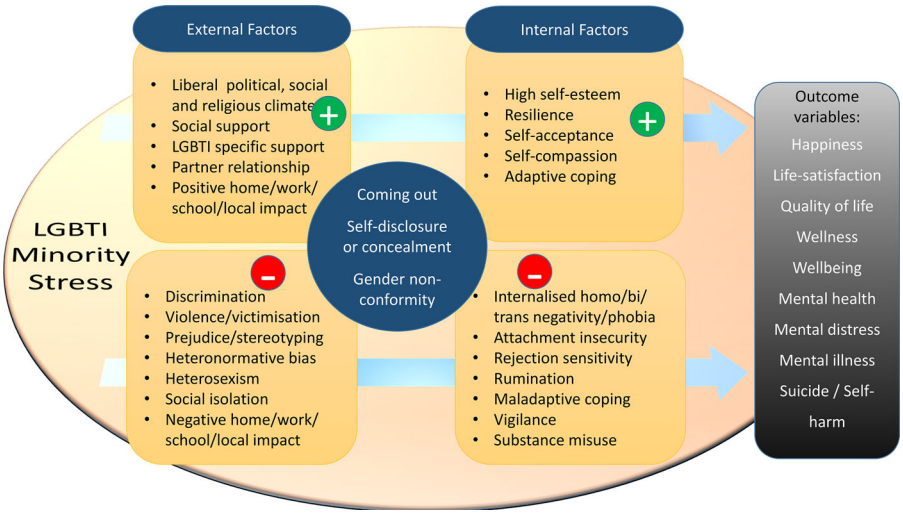

Figure 1. Factors within the Minority Stress Model.

(Rieger & Savin-Williams, 2012). Moreover, the degree to which stigma is internalized (internalized homo/bi/trans negativity/phobia) is essential. The mechanism behind this, is that a negative societal bias may become internalized by the people affected by it, sometimes without conscious awareness. This may generate considerable inner conflict and uncertainty, which may reduce self-esteem, wellness, and happiness (Berg, Munthe-Kaas, & Ross, 2016; Herek, 2000, Lingiardi, Baiocco, & Nardelli, 2012; Meyer, 1995; 2003). Finally, how resilient a person is and how effective in their coping with these stressors, can moderate or reduce the experience of minority stress (Meyer, Schwartz, & Frost, 2008).

Research guided by the model has led to the identification of several other risk and protective factors that may determine the impact of minority stress. The majority of these factors have been mapped in Figure 1. The diagram suggests a rich empirical effort, albeit with an emphasis on correlational rather than causational findings. The empirical focus on many related and overlapping factors and a variety of ways of measuring these variables has led to a complex picture. While Meyer's (1995, 2003, 2015) model has been represented in diagrams that suggest with arrows that one factor feeds into another, the evidence is not conclusive on how the factors interact. Hence, the cautious presentation in our diagram. No specific associations between factors are assumed.

Minority stress and happiness

Overall it is safe to say that empirical work among the LGBTI population based on the minority stress approach has established elevated risk of depression, anxiety, self-harm, substance misuse and other forms of mental distress, and high levels of use of mental health services (Herek & Garnets,

2007; Chakraborty et al., 2011; Kuyper & Fokkema, 2011; Institute of Medicine, 2011; McCann & Sharek, 2016; Plöderl & Tremblay, 2015; Higgins and Gill, 2017). Studies on happiness, life-satisfaction, wellness and related themes among the LGBTI community are less numerous and no systematic reviews could be located. Nonetheless, it is evident that in environments where prejudice and discrimination associated with being overtly gay, lesbian or trans is high, a more negative impact on happiness exists (Savin-Williams & Ream, 2003). A number of recent studies, based on large scale global or pan European studies of sexual minorities (some with over 100,000 mainly LGB participants), have confirmed this. While it was found that the health of the economy, degrees of globalization and democracy corresponded with higher life-satisfaction, Lemke et al. (2015) concluded that related liberal values and the resulting reduction in discrimination that benefitted gay men. Notably, post-communist countries and countries with strong religion based government showed high levels of discrimination and the lowest quality of life in gay men (Berggren, Bjørnskov, & Nilsson, 2016).

Notwithstanding these correlations with social and cultural factors, researchers concluded that minority stress and specifically victimization, felt stigma, internalized homonegativity (Petrou & Lemke, 2018; Sattler & Lemke, 2019), and concealment of LGB identity (Bränström, 2018) explained more variance in satisfaction with life than socio-demographics alone. A study on wellbeing of LGB youth showed that LGB-specific unsupportive social interactions have the greatest impact, followed by stigma consciousness, internalized homonegativity and personal peer support (Berghe, Dewaele, Cox, & Vincke, 2010). This confirms that minority stress theory is a useful cross-cultural explanatory model for satisfaction with life among sexual minorities (Berg, Lemke, & Ross, 2017).

While the empirical evidence on happiness in transgender and intersex people is limited, the same factors mentioned in the above have emerged (Barrientos, Cárdenas, Gómez, & Guzmán, 2016; Grossman & D'Augelli, 2006; McCann & Sharek, 2016; McCann & Brown, 2017). In addition, studies have demonstrated that these groups encounter added obstacles, in particular issues around gender transition (MacKenzie, Huntington, & Gilmour, 2009).

Even so, while there is significant support, some theorists have taken issue with the minority stress perspective because they argue it 'pathologises' LGBTI. They have been suggesting lower happiness or well-being, are really related to gender nonconformity (Rieger & Savin-Williams, 2012; Savin-Williams, Cohen, Joyner, & Rieger, 2010). It is beyond the scope of this publication to enter into this debate (see also Meyer, 2010), but it is important to realize that when two complex factors such as minority stress and happiness intersect, it is almost inevitable that

empirical research throws up divergent findings. For instance, a Dutch study of LGB people showed that minority stress played a role in their life-satisfaction, but that openness about one's LGB identity, which negatively impacted gay men, had no effect on lesbian women (Kuyper & Fokkema, 2011). As other studies have shown, discriminatory behavior from heterosexual men against gay men – but not lesbian women - may explain this difference (Ward & Schneider, 2009). There is also evidence that 'coming out', while stressful as a process, may reduce inner sources of stress, but intensify external stressors if the environment is not favorable (Cox, Dewaele, Van Houtte, & Vincke, 2010; Wright, Colgan, Creegany, & McKearney, 2006). Evidence from a cross-sectional analysis of a sizeable survey in the US focusing on sexual behavior and identity puts this in a broader perspective. The findings showed that while being lesbian, gay, or bisexual predicted lower happiness ratings, these results became non-significant when controlled for economic and social differences (Thomeer & Reczek, 2016). Well off, socially embedded, middle or upper class LGB people did not seem to differ significantly from their counterparts in the general population in terms of happiness. Perhaps an explanation for this should be sought in monetary, educational and social advantages which enable mobility and a degree of freedom in choosing to live, work and love in a social environment that is low in discrimination and prejudice.

Protective factors

Protective factors such as adaptive coping, peer and social support, resilience and self-acceptance have been found to have a positive impact on happiness, life-satisfaction or well-being outcomes in LGBTI minorities. In particular *resilience* has been considered to be a buffer which moderates the impact of unfavorable reactions from society to sexual minorities (Russell & Richards, 2003). Resilience would help maintain wellness when experiencing prejudice in response to openly expressing one's sexuality or gender, while lack of resilience or a particularly discriminatory environment may lead to concealment as a coping strategy. This was found to be negatively correlated with well-being in Spanish lesbian women and gay men, while collective action and related *peer support* was found to mediate positive well-being (Nouvilas-Pallejà, Silván-Ferrero, de Apodaca, & Molero, 2018). Peer social support was found to be one of the key factors in life satisfaction in gay men in Hong-Kong (Wong & Tang, 2003). Overall, participation in LGBTI communities reduces psychological distress (Herek & Garnets, 2007), while social support in general is also highlighted. In young LGBTI people the role of school support is essential (Snapp, Watson, Russell, Diaz, & Ryan, 2015), and so is *family acceptance* in supporting health,

mental health, social support and self-esteem, and reducing the risk of drug use, self-harm, and suicide (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

The impression prevails that acceptance by others reduces internalized stigma and boosts *self-esteem*. Self-esteem can be seen as a trait-like factor (Rosenberg, 1965), but these days it is as commonly perceived as a flexible state or 'thermometer' of our self-evaluations (Heatherton & Polivy, 1991; MacDonald & Leary, 2012). The positive relationship between happiness and self-esteem is generally confirmed in LGB people (Detrie & Lease, 2007; Douglass, Conlin, Duffy, & Allan, 2017) and both young transgender people (Johns, Beltran, Armstrong, Jayne, & Barrios, 2018) and adults (Austin & Goodman, 2017). Effective functioning in a variety of situations is facilitated by higher levels of self-esteem fueled in turn by achieved success. Fundamental negative beliefs about the self, such as internalized homo/bi/trans negativity or phobia, can disrupt this process. This can have significant health and mental health implications (Berg, Weatherburn, Ross, & Schmidt, 2015; Berg et al., 2016). Part of the answer to dysfunctional self-evaluations is often considered to be a process of *self-acceptance* (Chamberlain & Haaga, 2001). A strong belief in an immutable LGBT identity or *identity-certainty* (Morandini, Blaszczynski, Ross, Costa, & Dar-Nimrod, 2015) is a supportive factor in this. A recent comparative study in New Zealand showed that 'identity certainty' contributed to well-being in LGBTQ people (Bejakovich & Flett, 2018). Also, as two studies conducted in the USA demonstrated, self-acceptance plays a role in mediating the impact of minority stress on well-being (Mohr & Fassinger, 2003; Woodford, Kulick, Sinco, & Hong, 2014). Self-acceptance has been posited as a core factor in becoming a happy person in general (Szentagotai & David, 2013), but this is perhaps particularly fundamental when one is different from a norm in society. To come to terms with one's own gender identity or sexual orientation, may be an essential step in how a sense of inner balance and stable life-satisfaction (or happiness) develops (Lemke et al., 2015; Ryan & Deci, 2001).

Happiness in the Irish LGBTI community

Ireland tends to be among the countries in Europe with average to relatively high happiness or life-satisfaction ratings (Bjørnskov, Gupta, & Pedersen, 2008). Life-satisfaction ratings in Ireland (1974–2014) based on several studies using a single 11-point scale (0–10) showed an overall mean of 7.54, which tends to be around the EU average (Veenhoven, 2019). Lemke et al.'s (2015) global study including 130 countries revealed that in terms of life-satisfaction, a sizeable Irish sample of gay men ($n = 415$) ranked 22th, which is behind most other West-European countries and

several other nations elsewhere in the world. An overall 'Gay Happiness' ranking composed of three aspects (public opinion, public behavior and life-satisfaction) led to a ranking for Ireland of 25th in the world (Lemke et al., 2015). While no direct comparison is possible, due to the different tools used, it would seem that happiness among gay men in Ireland was more or less similarly placed in world rankings in comparison with the overall Irish population.

