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# Minority Stress and Microaggression Experiences among Sexual Minority Women in Sweden

## ABSTRACT

In the present article we explore when, where, and how Swedish sexual minority women experience minority stress and microaggression. Drawing on deductive thematic analysis of forty-eight interviews, we show that minority stress and microaggressions were experienced in a wide range of everyday life areas. Exposure was described in the forms of physical violence, threats and verbal abuse, ignorance and prejudice, discrimination, microassaults, microinsults, microinvalidations, excessive focus, exoticification, and silence. The exposure was described to cause negative emotions, hypervigilance, a feeling of being different, internalized homo- or biphobia, and mental health problems. Despite the Swedish population being among the most accepting towards sexual minorities, theories of minority stress and microaggressions are still useful for highlighting the lived experiences of sexual minority women. Focusing on lived experiences of minority stress and microaggressions provides us with a visualization of the texture of the experiences that helps us understand what various aspects of the theories mean in everyday life.

**Keywords:** lesbian, bisexual, prejudice, discrimination, mental illness, thematic analysis

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**RESEARCH HAS SHOWN** that sexual and gender minorities, including sexual minority women, suffer from mental health problems to a higher degree than others (Bränström 2017; Feinstein & Dyar 2017; Levitt et al. 2012). Lesbian women show an increased risk of mental health problems compared to heterosexual women, especially in young ages, but generally have better mental health than bisexual women (Bränström 2017).

Sweden is known for its gender equality policies and liberal attitudes toward sexual minorities (Carlson-Rainer 2017; Flores 2021). The Swedish population is among the most accepting towards same-sex relations, marriage, and parenting (Takács et al. 2016; D'Amore et al. 2022). Swedish legislation is also among the most inclusive (Malmquist 2022). Today, same-sex marriage, adoption, and assisted reproduction is allowed, while discrimination based on gender and sexual orientation is forbidden by law. Sexual minority people are protected against attack through hate crime legislation. Nevertheless, the International Lesbian and Gay Alliance, ILGA, (2023) reports that anti-LGBTQ+ sentiments are common in Sweden. Despite the emancipation of sexual minority people, Swedish population data continues to show that mental health status is lower among sexual minority women than among heterosexual women (Folkhälsomyndigheten 2014). Victimization and exposure to threats, as well as lack of social support, have been identified as factors behind these disparities (Bränström 2017).

Some Swedish studies have focused on sexual minority women's experiences of discrimination, exclusion and how they are treated in specific arenas, such as healthcare (Klittmark et al. 2018; Rozental & Malmquist 2015), and everyday interactions (Nygren et al. 2016). However, no previous research has focused on sexual minority women with an eye to the open questions of when, where, and how they experience minority stress and microaggressions. This is the aim of the present study, which is part of a larger research project on minority stress and microaggressions among sexual and gender minority people in Sweden (Lundberg et al. 2022).

## **The minority stress model**

Minority stress theory was introduced by Brooks in the 1980s to explain how social stress affects lesbian women (see Lewis et al. 2012). Later, Meyer (1995, 2003) advanced the concept by introducing the minority stress model. The model sets out to identify stressors that affect the well-being of sexual minority people, such as discrimination, insults, threats, and violence. Such interpersonal exposures are defined as distal stressors. In addition, intrapersonal processes, such as denying or hiding one's sexual orientation, worrying about being exposed, or internalizing society's negative attitudes, are defined as proximal stressors. The model also highlights protective factors, such as social support, and being comfortable in one's identity. Stressors and protective factors interact, which explains why some minority people, but not all, develop mental health problems.

Many studies provide empirical support for parts of the minority stress model (e.g., Bränström 2017; Sattler et al. 2016; Meyer et al. 2021) and the model has been theoretically developed since Meyer's (1995) first formulations (e.g., Hatzenbuehler 2009; Frost & Meyer 2023). Hatzenbuehler (2009) highlights factors mediating the relationship between distal stressors and health, such as coping, social, and cognitive factors. However, there is a need for considering other perspectives that are not explicitly evident in the model, such as intersectionality, microaggressions and how experiences can vary between cultural contexts.

## **Intersectional perspectives and cultural context**

Earlier research on minority stress has generally focused on gay men only, or on sexual minority men and women together (Lewis et al. 2012). Such research might overlook multidimensional aspects of structural oppression (see Crenshaw 1989). This includes differences in types of exposure (Hequembourg & Brallier 2009; Katz-Wise & Hyde 2012) as well as contexts of exposure (Lewis et al. 2012). Sexual minority women can be exposed to stress based on sexist as well as heterosexist experiences. Considering that an individual may experience several different

kinds of structural oppression (Levitt et al. 2016), women's unique experiences should be addressed from an intersectional perspective (Katz-Wise & Hyde 2012). Studies exploring different cultural contexts are also important in understanding minority stress experiences.

### **Theories of microaggressions**

The minority stress model has been criticised for not addressing subtle forms of exposure that sexual minorities experience. Subtle exposure is the focus of microaggression theories and complements the research focusing on more obvious insults and discrimination (Sue et al. 2007; Nadal 2019). Microaggressions often occur unintentionally, as the result of people's lack of knowledge about minority groups. Despite this, microaggressions still communicate to minority people that they deviate from the norm in an undesired way. While the minority person can feel bad or hurt, the person who caused the feelings might claim that their intentions were good, rationalize their actions, or be unable to see the minority person's perspective (Sue 2010). Further, the person responsible for the microaggression may see it as a one-time event, while the victim may encounter such microaggressions daily and experience a pattern of similar events.