Other available studies highlight several concerns. Specific challenges in relation to health equality and social inclusion were common among the LGBT community in Ireland (Department of Health, 2013; Health Service Executive, 2009). Also, both Mayock et el. (2009) and the present study LGBTIreland Higgins et al. (2016) found high levels of psychological distress, depression, anxiety, self-harm, suicidality, and perceptions of society as hostile. A separate study of the transgender group in Ireland (n = 167) suggested similar problems (McNeill et al., 2013). Furthermore, Kelleher (2009) identified minority stress in a young segment (16-24) of the LGBTQ population in Ireland as consisting of three factors which each predicted distress: sexual identity distress, stigma consciousness, and heterosexist experiences. These surveys (n = 301) highlighted the negative impact on well-being of an 'oppressive social environment created through sexual/transgender identity-related stigma' (Kelleher, 2009, p. 373). A study of the older LGBT group (n = 144) also identified these issues, and suggested that 'more significant changes would be needed for LGBT people to be fully accepted in Irish society' (Higgins et al., 2011, p. 24). One conclusion of Mayock et al. (2009) report was that "LGBT people in Ireland today are, on the whole, more happy than they are unhappy with their lives" (p. 23). More precisely though, happiness (m = 6.87; sd = 2.20) and life-satisfaction ratings (m = 6.96; sd = 2.29) in Mayock's study were considerably lower than ratings in the general adult Irish population in 2008 (m = 8.14; sd = 1.42), the year the study was done. Both studies made use of the same standard 11-point scale used in the European Social Survey (ESS) (Veenhoven, 2019), which justifies considering the comparison.

Exploring LGBTI happiness in the present study

The online survey module in the LGBTIreland study Higgins et al. (2016) was based on the minority stress model, and contained open-ended questions and Likert-type scales on mental health, stress, anxiety, depression, self-esteem, self-harm, suicide, substance misuse, experiences with health and mental health services, harassment and victimization, coming out, experiences with family, work, school, social and peer support, and happiness. In addition to this quantitative approach, an attempt was made to

receive a more detailed insight into how happiness was construed qualitatively by the participants in relation to their LGBTI identity. This combined quantitative and qualitative exploration is the focus of the present publication. While several hypotheses could be formulated on the basis of the research outlined in the above, the focus in this study was not on the testing of hypotheses but the open exploration of the survey results. Even so, an important aim was to see whether it was possible to predict happiness from the other factors in the study.

Methodology

Method

Using stratified purposive sampling, a mixed-method online survey (n = 2,264) accessible by weblink was publicized through several LGBTI organizations. On-line access was maintained for a period of three months. Completing the questions would take about 15-20 minutes, but detailed responses to some of the open questions suggests that many participants were motivated to devote more time to it. The survey included scale based and open-ended questions on mental health, followed by ratings of happiness and life-satisfaction and an open-ended question on what made the participant happy and proud about being LGBTI. The questions on happiness appeared in the latter part of the survey, after participants had considered a comprehensive questioning on many aspects of mental health and distress. Nonetheless, 95% of participants (n = 2,140) completed the two scale-based questions, and 58% (n = 1,308) participants provided often rich responses to the open-ended question.

The following 11-point scales were used:

- 'All things considered, how satisfied are you with your life as a whole nowadays?' on a scale of 0-10, with '0' meaning 'extremely dissatisfied' and '10' meaning 'extremely satisfied'.
- 'Taking all things together, how happy would you say you are?' on a scale of 0-10, with '0' meaning 'extremely unhappy' and '10' meaning 'extremely happy'.

The following open question was used:

- What makes you happy or proud about being LGBTI?

The 11-point scales are validated tools. Most prominently several large scale studies, the World Values Survey (Easterlin, McVey, Switek, Sawangfa, & Zweig, 2010), Gallup World Survey (Helliwell & Wang,

2012), the European Social Survey (Morgan, Robinson, & Thompson, 2015) and the European Values Survey (Bartolini, Mikucka, & Sarracino, 2017), have used them. One of the foremost authorities on happiness research (Veenhoven, 2015a) ascertains that the single scale from 0 to 10 with a self-rating of happiness or life-satisfaction is reliable, valid, and sensitive to societal and individual differences. Test-retest reliability is high (between 0.88 and 0.95) and concurrent validity with several 5-item happiness and life-satisfaction measures (Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985), the WHO-5 Wellbeing scale (Bech, 2004), and the Short Depression-Happiness scale (SDHS) (Joseph, Linley, Harwood, Lewis, & McCollam, 2004) is also good (see Veenhoven, 2019).

Other validated measures used in the survey were as follows (Cronbach alpha as appeared in our study included): Rosenberg's Self-Esteem Scale (α =.93) (Rosenberg, 1965); Alcohol Use Disorders Identification Test (AUDIT) (α =.80); the Eating Attitudes Test (α =.89) (Garner, Olmsted, Bohr, & Garfinkel, 1982); (Babor et al., 2001); Depression (α =.90), Anxiety (α =.88), and Stress Scale (α =.94) (DASS-21) (Lovibond & Lovibond, 1995); Self-harm and suicidality from the Lifestyle and Coping Survey (α =.81) (Madge et al., 2008); Modified 15-item Coping Strategy Indicator (CSI-15) measuring Avoidant (α =.85), Planned (α =.84) and Support focused coping (α =.92); from the My World Survey (Dooley & Fitzgerald, 2012) and the original Coping Strategy Indicator (Amirkhan, 1990). The consistently high Cronbach α-scores suggest high internal consistency in each of these measures.

To enhance methodological rigor several steps were taken. In a quantitative sense, validated tools and measures with high reliability were chosen, and reliability was tested for all measures. In a qualitative sense (Guba & Lincoln, 1994), credibility of the method and findings was strengthened through the involvement of LGBTI organizations in the development of the method and the presentation of findings. Dependability was augmented by the fact that participants were able to choose their own time to complete the survey, thus avoiding rushed or not well considered responses. Confirmability was augmented in the data analysis in a variety of ways (see Data analysis section) including multiple bracketed analyses by two researchers. Transferability is a matter of the representativeness of the sample. Due to the high number of participants, all LGBTI groupings were well represented. It is important to note here that specific recruitment efforts to engage with young people and transgender participants were successful. Since LGBTI status was not documented in the most recent national census, we cannot be sure how well our sample represents the Irish LGBTI population.

Ethical considerations

The study was carried out in compliance with the Helsinki Declaration (http://www.wma.net/en/30publications/10policies/b3/index.html). Ethical approval was granted by the relevant ethics committee in the researchers' University (detail to be provided after blind review). Consent was provided by participants on the opening page of the survey and could be withdraw at any point simply by not completing the process or not submitting the survey, thus minimizing any potential psychological risk. Participants who were legally minors could participate without parental consent. While this is not common, it was argued with the Ethics Committee and accepted, that it would have been unethical to force LGBTI young people who wanted to participate, but who were not 'out' to their parents, to 'out' themselves in order to take part.

Participants

An overview of the main demographics of the participants is provided in Table 1. Participants self-identified their belonging to the LGBTI groups and different age groups. While conflating gender identity and sexual orientation, further refinement (such as a male/female/other distinction within the BTI groups or different sexual orientations within the TI groups) was considered overly detailed considering the general focus of this publication. Overall, our sample was similar in employment status and dispersion across the country, but was more highly educated, more often not religious, more often single, and fewer had children (CSO, 2016). With 96.4% of participants white and mostly of Irish origin; this was an ethnically homogeneous sample.

Data analysis

Quantitative data analysis included descriptive and inferential statistics and made use of SPSS 22 and 24 (IBM, 2013). This was preceded by data cleaning and correction of errors. Missing values were only excluded pairwise. All participants who completed consent were included with the exception of a handful of random responders. No outliers were removed.

Qualitative data analysis used thematic analysis (Burnard, 1991; Newell & Burnard, 2010). Six steps to analyze the narratives were performed as outlined by (Braun & Clarke, 2006): 1. Familiarizing oneself with data; 2. Generating initial codes; 3. Searching for themes; 4. Reviewing themes; 5. Defining and naming themes; 6. Reporting findings. The exploratory aim of the study guided the analysis. The impact of preconceptions based on theory were avoided by assigning the primary analysis to members

Table 1. Identity of the survey sample (n = 2,264) in % (n).

LGBTI groups		Age Group	
Lesbian/gay female	26.5% (600)	14-18 years	18.4% (416)
Gay male	38.6% (873)	19-25 years	28.7% (648)
Bisexual (male & female)	14.4% (325)	26-35 years	24.4% (551)
Transgender (all sexual orientations)	12.3% (279)	36-45 years	16.3% (367)
Intersex	2.0% (45)	46+ years	12.2% (275)
Other*	6.3% (142)		
Relationship status		**Civil status**	
Single, not dating	38.1% (861)	Not married/civil partnership	85.9% (1,939)
Single and dating	16.0% (361)	Civil partnership same sex	10.1% (228)
Monogamous relationship	41.2% (931)	Married (opposite sex)	2.5% (57)
Non-monogamous relationship	2.4% (54)	Married (same sex)	1.5% (34)
Other	2.2% (51)		
Education		**Employment**	
3rd level	55.9% (1264)	Working for pay/profit	47.6% (1074)
Upper 2nd level	26.7% (604)	Student	34.6% (780)
Lower 2nd level	15.2% (322)	Unemployed/job seeking	13.3% (256)
Primary school	2.2% (50)	Retired	1.4% (31)
		Other	3.6% (81)
Rural/Urban living		**Living situation**	
City	27.9% (630)	with parent(s)/guardian(s)	39.6% (895)
Suburban	30.1% (680)	with other family members	3.2% (73)
Town	18.1% (419)	with partner (no children)	20.3% (459)
Village	7.8% (176)	with partner and child(ren)	5.2% (119)
Rural	15.7% (354)	with friends or housemates	14.4% (325)
		alone	14.7% (333)
		Other	2.5% (57)
Religion			
No religion	57.7% (1301)		
Catholic	28.9% (653)		
Church of Ireland	2.6% (59)		
Other	10.8% (243)		

*All other indications of sexual orientation and gender identity were included under 'other'.

of the team at that time uninitiated in theories around happiness and LGBTI. This secured the suspension, or bracketing (Tufford & Newman, 2012) of possible preconceptions. The initial codes emerged from the responses and were based on terminology used by participants, with interpretation kept to a minimum. Participants showed considerable overlap in the topics they discussed. Initially twenty five specific codes were identified, these were reduced to eighteen through putting together overlapping aspects. In the end these codes were grouped and merged into four overarching themes.

Quantitative results

Happiness and life-satisfaction

The *mean happiness rating* given by participants was 6.58 (sd = 2.27; n = 2,134), with a range of 0 to 10. The median score was a 7. Less than 25% of participants rated their happiness at 5 or less. The *mean life*

satisfaction rating given by participants was 6.61 (sd = 2.24; n = 2,134), with a range of 0 to 10. The most common score was a 7. Less than 25% of participants rated their life satisfaction at 5 or less. Both variables were normally distributed. A Pearson correlation (*p < .05; **p < .01; ***p < .001) of the happiness and life-satisfaction ratings, showed a high and significant correlation (at 0.001 level, 2-tailed) between the two measures (r (2133) = .877, p = .000***). It is safe to say that participants perceived happiness and life-satisfaction as almost identical entities. This emerged in all further statistical findings. Hence we do not report the life-satisfaction findings throughout in the text (please see Supplemental Materials for this). A high Cronbach alpha (α =.94) of the combined scales confirms just how similar the responses were.

Happiness and other relevant variables

Happiness correlated highly and significantly with several other indicators of mental health included in the study (see Table 2). In particular, the positive correlations with self-esteem, and the negative correlation with depression are high and highly significant.

Furthermore, it became evident from t-tests comparing happiness ratings for several relevant factors that there were significant differences (see Table 3). The findings highlight that happiness was considerably higher for participants with a partner, who were comfortable with their sexual orientation, who were 'out' to colleagues at work and relatives outside the immediate family, and who had not self-harmed or attempted suicide ever. To a lesser degree happiness also seemed to be boosted by having children, comfort with gender identity, being 'out' to close family members, and not being affected by LGBTI related violence or hurt. Living in a rural area or not, or being 'out' to friends did not seem to matter (although the small number not 'out' to friends needs to be noted).

Differences between LGBTI identities

Comparison of the mean happiness and life-satisfaction scores of different LGBTI groupings (see Figure 2) shows that gay men reported the highest ratings, while the intersex group showed the lowest ratings.

Table 2. Pearson correlations (r / p) happiness and life-satisfaction with other mental health measures.

(n = 2134)	Life-satisfaction	Rosenberg Self-esteem	Depression scale in DASS 21	Anxiety scale in DASS 21	Stress scale DASS 21	CSI – avoidant coping	CSI – planned coping	CSI – support focused coping	AUDIT alcohol use	EAT-9 (Eating Attitudes test)
Happiness	.877	.703	-.696	-.517	-.533	-.519	.342 .000)	.314	-.092	-.302
	(.000)	(.000)	(.000)	(.000)	(.000)	(.000)		(.000)	(.000)	(.000)
Life-satisfaction	1	.676	-.660	-.491	-.501	-.505	.321	.299	-.080	-.279
		(.000)	(.000)	(.000)	(.000)	(.000)	(.000)	(.000)	(.001)	(.000)

Table 3. Comparison of mean happiness ratings for relevant factors (Columns show for each factor the nr of participants, mean, sd, and outcomes of t-tests for the difference between the groups that responded with yes/no).

Dependent variable: happiness	YES		NO		T-TEST
Independent variables	n	M (sd)	n	M (sd)	Value (p)
Have a partner	983	7.28 (2.30)	1151	5.98 (2.02)	−13.827 (.000***)
Have children	204	7.02 (2.36)	1930	6.54 (2.26)	−2.931 (003**)
Unemployed/disability	214	5.49 (2.59)	1918	6.69 (2.20)	−6.581 (.000***)
Live in rural area	333	6.59 (2.29)	1807	6.54 (2.27)	n.s.
Gender identity comfort*	1786	6.76 (.2.19)	278	5.38 (2.44)	−8.885 (.000***)
Sexual orientation comfort*	1611	6.91 (2.17)	523	5.59 (2.30)	−11.565 (.000***)
'Out' to mother	1516	6.80 (2.18)	427	5.97 (2.32)	6.872 (.000***)
'Out' to father	1252	6.96 (2.08)	544	5.92 (2.36)	8.890 (.000***)
'Out' to other relatives	1351	7.05 (205)	595	5.76 (2.36)	11.527 (.000***)
'Out' to friends	1990	6.65 (2.23)	37	6.68 (2.42)	n.s
'Out' at work	1289	7.10 (2.02)	402	5.64 (2.37)	11.133 (.000***)
LGBTI related verbal hurt	1499	6.49 (2.27)	511	6.85 (2.22)	−3.092 (.002**)
LGBTI related physical threats	635	6.45 (2.33)	1278	6.71 (2.19)	−2.343 (.019*)
LGBTI related assault experienced	390	6.36 (2.42)	1505	6.69 (2.15)	2.478 (.014*)
Self-harm ever	715	5.83 (2.40)	1327	6.99 (2.10)	10.854 (.000***)
Suicide attempt ever	435	5.48 (2.65)	1586	6.87 (2.08)	10.134 (.000***)

*5-point scales were transformed into dummy variables with comfortable and very comfortable grouped (1) and mixed, uncomfortable and very uncomfortable (0).

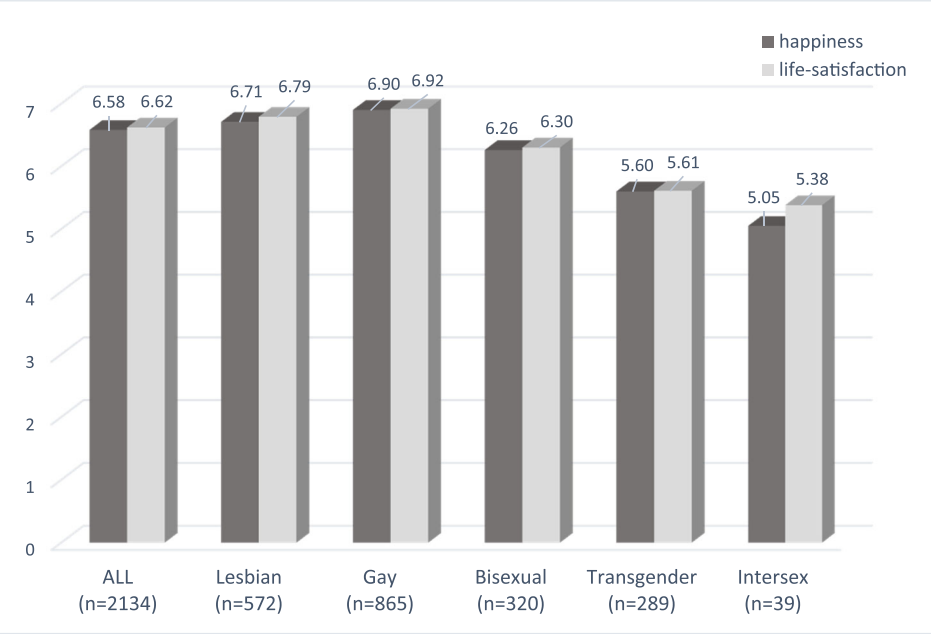

Figure 2. Mean happiness and life-satisfaction ratings of LGBTI groups. Significant differences: LG > BTI (p=.000***). Difference L v G and T v I: non-significant).

Analysis of variance (ANOVA) was performed for both variables with identical results. We report the findings for happiness. All groups (except 'other') in Figure 1 were included in the analysis. There was a significant overall between-group effect ($F(4,2130) = 57.532$, $p = .000$***, Eta $2 = .035$). Separate t-tests showed that the lesbian and gay

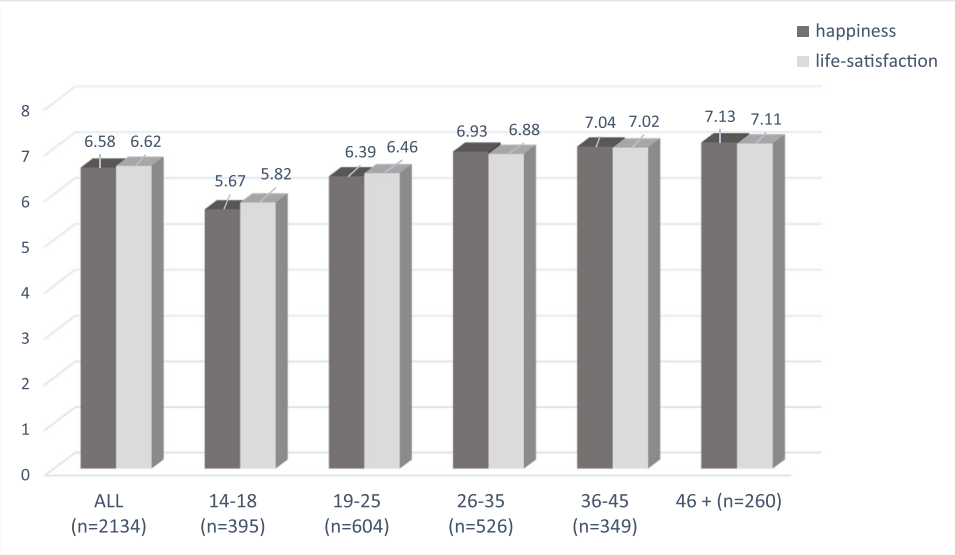

Figure 3. Mean happiness and life-satisfaction ratings per age group. Significant differences: 14-18 > 19–25 (p=.000***); under 26 < 26+ (p=.000***). Non-significant: all groups 26+.

groups together were significantly happier than all other participants ($t(1287.134) = -6.935$, $p = .000^{***}$), although the gay and lesbian groups did not differ significantly ($t(1141.657) = 1.542$, $p = .123$) from each other. The intersex group marked themselves significantly lower than all other groups ($t(35.753) = 3.553$, $p = .001^{**}$). The transgender group was significantly lower in happiness than the gay, lesbian and bisexual group ($t(2133) = 8.070$, $p = .000^{***}$), but the difference with the intersex group was non-significant ($t(326.000) = -1.243$, $p = .215$).

Comparison of age groups

Comparison of happiness and life-satisfaction ratings for different age groups (see Figure 3) suggests important contrasts between the groups. Happiness and life-satisfaction seemed to increase up to age 25 after which a plateau was reached. Analysis of variance showed a significant effect for both happiness and life-satisfaction. The results for happiness are as follows: ($F(5,2128) = 23.116$, $p = .000^{***}$, Eta $2 = .052$). Separate t-tests showed the happiness ratings of the 14–18 year olds to be significantly lower than all older groups ($t(566.520) = 8.811$, $p = .000^{***}$). The 19–25 year olds showed significantly lower happiness than all older groups ($t(974.781) = -4.473$, $p = .000^{***}$), while they rated themselves also significant higher than the 14–18 year olds ($t(997) = -4.826$, $p = .000^{***}$. The three 26+ groups were not significantly different from each other.

Predicting happiness

As we've seen, correlations of happiness and life-satisfaction with several other variables (see Table 2) were high and t-tests also showed that there was differentiation in happiness ratings across several factors (see Table 3). However in order to establish which variables measured in the study provided the best predictors of the self-reported happiness of the participants, further analysis in the form of a *Multiple Linear Regression* procedure was required. Antecedent factors were selected as independent factors while other experiential factors were considered as mediators in the prediction of happiness. The procedure took place in several standard steps (see Table 4 for details). To avoid conceptual overlap happiness and life-satisfaction were not entered in the same procedure. Depression, which also overlaps, had to be excluded because of multicollinearity issues. All variables included are listed (see Table 4), but only the ones contributing significantly are included in the model. Separate computations for life-satisfaction showed almost identical outcomes (see Supplemental Materials).

The outcomes confirm that the significant antecedent factors explained just under 20% of the happiness rating. Relationship status was most important, followed by having experienced LGBTI related violence, gender identity trans, age, and identity orientation bisexual. All antecedent factors maintained their significance once the mediators were entered, except for bisexual orientation. Of the mediating factors only self-esteem was more significant than being in a relationship. Stress, avoidant and support focused coping each contributed to the overall model, which succeeded in explaining 55% of the variance in happiness (R^2 =.55, $F(9, 1287) = 179.142$, $p = .000^{***}$). This is a significant outcome and suggests that the main predictors for happiness were captured and contained within the survey. The higher the self-esteem, the higher the happiness rating. In addition, in order of importance, being in a relationship, experiencing less stress, being older, reporting support focused coping and being lower in avoidance coping, predicted higher happiness ratings. Being trans and having experienced LGBTI related violence predicted lower happiness, regardless of the mediating variables. It should be noted that while substantially correlated with happiness, once mediated by self-esteem, other factors, notably anxiety (see Table 2) did not add to the prediction of happiness. Similarly, drinking or drug taking habits, the extent of being 'out', concerns about eating, self-harm experiences or suicide attempts, planned coping, and comfort with gender identity or sexual orientation, did not add significantly to the prediction of happiness.

In summary, the quantitative findings highlight that happiness and life-satisfaction as measured in the study generated almost identical findings. Results also show that within the LGBTI population, the TI groups shows

Table 4. Multiple Regression Results (model 1: antecedent factors/model 2: mediating variables. Dependent variable: HAPPINESS (only significant factors included).

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics: R Square Change	F Change	df1	df2	Sig. F Change
1	.385[a]	0.148	0.145	1.985	0.148	44.928	5	1291	0.000
2	.746[b]	0.556	0.553	1.435	0.408	295.641	4	1287	0.000

Model		Unstandardized Coefficients: B	Unstandardized Coefficients: Std. Error	Standardized Coefficients: Beta	t	Sig.
1	(Constant)	5.933	0.157		37.888	0.000
	Gender identity trans*	−0.980	0.211	−0.121	−4.644	0.000
	Sexual orientation bisexual*	−0.303	0.145	−0.056	−2.087	0.037
	Age (5 Groups)	0.213	0.048	0.123	4.451	0.000
	In a relationship*	1.146	0.115	0.267	9.952	0.000
	Experienced LGBTI related physical violence (lifetime)*	−0.620	0.122	−0.131	−5.061	0.000
2	(Constant)	4.606	0.310		14.861	0.000
	Gender identity trans*	−0.418	0.154	−0.052	−2.723	0.007
	Sexual orientation bisexual*	−0.010	0.105	−0.002	−0.091	0.927
	Age (5 Groups)	−0.204	0.037	−0.118	−5.549	0.000
	In a relationship*	0.792	0.084	0.185	9.384	0.000
	Experienced LGBTI related physical violence (lifetime)*	−0.232	0.090	−0.049	−2.577	0.010
	Stress (DASS-21)	−0.064	0.010	−0.151	−6.282	0.000
	Avoidant Coping (CSI)	−0.036	0.008	−0.112	−4.328	0.000
	Support Focused Coping (CSI)	0.035	0.009	0.079	3.874	0.000
	Self Esteem (Rosenberg scale)	0.159	0.009	0.498	17.985	0.000

($R^2 = .55$, $F(9, 1287) = 179.142$, $p = .000$***).

Factors included/excluded

Independent variables:

Experienced LGBTI related physical violence (lifetime)*
Experienced LGBTI related threats (lifetime)*
Gender identity male/female*
Gender identity trans*
Sexual orientation same sex/other sex*
Sexual orientation Bisexual*
In a relationship*
Rural living*
Age (5 groups)
Education levels
Employment status
Out to mother, father, other family, at work

Mediating variables:

Eating Attitudes Test
Avoidant Coping (CSI)
Planned Coping (CSI)
Support Focused Coping (CSI)
Stress (DASS-21)
Depression (DASS-21)
Anxiety (DASS-21)
AUDIT Score - Adding all alcohol statements
Rosenberg Self Esteem Scale
Suicide Attempt ever*
Sexual orientation comfort*
Gender identity comfort*
Self-harm*
Drug misuse*

The procedure took place in several standard steps: 1) selection of all relevant factors in Tables 1, 2 and 3; 2) dummy variables (yes/no) were created for several variables (see Table 1 and 3); 3) correlations were computed (see Table 2) and variables not significantly correlated with stress or happiness where excluded; 4) a multiple regression procedure was performed in Enter Mode (standard) and in two blocks to differentiate between independent and mediating variables, all non-significant predictors were excluded; 5) variables with multicollinearity issues were removed (Tolerance $<.3$; VIF > 2.5); 6) in order to test the robustness of the model the procedure was repeated in different permutations; 7) the model was confirmed once it remained unchanged during this process.

significantly lower happiness than the LGB groups, and younger participants (14–18, followed by 19–25) were least happy, while differences among the older participants were not significant. Furthermore, while several factors (see Tables 2 and 3) were related to significant differences in

Table 5. Overview of most frequently mentioned happiness themes (n = 1,308).

Theme	Frequency mentioned	Theme	Frequency mentioned
Self-related aspects: the journey of self-acceptance		**Social aspects: peer support, love and friendship**	
Identity accepted by oneself	348 (26.6%)	Inclusion in LGBTI community and support received	293 (22.4%)
Own growth and development	169 (12.9%)	Partner	119 (9.1%)
Glad to be different	97 (7.4%)	Identity accepted by others	95 (7.3%)
Freedom	61 (4.7%)	Friends	81 (6.2%)
LGBTI advocacy generates happiness		Love	40 (3.1%)
LGBTI advocacy as source of happiness	219 (16.7%)	Coming out	35 (2.7%)
Fighting spirit/pride	69 (5.3%)	Being out	34 (2.6%)
Progress in LGBTI cause	58 (4.4%)	Family	35 (2.7%)
Questioning the question		Helping others	29 (2.2%)
LGBTI considered irrelevant for happiness	150 (11.5%)		
Unhappiness	35 (2.7%)		

happiness ratings, self-esteem explained most of the variance followed by being in a relationship.

Qualitative results

Of the 2,264 respondents, 1,308 (58%) answered the open-ended question: 'What makes you happy or proud about being LGBTI?' All LGBTI groups were represented among the responses approximately in the same proportions as in the overall sample. And there were no significant differences in the quantitative ratings of happiness and life-satisfaction between those who answered the open-ended question and those who did not. This is important because it highlights that those who responded to this question were not happier or unhappier than those who did not. Many responses were well-articulated and suggested that much thought had been given to provide rich, nuanced and intricately reflective answers. The main emerging themes have been grouped in three sections (see Table 5). Following this, two sections address the responses that 'questioned the question', and two examples of thematically mixed answers are presented. Quotes are used to illustrate each theme. Participant identifiers include (in this order): the participant number, gender identity, sexual orientation, and age of the participant.

Self-related aspects: The journey of self-acceptance

The most common aspect of happiness mentioned was having accepted one's own identity as LGBTI. This acceptance was often described as pivotal to the happiness of the respondents regardless of their specific identity. Acceptance

reduces self-related negativity or shame and normalizes being LGBTI, as one young person articulated:

> *I'm only 18 years old, so it's nice to know that I have at least one thing that I fully know about myself. I'm happy about it because I have no shame or negative feelings toward myself because of it. None of my problems are related to being LGBTI, they're just problems, which makes my being LGBTI "normal". It's not a source of stress. I'm proud that it took me zero effort to accept this part of me, just took a while to figure out exactly what was going on. (#8, female, bisexual, 18)*

Often, accepting one's LGBTI identity included a reference to 'personal growth' or overcoming challenges in order to achieve this state of 'identity acceptance':

> *The ability to finally own an identity that I'm comfortable with. Neither male nor female fully applies to me, but now that I identify as transgender I truly feel like no-one can tell me I'm not exactly who I present myself as. I finally embrace my identity, instead of hiding and being fearful. (#1913, Transgender male, sexual orientation other, 32)*

Some responses highlighted how having a hard time finding self-acceptance had become an important source of learning, which had given the person added humanity and strength:

> *I had a hard time figuring out my sexual orientation. The depression I suffered linked to being gay/queer was the hardest thing I've ever dealt with. However, I think the experience has made me a more insightful and compassionate person. I think my struggle to accept myself has taught me to have that good self-esteem. (#2174, male, gay, 22)*

> *Coming to terms with being trans has made me far more accepting of others and their differences.… It has also granted me a great deal of inner peace which has done nothing but improve my overall mental health. While the road to getting treatment was extremely frustrating now that I am on treatment I'm optimistic of my personal growth going forward, both physically and mentally. (#96, Transgender, bisexual, 24)*

Further elaborations on this theme give us a more in-depth understanding of how essential this aspect is, but also how intertwined with life's experiences:

> *….I feel proud for having gone through the difficulties that come with growing up as an LGBTI youth, and for coming out the other side as strong and as confident as I am in myself. I feel lucky to have been born gay. I feel unique. If someone told me today that it were possible to change my sexuality, my response would be irrevocable refusal. I am a better person today for having overcome my struggles. My sense of self-worth stems from my triumph over all that life has thrown against me thus far for being gay. To know oneself so truly is to know happiness and pride in ones victories. (#2086, male, gay, 21)*

There was a lingering sense that many of the participants felt that once they had accepted themselves, all else became a secondary issue. Some participants emphasized that they had stopped being concerned about what other people thought of them:

That I no longer care what others think and I am free to be me now. It took a few years to get here, but the journey was worth it (#1554, female, lesbian, 25)

Being able to show friends & the public what I feel internally. It is not about passing as a woman, it is about me just being me, I don't really care if the public don't get me, just want to be seen as me. (#1907, transgender female, bisexual, 34)

Very few participants mentioned a more light hearted and fluid perspective on self-acceptance, but there were a few:

I recently have come to terms with the fact I might be Pansexual. I just love the fact that we don't need to be a solid identity we can change as LGBTQI is very fluid. (#2186, male, pansexual, 18)

For many of the participants being different was not expressed as a burden, but as a source of happiness and freedom:

I am different. I used to feel like a face in the crowd but now I know that I am not–that I am original and unique and worth knowing. (#205, female, lesbian, 17)

I'm special, different and happy. (#1287, male, gay, 19)

We also see the close relationship here with the social aspects theme (see below). The self-acceptance aspect and belonging to the LGBTI community were often connected:

Being trans means I have something in common with a lot of very cool people … I'm just glad I'm not straight. (#94, transgender, sexual orientation other, 25)

Social aspects: Peer support, love and friendship

Happiness and pride was often related to social aspects. The role of the LGBTI community figured prominently. Overall, the second most common theme involved the sense of inclusion, belonging, and peer support derived from engagement with the LGBT community.

I have a tribe. A big extended family (#1122, male, gay, 51).

Having such a supportive and accepting community makes me very happy. Upon entering, I was amazed at the ease at which I was accepted, whereas in school I was often shunned. (#1267, female, sexual orientation questioning, 19)

I love the potential openness and queerness of this community, and the idea that there are no restrictions, barriers or labels to being oneself. (#1774, male, gay, 24)

The LGBTI community is mentioned as a source of practical social support and friendship. Many responses emphasize the benefits for one's happiness of receiving support, but here and there references to 'helping others' were included:

I feel I have been through a lot as an LGBT person and am always happy to be an ear or to try and advise LGBT people who may be finding being LGBT hard. (#1749, male, gay, 31)

Love was mentioned as a source of happiness including loving others and being loved:

I am proud to be who I am despite every battle I must fight every day. I am happy to hold my girlfriend's hand and wear a chest binder and know that I have known love, and that I use that love to treat others the way everyone deserves to be treated. (#2196, female, lesbian, 18)

Bisexual participants sometimes highlighted the advantages of their freedom of choice in this respect:

As a bisexual, I feel I was gifted with twice the love straight people have. I have the ability to love both sexes and I feel that is a beautiful thing. (#1952, female, bisexual, 20)

Partners, family, and friends were also mentioned as a source of happiness. Sometimes, the acceptance of a partner by family or the community was highlighted:

That I am in a loving relationship and my family and friends accept us for who we are. Also the younger generations in both our families see us as being the same as their parents. They come to visit and stay over for sleepovers - that makes me proud and happy. (#1833, male, gay, 34)

The general importance of being accepted by others or by society was also referred to by many participants:

That I am a valued member of society and that we live in a country that recognises my relationship with my civil partner. (#1779, male, gay, 40)

I love my girlfriend so much and she knows everything about my gender and sexual orientation and she accepts me for it. (#244, Transgender/Intersex, pansexual, 16)

The importance of 'coming out' as a source of happiness is mentioned by many. This was further illustrated in the following example:

Although I strongly believe that coming out is a personal choice and must be done at the right time for the person involved whether they be 17 or 72, I do think that it is always better to be out than in the closet. It's a continuous journey but one that I have never regretted that I started (#843, male, gay, 34)

LGBTI advocacy generates happiness

While the social aspect was dominated by references to peer support, there were also references to the LGBTI cause itself. Many participants referred to LGBTI advocacy in a variety of ways and as something that they related to and felt happy and/or proud about.

I am very proud that we are politically active and actively campaigning for legislative equality. I think we are a diverse community with much to celebrate and be proud of… … in Ireland and internationally. (#607, female, lesbian, 38)

The fact that we are one of the few groups of people who won our rights without killing anyone. That some of the greatest artists, writers and scientist where gay. That we as a community punch above our weight in arts and culture (#1298, male, gay, 23).

… The progress in relation to LGBTI issues. Felt proud at PRIDE [the Annual LGBTI Pride Parade in Dublin] this year. Garda Band, Government Ministers etc. Ireland has come a long way. (#1025, Transgender, sexual orientation questioning, 66).

Some participants referred to 'progress made' throughout the years to advocate for LGBTI rights and favorable legislation, particularly in Ireland. If this was mentioned, it tended to include a reference to the progress in the degree of 'acceptance' of LGBTI in Ireland in recent times. Some participants emphasized that they were still hoping for more progress in Ireland in the future. Frequent mention of elements of a 'fighting spirit' suggests that many of the participants enjoyed an activist perspective. Furthermore, some participants highlighted that being LGBTI had given them a better appreciation of what it is like when you are not part of the mainstream in society. Similar to the impact of a struggle for self-acceptance, this made them more empathetic towards other minorities and tolerant, a realization they valued highly:

They are among the most accepting bunch of people; nowhere else do all other minorities mix so freely as when they also happen to be LGBT (every religion, race, you name it). Often, for having felt like outsiders, they have more compassion and are more welcoming & more accepting of others. They've experienced the bullying and know the pain, so they are kinder. (#1294, male, gay, 21)

Questioning the question

A considerable segment of the participants responded in a somewhat dismissive way to the question, highlighting that they felt that being LGBTI was 'unrelated to their happiness':

Being LGBTI does not define me. I am … proud of getting this far and getting up every morning and doing what I do. Being Gay does not make me any happier or prouder. (#47, female, lesbian, 32)

I just accept who I am. I feel no different to anybody else, based on my sexuality. (732, Male, Gay, 70)

I'm not specifically proud or happy being a lesbian, or that I was born with an eventually fixed genital malformation. I'm just a normal human being. I'm just happy and proud that I was strong enough and that I survived. (671, Intersex, bisexual, 38)

Often, as these quotes show, the initial assertion that being LGBTI does not (or should not) matter for one's happiness, was followed by a segment

in which an element of resilience (‘*I survived*’) was expressed in relation to being LGBTI in the face of adversity.

> *At the end of the day, my personal opinion is I’m neither happy nor unhappy about being LGBTI. I’m human, I’m alive … that makes me happy. I’m proud that I survived the society in which I grew up where being LGBTI was seen as disgusting and as my father described as ‘an illness. (#631, female, lesbian, 46)*

Some participants sounded somewhat ‘dejected signals,’ suggesting that they had very little to be proud or happy about:

> *Nothing! (#1590, Intersex female, lesbian, 51)*

> *I don’t feel happy, I feel ashamed (#145, male, gay, 14)*

In many cases, the unhappiness was related to inner conflict, resistance or ‘dissonant’ aspects. It is in these responses that internalized stigma was alluded to. Here is a core expression of the inner struggle experienced and the unhappiness it generated:

> *To be honest, I don’t want to be gay. I still fight it all the time. I just want to fit in, I just want to have a ‘normal’ life, I really want to have kids – all this is harder being gay. The gay scene can be really hard as well (small, incestuous, sometimes bitchy). I’m tired of all that. I think you have to be a stronger person to be gay, I don’t feel very strong at the minute. I’m just tired of it all – I went through my little ‘out and proud’ buzz, but I don’t care anymore. I look quite feminine and people don’t generally think I’m gay. I’ve been very hurt by women too. I’ve kind of given up. I’ve spent the last six years dating women and being in several relationships, but I’ve recently started to go on dates with guys. I think most people are on a spectrum on bisexuality and that sometimes it’s about loving the person rather than the gender – so my intention to settle with a guy and have kids and hope that brings me happiness. (The thought of being on the scene indefinitely makes me want to shoot myself in the face!) – Slight exaggeration! So ‘happy or proud’ – sorry, but very much so not feeling it at the minute (#1450, female, lesbian-bisexual, 28)*

These sentiments were expressed by participants of all identities. However, several bisexual participants seemed to struggle more with identity related stress than would have been gleaned from some of the responses quotes in the above:

> *My relationship makes me happy, but not my sexual orientation, which is a source of stress, and is outside the ‘norm’ which brings immense challenges on a daily basis. (#1604, female, bisexual, 32)*

Some participants gave the impression that it is more difficult to be happy and LGBTI in rural Ireland:

> *I know I am gay and that I would love a partner and family, and I’d be good at it. I am not in a position to come out at the moment, despite services/clubs/venues/ helplines, most LGBTI life in Ireland happens in the cities and some large towns, my decision to live rurally is an isolating one. (#1424, female, lesbian, 31)*

This participant expressed this sentiment with particular exuberance:

I'm proud that I have made it to almost 50, considering all the negativity I have experienced throughout my life. I think anyone that makes it this far as a LGBTI in rural Ireland, should get a bloody medal, a letter from An t-Uachtarain [the President's Office] and a party thrown in their honour! (#949, male, gay, 49)

Thematically mixed responses

Most responses included several of the aspects mentioned thus far. Very often participants made references to a combination of the journey of self-acceptance, personal growth, being accepted by others, and support from the LGBTI community:

I survived my own demons about being gay, I survived the demons that were so prevalent when I was growing up in Dublin in the 80's and the 90's when I first went to gay places, I survive today as I surround myself with people who see me for the person I am, in all my LGBTI-ness and all my me-ness, and I survive today by talking & objecting & educating the people I share this country with about the need, right and expectation that being LGBTI is just another way, an equal way and a wonderfully different way. I'm proud of the life I have lived so far, with all the bumps, the lows and the highs. I'm proud that I feel hopeful too, hopeful for everyone - that will we learn to live together! (#1803, male, gay, 43)

Few responses referred explicitly to gender transition as a source of happiness, but those that did often added multifaceted details:

Although my physical transition isn't complete yet and I am not sure whether I will ever get it, as it doesn't seem to be that successful, I generally feel good about myself. I have become happier, the more I accept and value myself. I feel unique and special and yet part of a broad spectrum of exceptional individuals. Without the LGBTI community, support and the friends I've made, I wouldn't have made it this far. It has taken a long time but, within the next few days, I should be getting a new passport with my preferred name + gender … and I'm still young … The world is ahead. (#1632, transgender, bisexual, 27)

Discussion

The discussion provides a triangulation of the main quantitative and qualitative findings, followed by a specific focus on the mechanism connecting self-acceptance with happiness and the implications for the minority stress model.

Triangulation of qualitative and quantitative findings

The qualitative and quantitative findings were mutually confirmatory to a substantial degree. In the first place it is evident from the high correlations between the life-satisfaction and the happiness ratings that participants

understood the quantitative happiness question primarily in the overall life-satisfaction sense, rather than reflecting immediate pleasure or hedonic happiness. The qualitative findings overwhelmingly supported this. Our findings confirmed that constructs such as happiness and life-satisfaction (Veenhoven, 1915a) may be lacking in distinctiveness, especially when queried in similar fashion within the same context.

Quantitative and qualitative findings also both showed the importance of age. For the young LGBTI participants lower quantitative happiness ratings were confirmed in the qualitative findings by the often expressed social and identity related struggles that impinged on their happiness. Conversely, the more mature participants' higher ratings coincided with the happiness they said had derived from growing social support in the LGBTI community and overcoming the growing pains of accepting their LGBTI identity. This sentiment relates to a recent Irish study in which older LGBT people reported that this process had made them more resilient (Higgins, Sharek, & Glacken, 2016). In addition, the value of being in a relationship as emerging from the quantitative results was confirmed in the qualitative findings. Even more so, the importance of LGBTI peer support in the qualitative findings is reflected in the emergence of support seeking coping strategies as predictor of happiness ratings.

Incidentally, the value of the mixed method approach showed itself also where a qualitative finding was not confirmed quantitatively. Only looking at the qualitative findings we might have seen the rural stereotype confirmed because a few participants alluded to this. However, a quantitative comparison between rural and non-rural living participants did not show significantly different happiness ratings, which suggests that perhaps this perspective while confirmed in research elsewhere (Lyons, Hosking, & Rozbroj, 2015; Wienke & Hill, 2013) may need to be reconsidered within the Irish context.

Finally, and this is essential, the emphasis on the role of the 'self' as a primary source of happiness emerged in equal measure from the quantitative and qualitative findings and for all LGBTI groupings. The quantitative findings highlighted self-esteem as the most substantial predictor of both happiness and life-satisfaction, whilst in the qualitative findings self-acceptance of one's identity as LGBTI was presented most prominently. In combination, this emphasizes a perspective on happiness that underscores the importance of establishing positive perspectives of the self, related to acceptance of one's LGBTI identity. This principle is not new. Empirical studies have established medium to high correlations between self-esteem, self-acceptance and wellness (or happiness) (MacInnes, 2006). Sometimes, self-acceptance is even seen as incorporated within self-esteem (Rosenberg, 1965) and an important condition for mental health (Shepard, 1979), inner

harmony and 'peace of mind' (Xu, Rodriguez, Zhang, & Liu, 2015). The acceptance of oneself in spite of being 'different' is perhaps most essential for happiness (Shostrom, 1966). In LGBT specific research, self-acceptance has been described as mediating the impact of minority stress on wellbeing (Mohr & Fassinger, 2003; Woodford et al., 2014). The findings of the present study are consistent with this perspective. We'll discuss this in more detail in the context of the minority stress model.

The minority stress model and happiness

The richness of the minority stress model (Meyer, 2003) has been reflected in the findings of the study, although the stress levels per se, while correlating significantly with happiness, were ancillary to self-esteem. Perhaps the direct impact of minority stress in Ireland is not felt as strongly as in countries in which LGBTI related violence and open discrimination is high. In our study, about three quarters of participants had not experienced LGBTI related assaults or threats, and felt safe enough to be 'out' at work (see Table 3), while almost all were 'out' to friends. Also, many participants referred to significant social progress in recent years. This does not diminish the relevance of the minority stress model, but it shifts the emphasis to personalized social factors and even more so, internal ones. The predominantly heteronormative society that Ireland still is (Ó Súilleabháin, 2017) may not present the same ubiquity of intense external stressors, but LGBTI people still need to come to terms with being different from the societal constructed norm. It is evident that this is far from easy for many of the participants in the study. It has been described as a long struggle by many. If we focus on mental health concerns, this becomes quite clear (LGBTIreland study). However, when the emphasis is on happiness and life-satisfaction, the positive protective factors also come to the fore. And it would seem that much of this protection is focused on fighting the inner demons of internalized stigma and homo/bi/trans phobia and negativity (Berghe et al., 2010; Petrou & Lemke, 2018; Sattler & Lemke, 2019) and finding self-acceptance. The process whereby this is achieved can be understood effectively with cognitive dissonance theory (Festinger, 1957).

Self-acceptance as cognitive dissonance reduction

Several authors have invoked cognitive dissonance theory as an explanatory model for internalized stigma and homonegativity (Davis, 2015; Meladze & Brown, 2015). Most relevant in relation to our findings, dissonance reduction has been related to LGBT identity synthesis (Young, 2014). Specifically, Bejakovich and Flett (2018) suggest that cognitive dissonance

theory can be integrated in the minority stress perspective 'as it expands our understanding of how internal stressors affect the complex relationship between sexual identity and well-being' (p.139). Before we elaborate this point let us spend a moment to introduce dissonance theory to the uninitiated reader.

The term *cognitive dissonance* (Festinger, 1957) indicates the mental discomfort experienced when inconsistencies occur within a person's cognitive behavioral system. This discomfort motivates efforts to reduce it, as part of a self-regulatory system to maintain internal consistency in our cognitive and behavioral operations (Gawronski & Strack, 2012). Dissonance leads to the mobilization of the sympathetic nervous system and activation in the brain (de Vries et al., 2015) in preparation for dissonance reduction efforts. Since this neural activation is essential to the stress response (Selye, 1956), dissonance is often experienced as stressful. Especially when dissonance is related to core aspects of one's sense of identity, the 'self' (Aronson, 1969), it can be a significant and enduring source of discomfort and stress. In everyday life, the process of induction and reduction of dissonance (Tryon & Misurell, 2008) is essential for the balance in our mental health. If dissonance is induced by self-stigmatisation, its inconsistency with a sense of self-worth requires a fundamental effort to reduce the dissonance discomfort. Self-acceptance provides a stable solution which contributes to happiness. Whenever one is unable to come to terms with LGBTI identity, the continued discomfort, sympathetic arousal, worry and rumination can be highly stressful and exhausting. This may drain self-esteem and may make people vulnerable to burnout, depression, and other mental health problems (Maslach & Leiter, 2016). When participants mention their struggle or 'journey', this would seem to be the underlying process.

Many participants indicated that they found it particularly difficult to be reconciled with their LGBTI identity when they and their family were embedded in traditional communities and religious beliefs. The still strong impact of the Catholic Church in Ireland may have contributed to this, as being LGBTI is associated with shame and sinfulness (Ford, 2002; Ritter & O'Neill, 1989; Jaspal & Cinnirella, 2010). The impact of ambivalent sexual orientation on happiness as reported by several of the bisexual participants in our study, may also be understood in terms of dissonance. A contemporary study has shown that this problem is often underestimated (Thomeer & Reczek, 2016).

In sum, while the minority stress model (Meyer, 2003) provides a meaningful template to understand the factors included in our findings, dissonance theory addresses the mechanism whereby specifically self-acceptance relates to happiness. Furthermore, the importance of peer and partner support in how happiness was constructed can be explained in terms of dissonance reduction. No other factor than validation by similar or intimate

others reduces dissonance about being 'different' as effectively. Immersion in LGBTI groups may in fact almost totally remove the potential dissonance between social environment and a person's sexual or gender identity; a very effective way to reduce internalized homo/bi/trans negativity. Finally, dissonance theory explains why some people remain motivated to achieve to resolve internalized stigma, while others seek short term solace. This is because dissonance discomfort can also be reduced in a variety of alternative ways that do not address the fundamental inconsistency (Gawronski & Strack, 2012). These ways are: denial (I am not gay/lesbian/trans etc.), trivialization (it is unimportant), shifting attention (throwing oneself into work or sports, etc.), justifications (I will hurt others by being myself in this community/family), and dulling of the affect (alcohol, drugs). Each of these examples have been mentioned in response to the questions in our study.

Strength and limitations of the study

The main strengths of the study are the size of the sample and the commitment of the participants to provide detailed responses, and the triangulation of methods. Furthermore, the participation of often not well-represented groups, in particular transgender, intersex and young people, have strengthened the reach of the study. In terms of the qualitative value of the study this has been an advantage, but in a quantitative sense it has made comparisons between happiness levels in the present study and earlier data from the *Supporting LGBT Lives* study (Mayock et al., 2009) difficult. The higher representation of the above participant groups – who were unhappier – may explain why the happiness and life-satisfaction levels were lower in the present study. However, since the same trend was observed in happiness ratings in the Irish population in general, it is possible that the economic downturn in the timeframe between studies accounts for these differences (Veenhoven, 2015a). In light of this, it is evident that there is a need to establish more precisely what the representation of each LGBTI group is in the total population. Until we have such data – the census does not provide it – sampling will remain a problem. On a different note; in the greater scheme of things it is important to emphasize that differences between the Irish LGBTI community and the general Irish population are very small in comparison with the massive variation in responses to happiness measures worldwide (Veenhoven, 2015b).

A hard to avoid limitation to all survey research is the fact that the recruitment method and patience required to complete the survey will have favored the more motivated participants, and those connected with LGBTI networks and sources of communication. Also, the combined querying of happiness and pride may have colored the responses somewhat.

Some participants approached happiness through the lens of LGBTI pride or made the association with the yearly Pride Parade in Dublin and how happy participating had made them. Others used some of their response to separate the two aspects. The intention with the question had been to ensure that aspects related to LGBTI would be considered, but this was probably unnecessary. In future studies this should be avoided.

Whether addressing happiness alongside mental distress, self-harm, suicide, and depression, will have contributed to a more muted perspective on happiness remains a question. The mixed-method approach has proved useful in the sense that the mutually confirmatory qualitative and quantitative findings have added to the debate on core aspects of happiness relevant to LGBTI. In future study it is recommended to include a tool for the measurement of self-acceptance in order to establish quantitatively how its impact on happiness relates to other relevant factors. Future study might also incorporate the cognitive dissonance perspective in the minority stress approach. Qualitative work on self-acceptance and internalized stigma may provide us with more insight into how the two themes relate to one another.

Conclusion

The quantitative aspect of the study highlighted that happiness and life-satisfaction ratings of Irish gay and lesbian participants were significantly higher than those of the bisexual, transgender and intersex groups. These ratings could be predicted significantly by self-esteem and being in a relationship, while stress levels, age (being over 25), not using avoidant coping but using support focused coping, also contributed. Transgender identity and having experienced LGBTI related violence were minor predictors of reduced happiness. The qualitative findings suggest that LGBTI happiness may first and foremost be a matter of self-acceptance and peer support, while also LGBTI advocacy, social acceptance and general social support are important. The combined outcomes suggest that the relationship between self-esteem and self-acceptance may be essential in happiness development, particularly as it unfolds in young and often unhappy LGBTI people. Further research should be devoted to this aspect. Theoretically, the minority stress perspective provides a meaningful framing of the findings, while cognitive dissonance theory explains the relationship between self-acceptance and happiness. As it stands, the implications of the findings for mental health practice and education are that in a world in which homophobia, transphobia and discrimination are still endemic, difficulties around self-acceptance of LGBTI identity, and social and peer support deserve attention, because they are bound to have a key impact on happiness and mental health in the LGBTI community.

Note

1. Through the years different abbreviations have been used (LGB, LGB+, LGBT, LGBTQ, GLTB, LGBT + etc.) with different levels of inclusivity. Sometimes the term Queer (Q) is included as an umbrella term for all not fitting the heterosexual and cisgender norm, although Q has also been used to indicate 'Questioning'. Recently the term Intersex (I) is used to indicate people born with a mix of male and female gender characteristics. The present study made use of the LGBTI term. Throughout the text of this paper the terms used in other publications as referred to in citations have been adhered to.

Disclosure statement

None of the authors have reported a conflict of interest.

Ethical approval

All procedures performed in the study involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent

Informed consent was obtained from all individual participants included in the study

Funding

The study was funded by the Irish Health Service Executive (HSE), National Office for Suicide Prevention (NOSP), (HSE does not provide grant numbers) and commissioned by GLEN (Gay and Lesbian Equality Network) and BeLonG To Youth Services.

ORCID

Edward McCann http://orcid.org/0000-0003-3548-4204

References

Amirkhan, J. H. (1990). A factor analytically derived measure of coping: The coping strategy indicator. *Journal of Personality and Social Psychology*, *59*(5), 1066.

Argyle, M. (2001). *The psychology of happiness* (2nd ed.). East Sussex: Routledge.

Aronson, E. (1969). The theory of cognitive dissonance: A current perspective. *Advances in Experimental Social Psychology*, *4*, 1–34.

Aronson, E., & Aronson, J. (2017). *The social animal* (12th ed.). New York: W.H. Freeman Co Ltd.

Austin, A., & Goodman, R. (2017). The impact of social connectedness and internalized transphobic stigma on self-esteem among transgender and gender non-conforming adults. *Journal of Homosexuality*, *64*(6), 825–841. doi:10.1080/00918369.2016.1236587

Babor, T. F., de la Fuente, J. R., Saunders, J., & Grant, M. (2001). AUDIT, The Alcohol Use Disorders Identification Test: Guidelines for use in primary health care. WHO/PSA/92.4, World Health Organisation.

Barrientos, J., Cárdenas, M., Gómez, F., & Guzmán, M. (2016). Gay men and male-to-female transgender persons in Chile: An exploratory quantitative study on stigma, discrimination, victimization, happiness and social well-being. In T. Köllen (Ed.), *Sexual orientation and transgender issues in organizations* (pp. 253–270). Cham: Springer.

Bartels, M., Saviouk, V., De Moor, M. H., Willemsen, G., van Beijsterveldt, T. C., Hottenga, J. J., … Boomsma, D. I. (2010). Heritability and genome-wide linkage scan of subjective happiness. *Twin Research and Human Genetics: The Official Journal of the International Society for Twin Studies*, *13*(2), 135–142. doi:10.1375/twin.13.2.135

Bartolini, S., Mikucka, M., & Sarracino, F. (2017). Money, trust and happiness in transition countries: Evidence from time series. *Social Indicators Research*, *130*(1), 87–106. doi:10.1007/s11205-015-1130-3

Bech, P. (2004). Measuring the dimension of psychological general well-being by the WHO-5. *Quality of Life Newsletter*, *32*, 15–16.

Bejakovich, T., & Flett, R. (2018). Are you sure? Relations between sexual identity, certainty, disclosure, and psychological well-being. *Journal of Gay & Lesbian Mental Health*, *22*(2), 139–161. doi:10.1080/19359705.2018.1427647

Berg, R. C., Weatherburn, P., Ross, M. W., & Schmidt, A. J. (2015). The relationship of internalized homonegativity to sexual health and well-being among men in 38 European countries who have sex with men. *Journal of Gay & Lesbian Mental Health*, *19*(3), 285–302. doi:10.1080/19359705.2015.1024375

Berg, R. C., Munthe-Kaas, H. M., & Ross, M. W. (2016). Internalized homonegativity: A systematic mapping review of empirical research. *Journal of Homosexuality*, *63*(4), 541–558. doi:10.1080/00918369.2015.1083788

Berg, R. C., Lemke, R., & Ross, M. W. (2017). Sociopolitical and cultural correlates of internalized homonegativity in gay and bisexual men: Findings from a global study. *International Journal of Sexual Health*, *29*(1), 97–111. doi:10.1080/19317611.2016.1247125

Berghe, W. V., Dewaele, A., Cox, N., & Vincke, J. (2010). Minority-specific determinants of mental well-being among lesbian, gay, and bisexual youth. *Journal of Applied Social Psychology*, *40*(1), 153–166. doi:10.1111/j.1559-1816.2009.00567.x

Berggren, N., Bjørnskov, C., & Nilsson, T. (2016). What aspects of society matter for the quality of life of a minority? Global evidence from the New Gay Happiness Index. *Social Indicators Research*, *132*(3), 1–30. doi:10.1007/s11205-016-1340-3

Bond, R., & Smith, P. B. (1996). Culture and conformity: A meta-analysis of studies using Asch's (1952b, 1956) line judgment task. *Psychological Bulletin*, *119*(1), 111. doi:10.1037/0033-2909.119.1.111

Bjørnskov, C., Gupta, N. D., & Pedersen, P. J. (2008). Analysing trends in subjective well-being in 15 European countries, 1973–2002. *Journal of Happiness Studies*, *9*(2), 317–330. doi:10.1007/s10902-007-9055-4

Bränström, R. (2018). Hidden from happiness: Structural stigma, sexual orientation concealment, and life satisfaction among sexual minorities across 28 European countries. *European Journal of Public Health*, *86*(5), 403–415. doi:10.1093/eurpub/ckx187.045

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. doi:10.1191/1478088706qp063oa

Burnard, P. (1991). A method of analysing interview transcripts in qualitative research. *Nurse Education Today*, *11*(6), 461–466. doi:10.1016/0260-6917(91)90009-Y

Calcia, M. A., Bonsall, D. R., Bloomfield, P. S., Selvaraj, S., Barichello, T., & Howes, O. D. (2016). Stress and neuroinflammation: A systematic review of the effects of stress on microglia and the implications for mental illness. *Psychopharmacology*, *233*(9), 1637–1650. doi:10.1007/s00213-016-4218-9

Chamberlain, J. M., & Haaga, D. A. (2001). Unconditional self-acceptance and psychological health. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, *19*(3), 163–176. doi:10.1023/A:1011189416600

Chen, Y.-L. (2016). Pursuit of happiness and the vulnerability of happiness: An Aristotelian eudaimonistic viewpoint-happiness, luck, and character education. *Jiaoyu Yanjiu Jikan*, *62*(2), 1.

Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, *54*(10), 805–816. doi:10.1037//0003-066X.54.10.805

Cox, N., Dewaele, A., Van Houtte, M., & Vincke, J. (2010). Stress-related growth, coming out, and internalized homonegativity in lesbian, gay, and bisexual youth. An examination of stress-related growth within the minority stress model. *Journal of Homosexuality*, *58*(1), 117–137. doi:10.1080/00918369.2011.533631

CSO (2016). Census of population 2016–preliminary results. Dublin: Central Statistics Office. Accessed 17/11/2017, at http://www.cso.ie/en/releasesandpublications/ep/p-cpr/censusofpopulation2016-preliminaryresults/.

Dambrun, M., Ricard, M., Després, G., Drelon, E., Gibelin, E., Gibelin, M., … Michaux, O. (2012). Measuring happiness: From fluctuating happiness to authentic–durable happiness. *Frontiers in Psychology*, *3*, 16. doi:10.3389/fpsyg.2012.00016

Davis, B. R. (2015). Harmony, dissonance, and the gay community: A dialogical approach to same-sex desiring men's sexual identity development. *Qualitative Psychology*, *2*(1), 78. doi:10.1037/qup0000017

Department of Health. (2013). *Healthy Ireland: A framework for improved health and well-being 2013-2025*. Dublin: Department of Health.

Detrie, P. M., & Lease, S. H. (2007). The relation of social support, connectedness, and collective self-esteem to the psychological well-being of lesbian, gay, and bisexual youth. *Journal of Homosexuality*, *53*(4), 173–199. doi:10.1080/00918360802103449

de Vries, J., Byrne, M., & Kehoe, E. (2015). Cognitive dissonance induction in everyday life: An fMRI study. *Social Neuroscience*, *10*(3), 268–281. doi:10.1080/17470919.2014.990990

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, *49*(1), 71–75. doi:10.1207/s15327752jpa4901_13

Dooley, B. A., & Fitzgerald, A. (2012). *My world survey: National study of youth mental health in Ireland*. Dublin: Headstrong and UCD School of Psychology.

Douglass, R. P., Conlin, S. E., Duffy, R. D., & Allan, B. A. (2017). Examining moderators of discrimination and subjective well-being among LGB individuals. *Journal of Counseling Psychology*, *64*(1), 1. doi:10.1037/cou0000187

Easterlin, R. A., McVey, L. A., Switek, M., Sawangfa, O., & Zweig, J. S. (2010). The happiness–income paradox revisited. *Proceedings of the National Academy of Sciences*, *107*(52), 22463–22468. doi:10.1073/pnas.1015962107

Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford CA: Stanford University Press.

Fingerhut, A. W., Peplau, L. A., & Gable, S. L. (2010). Identity, minority stress and psychological well-being among gay men and lesbians. *Psychology and Sexuality*, *1*(2), 101–114. doi:10.1080/19419899.2010.484592

Ford, J. G. (2002). Healing homosexuals: A psychologist's journey through the ex-gay movement and the pseudo-science of reparative therapy. *Journal of Gay & Lesbian Psychotherapy*, *5*(3–4), 69–86. doi:10.1300/J236v05n03_06

Garner, D. M., Olmsted, M. P., Bohr, Y., & Garfinkel, P. E. (1982). The eating attitudes test: Psychometric features and clinical correlates. *Psychological Medicine*, *12*(4), 871–878. doi:10.1017/S0033291700049163

Gawronski, B., & Strack, F. (2012). *Cognitive consistency: A fundamental principle in social cognition*. New York: Guilford Press.

Grossman, A. H., & D'Augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality*, *51*(1), 111–128. doi:10.1300/J082v51n01_06

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of Qualitative Research*, *2*(163-194), 105.

Health Service Executive. (2009). *LGBT Health: Towards meeting the health care needs of lesbian, gay, bisexual and transgender people*. Dublin: Health Service Executive.

Heatherton, T. F., & Polivy, J. (1991). Development and validation of a scale for measuring state self-esteem. *Journal of Personality and Social Psychology*, *60*(6), 895. doi:10.1037//0022-3514.60.6.895

Helliwell, J. F., & Wang, S. (2012). The state of world happiness. World Happiness Report, 10–57.

Herek, G. M. (2000). The psychology of sexual prejudice. *Current Directions in Psychological Science*, *9*(1), 19–22. doi:10.1111/1467-8721.00051

Herek, G. M., & Garnets, L. D. (2007). Sexual orientation and mental health. *Annual Review of Clinical Psychology*, *3*, 353–375. doi:10.1146/annurev.clinpsy.3.022806.091510

Higgins, A., Sharek, D., Sharek, D., McCann, E., Sheerin, F., Glacken, M., … McCarron, M. (2011). *Visible lives identifying the experiences and needs of older lesbian, gay, bisexual and transgender people in Ireland*. Dublin: Gay and Lesbian Equality Network.

Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., DeVries, J., Begley, T., McCann, E., Sheerin, F., & Smyth, S. (2016) *The LGBTIreland Report: National Study on the Mental Health and Wellbeing of Lesbian, Gay, Bisexual, Transgender and Intersex People in Ireland*. Dublin: GLEN and BelonGTo, Retrieved from http://www.glen.ie/attachments/The_LGBTIreland_Report.pdf

Higgins, A., Sharek, D., & Glacken, M. (2016). Building resilience in the face of adversity: Navigation processes used by older LGBT adults living in Ireland. *Journal of Clinical Nursing*, *25* (23–24), 3652–3664. doi:10.1111/jocn.13288

Higgins, A., & Gill, A. (2017). Gender sensitive practice beyond binary divisions (Ch 14). In D. Cooper (Ed.), *Ethics in mental health-substance use*. London: CRC Press, Taylor & Francis Group.

IBM. (2013). *SPSS statistics for windows, version 22.0*. Armonk, NY: IBM Corp,

Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people*. Washington, D.C.: The National Academies Press.

Jaspal, R., & Cinnirella, M. (2010). Coping with potentially incompatible identities: Accounts of religious, ethnic, and sexual identities from British Pakistani men who identify as Muslim and gay. *British Journal of Social Psychology*, *49*(4), 849–870. doi:10.1348/014466609X485025

Johns, M. M., Beltran, O., Armstrong, H. L., Jayne, P. E., & Barrios, L. C. (2018). Protective factors among transgender and gender variant youth: A systematic review by socioecological level. *The Journal of Primary Prevention*, *39*(3), 263–301. doi:10.1007/s10935-018-0508-9

Joseph, S., Linley, P. A., Harwood, J., Lewis, C. A., & McCollam, P. (2004). Rapid assessment of well-being: The Short Depression-Happiness Scale (SDHS). *Psychology and Psychotherapy: Theory, Research and Practice*, *77*(4), 463–478. doi:10.1348/1476083042555406

Juster, R. P., Doyle, D. M., Hatzenbuehler, M. L., Everett, B. G., DuBois, L. Z., & McGrath, J. J. (2019). Sexual orientation, disclosure, and cardiovascular stress reactivity. *Stress*, *22*(3), 1–11. doi:10.1080/10253890.2019.1579793

Kelleher, C. (2009). Minority stress and health: Implications for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people. *Counselling Psychology Quarterly*, *22*(4), 373–379. doi:10.1080/09515070903334995

Kuyper, L., & Fokkema, T. (2011). Minority stress and mental health among Dutch LGBs: Examination of differences between sex and sexual orientation. *Journal of Counseling Psychology*, *58* (2), 222–233. doi:10.1037/a0022688

Lemke, R., & Tornow, T, & PlanetRomeo.com. (2015). *Gay happiness monitor: Results overview from a global survey on perceived gay-related public opinion and gay well-being*. Mainz: Johannes Gutenberg University.

Lingiardi, V., Baiocco, R., & Nardelli, N. (2012). Measure of internalized sexual stigma for lesbians and gay men: A new scale. *Journal of Homosexuality*, *59*(8), 1191–1210. doi:10.1080/00918369.2012.712850

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, 33(3), 335–343.

Lyubomirsky, S. (2001). Why are some people happier than others? The role of cognitive and motivational processes in well-being. *The American Psychologist*, *56*(3), 239–249.

Lyons, A., Hosking, W., & Rozbroj, T. (2015). Ruralurban differences in mental health, resilience, stigma, and social support among young Australian gay men. *The Journal of Rural Health*, *31*(1), 89–97. doi:10.1111/jrh.12089

Madge, N., Hewitt, A., Hawton, K., Wilde, E. J. D., Corcoran, P., Fekete, S., van Heeringen, K., De Leo, D., & Ystgaard, M. (2008). Deliberate self-harm within an international community sample of young people: Comparative findings from the Child & Adolescent Self-harm in Europe (CASE) Study. *Journal of Child Psychology and Psychiatry*, 49(6), 667–677.

MacDonald, G., & Leary, M. R. (2012). Individual differences in self-esteem. In M. R. Leary & J.P. Tangney (Eds.), *Handbook of self and identity* (pp. 354–377). London: Guilford Press.

MacInnes, D. L. (2006). Self-esteem and self-acceptance: An examination into their relationship and their effect on psychological health. *Journal of Psychiatric and Mental Health Nursing*, *13*(5), 483–489. doi:10.1111/j.1365-2850.2006.00959.x

MacKenzie, D., Huntington, A., & Gilmour, J. A. (2009). The experiences of people with an intersex condition: A journey from silence to voice. *Journal of Clinical Nursing*, *18* (12), 1775–1783. doi:10.1111/j.1365-2702.2008.02710.x

Maslach, C., & Leiter, M. P. (2016). Burnout. In *Stress: Concepts, cognition, emotion, and behavior* (pp. 351–357). Cambridge, MA: Academic Press.

Mayock, P., Bryan, A., Carr, N., & Kitching, K. (2009). Supporting LGBT lives. In *Ireland: A study of the mental health and well-being of lesbian, gay, bisexual and transgender people*. Dublin: Gay and Lesbian Equality Network (GLEN).

McCann, E., & Sharek, D. (2016). Mental health needs of people who identify as transgender: A review of the literature. *Archives of Psychiatric Nursing*, *30* (2), 280–285. doi:10.1016/j.apnu.2015.07.003

McCann, E., & Brown, M. (2017). Discrimination and resilience and the needs of people who identify as transgender: A narrative review of quantitative research studies. *Journal of Clinical Nursing*, *26*(23–24), 4080–4093. doi:10.1111/jocn.13913

McNeil, J., Bailey, L., Ellis, S., & Regan, M. (2013). *Speaking from the margins: Trans mental health and wellbeing in Ireland*. Dublin: Transgender Equality Network Ireland.

Meladze, P., & Brown, J. (2015). Religion, sexuality, and internalized homonegativity: Confronting cognitive dissonance in the Abrahamic religions. *Journal of Religion and Health*, *54*(5), 1950–1962. doi:10.1007/s10943-015-0018-5

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, *36*(1), 38–56.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. doi:10.1037/0033-2909.129.5.674

Meyer, I. H., Schwartz, S., & Frost, D. M. (2008). Social patterning of stress and coping: Does disadvantaged social statuses confer more stress and fewer coping resources?. *Social Science & Medicine*, *67*, 368–379. doi:10.1016/j.socscimed.2008.03.012

Meyer, I. H. (2010). The right comparisons in testing the minority stress hypothesis: Comment on Savin-Williams, Cohen, Joyner, and Rieger (2010). *Archives of Sexual Behavior*, *39*(6), 1217–1219. doi:10.1007/s10508-010-9670-8

Meyer, I. H., & Frost, D. M. (2013). Minority stress and the health of sexual minorities. In C. J. Patterson & A. R. D'Augelli (Eds.), *Handbook of psychology and sexual orientation* (pp. 252–266). New York, NY: Oxford University Press.

Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, *2*(3), 209. doi:10.1037/sgd0000132

Mohr, J. J., & Fassinger, R. E. (2003). Self-acceptance and self-disclosure of sexual orientation in lesbian, gay, and bisexual adults: An attachment perspective. *Journal of Counseling Psychology*, *50*(4), 482–495. doi:10.1037/0022-0167.50.4.482

Morandini, J. S., Blaszczynski, A., Ross, M. W., Costa, D. S., & Dar-Nimrod, I. (2015). Essentialist beliefs, sexual identity uncertainty, internalized homonegativity and psychological wellbeing in gay men. *Journal of Counseling Psychology*, *62*(3), 413. doi:10.1037/cou0000072

Morgan, J., Robinson, O., & Thompson, T. (2015). Happiness and age in European adults: The moderating role of gross domestic product per capita. *Psychology and Aging*, *30*(3), 544. doi:10.1037/pag0000034

Newell, R., & Burnard, P. (2010). *Research for evidence-based practice in healthcare*. Chichester: John Wiley & Sons.

Nouvilas-Pallejà, E., Silván-Ferrero, P., de Apodaca, M. J. F.-R., & Molero, F. (2018). Stigma consciousness and subjective well-being in Lesbians and Gays. *Journal of Happiness Studies*, *19*(4), 1115–1133. doi:10.1007/s10902-017-9862-1

Oishi, S., & Gilbert, E. A. (2016). Current and future directions in culture and happiness research. *Current Opinion in Psychology*, *8*, 54–58. doi:10.1016/j.copsyc.2015.10.005

Oishi, S., Graham, J., Kesebir, S., & Galinha, I. C. (2013). Concepts of happiness across time and cultures. *Personality and Social Psychology Bulletin*, *39*(5), 559–577. doi:10.1177/0146167213480042

Ó Súilleabháin, F. (2017). Expanding "Irish Family" repertoires: Exploring gay men's experiences as parents in the republic of Ireland. *Journal of GLBT Family Studies*, *13*(5), 498–515. doi:10.1080/1550428X.2017.1308848

Petrou, P., & Lemke, R. (2018). Victimisation and life satisfaction of gay and bisexual individuals in 44 European countries: The moderating role of country-level and person-level attitudes towards homosexuality. *Culture, Health & Sexuality*, *20*(6), 640–657. doi:10.1080/13691058.2017.1368710

Plöderl, M., & Tremblay, P. (2015). Mental health of sexual minorities. A systematic review. *International Review of Psychiatry*, *27*(5), 367–385. doi:10.3109/09540261.2015.1083949

Rieger, G., & Savin-Williams, R. C. (2012). Gender nonconformity, sexual orientation, and psychological well-being. *Archives of Sexual Behavior*, *41*(3), 611–621. doi:10.1007/s10508-011-9738-0

Ritter, K. Y., & O'Neill, C. W. (1989). Moving through loss: The spiritual journey of gay men and lesbian women. *Journal of Counseling & Development*, *68*(1), 9–15. doi:10.1002/j.1556-6676.1989.tb02484.x

Rodríguez-Pose, A., & von Berlepsch, V. (2014). Social capital and individual happiness in Europe. *Journal of Happiness Studies*, *15*(2), 357–386.

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton: Princeton University Press.

Russell, G. M., & Richards, J. A. (2003). Stressor and resilience factors for lesbians, gay men, and bisexuals confronting antigay politics. *American Journal of Community Psychology*, *31*(3-4), 313–328. doi:10.1023/A:1023919022811

Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology*, *12*, 465–487. doi:10.1146/annurev-clinpsy-021815-093153

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, *52*(1), 141–166. doi:10.1146/annurev.psych.52.1.141

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, *23*(4), 205–213. doi:10.1111/j.1744-6171.2010.00246.x

Ryff, C. D. (2014). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and psychosomatics*, 83(1), 10–28.

Sattler, F. A., & Lemke, R. (2019). Testing the cross-cultural robustness of the minority stress model in gay and bisexual men. *Journal of Homosexuality*, *66*(2), 189–208. doi:10.1080/00918369.2017.1400310

Savin-Williams, R. C., & Ream, G. L. (2003). Suicide attempts among sexual-minority male youth. *Journal of Clinical Child & Adolescent Psychology*, *32*(4), 509–522. doi:10.1207/S15374424JCCP3204_3

Savin-Williams, R. C., Cohen, K. M., Joyner, K., & Rieger, G. (2010). Depressive symptoms among same-sex oriented young men: Importance of reference group. *Archives of Sexual Behavior*, *39*(6), 1213–1215. doi:10.1007/s10508-010-9658-4

Selye, H. (1956). *The stress of life*. New York: McGraw Hill.

Shepard, L. A. (1979). Self-acceptance: The evaluative component of the self-concept construct. *American Educational Research Journal*, *16*(2), 139–160. doi:10.3102/00028312016002139

Shostrom, E. L. (1966). *Personal orientation inventory manual*. San Diego (CA): Educational and Industrial Testing Service.

Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C. (2015). Social support networks for LGBT young adults: Low cost strategies for positive adjustment. *Family Relations*, *64*(3), 420–430. doi:10.1111/fare.12124

Szentagotai, A., & David, D. (2013). *Self-acceptance and happiness the strength of self-acceptance* (pp. 121–137). New York: Springer.

Thomeer, M. B., & Reczek, C. (2016). Happiness and sexual minority status. *Archives of Sexual Behavior*, *45*(7), 1745–1758. doi:10.1007/s10508-016-0737-z

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work: Research and Practice*, *11*(1), 80–96. doi:10.1177/1473325010368316

Tryon, W. W., & Misurell, J. R. (2008). Dissonance induction and reduction: A possible principle and connectionist mechanism for why therapies are effective. *Clinical Psychology Review*, *28*(8), 1297–1309. doi:10.1016/j.cpr.2008.06.003

Usborne, E., & Taylor, D. M. (2010). The role of cultural identity clarity for self-concept clarity, self-esteem, and subjective well-being. *Personality and Social Psychology Bulletin*, *36*(7), 883–897. doi:10.1177/0146167210372215

Veenhoven, R. (2015). Informed pursuit of happiness: What we should know, do know and can get to know. *Journal of Happiness Studies*, *16*(4), 1035–1071. doi:10.1007/s10902-014-9560-1

Veenhoven, R. (2015). Social conditions for human happiness: A review of research. *International Journal of Psychology*, *50*(5), 379–391. doi:10.1002/ijop.12161

Veenhoven, R. (2019). *World Database of Happiness*. The Netherlands: Erasmus University Rotterdam. Retrieved from: Http://worlddatabaseofhappiness.eur.nl

Ward, J., & Schneider, B. (2009). The reaches of heteronormativity: An introduction. *Gender & Society*, *23* (4), 433–439. doi:10.1177/0891243209340903

Wienke, C., & Hill, G. J. (2013). Does place of residence matter? Rural–urban differences and the wellbeing of gay men and lesbians. *Journal of Homosexuality*, *60*(9), 1256–1279. doi:10.1080/00918369.2013.806166

Wong, C.-Y., & Tang, C. S.-K. (2003). Personality, psychosocial variables, and life satisfaction of Chinese gay men in Hong Kong. *Journal of Happiness Studies*, *4*(3), 285–293.

Woodford, M. R., Kulick, A., Sinco, B. R., & Hong, J. S. (2014). Contemporary heterosexism on campus and psychological distress among LGBQ students: The mediating role of self-acceptance. *American Journal of Orthopsychiatry*, *84*(5), 519–529. doi:10.1037/ort0000015

Wright, T., Colgan, F., Creegany, C., & McKearney, A. (2006). Lesbian, gay and bisexual workers: Equality, diversity and inclusion in the workplace. *Equal Opportunities International*, *25*(6), 465–470. doi:10.1108/02610150610713782

Xu, W., Rodriguez, M. A., Zhang, Q., & Liu, X. (2015). The mediating effect of self-acceptance in the relationship between mindfulness and peace of mind. *Mindfulness*, *6*(4), 797–802. doi:10.1007/s12671-014-0319-x

Young, A. C. (2014). *Effects of the interaction of religion and internalized homonegativity on psychological well-being* (Doctoral Dissertation) Indiana State University.

Ziller, R. C., Hagey, J., Smith, M., & Long, B. H. (1969). Self-esteem: A self-social construct. *Journal of Consulting and Clinical Psychology*, *33*(1), 84. doi:10.1037/h0027374