An increasing number of studies indicate that the experiences that microaggressions capture are widespread among sexual minority people (Bostwick & Hequembourg 2014; Munro et al. 2019). There is also evidence that exposure to microaggressions influence the development of mental health problems, such as anxiety, depression, suicide attempts and post-traumatic stress (Kaufman et al. 2017; Robinson & Rubin 2016; Woodford et al. 2018). The importance of considering microaggressions has led Frost and Meyer (2023) to include microaggressions as a distal factor in the minority stress model. However, very few studies on microaggressions have focused solely on sexual minority women (exceptions are e.g., Bostwick & Hequembourg 2014; Anzani et al. 2021), and none focus on experiences of microaggressions in Sweden.

## Method

The study has been approved as part of a larger project on minority stress by the Stockholm Ethical Review Authority (Dnr 2018/330).

In the project, 86 semi-structured interviews with sexual and gender minority people, focusing on experiences of minority stress and micro-aggressions, were conducted. For this specific study, all interviews with participants who self-identified as sexual minority women (N=48) were analysed. Among these women, twenty-four self-identified as lesbian and/or homosexual, nineteen self-identified as bi- and/or pansexual, and one as panromantic asexual. In addition, four participants identified as sexual minority women, but did not wish to further specify their sexual identity. Most participants (N=43) were cisgender women; five were transgender women. The participants were not asked to identify their ethnicity, but fourteen of the participants talked about their experiences of being exposed to racism. Ages ranged from 22 to 80 years (the average age was 38,5 years). Most participants resided in larger and medium-sized cities; some resided in smaller towns and in the countryside. Most participants were employed; a minority were students, unemployed, or retired.

Participants were recruited through advertising on social media and physical social gatherings for LGBTQ people in Sweden. LGBTQ people were invited to participate in interviews on minority stress. In an attempt to broaden the sample, additional ads, targeting underrepresented sub-groups (e.g., older people and ethnic minority people) were posted.

Those interested in participating were invited to contact the researchers to obtain more information about the study, and to schedule an interview. All participants were informed about the study aim and procedure, how research data was generated, sorted, and handled, and their right to withdraw their participation at any time.

Most interviews were conducted by telephone, in order to include participants from all geographical parts of Sweden. A few interviews were conducted face-to-face. All interviews were conducted by psychology students nearing the end of their education. The interviewers fol-

lowed a semi-structured interview guide, containing questions about when, where, and how participants had experienced distal minority stress, how they had handled the situations, and how they thought this had affected them in the short and long term. The interviews were audio recorded and transcribed verbatim. The data was anonymized, with pseudonyms replacing names.

The work relies on a critical realist epistemology, which assumes an external reality that exists independently of people's perception of it, although knowledge is only possible via subjectivity and interpretation, and bound to the social and cultural context (Lundh & Nilsson 2018). From a critical realist perspective, social categories such as gender, sexual identity and ethnicity are understood as real in the sense that they have social consequences within a given context. Social mechanisms that arise as a result of such categories, for example distal minority stress, can further be seen as actually existing.

A deductive codebook thematic analysis was conducted (Braun & Clarke 2006, 2019) on the forty-eight transcribed interviews. In relation to reflexive thematic analysis, this approach structurally places stronger emphasis on codebook and early themitization, but still emphasises open and explorative research questions (Braun & Clarke 2019). Theories about minority stress and microaggressions have thus guided the coding, thematization, and interpretation of the data. As a first step, the first author read the entire data set. In a second step, all parts of the data that concerned distal and proximal minority stress were coded by the first author, and codes were kept close to the data. Parts of the interviews that did not focus on distal or proximal minority stress were not coded (e.g., parts describing coping strategies). Thereafter, all codes were sorted into candidate themes, informed by the minority stress model. For codes outside the minority stress model, other themes were also constructed. Next, themes were discussed between all authors and revised. Finally, quotes relevant for each theme were selected and results were written up. The results are primarily descriptive, aiming to provide a picture of sexual minority women's experiences of minority stress and microaggression in Sweden.

## **Results**

Participants described a wide range of situations where they had been exposed to stressors related to their sexual identity. In the following section we present distal stressors under the heading “From violence to silence”. This theme consists of six sub-themes, covering different aspects of distal stressors, important to the understanding of current societal challenges. Proximal stressors are presented as the second main theme: “From negative emotions to self-hatred”. This theme includes five sub-themes, covering different forms of proximal stressors, important to the understanding of psychological consequences of heteronormativity.

### **From violence to silence: Experiencing stress in relation to others**

Participants reported having experienced stressful situations in public places, workplaces, schools, at leisure activities and friend and family gatherings. Many participants reported having encountered stressors in contact with healthcare providers, and some in contacts with other authorities. Many had experienced abuse in online communities, and some talked about stress caused by a harsh political climate. In addition, most bisexual cisgender women and some lesbian and bisexual transgender women had been exposed to minority stress within the LGBTQ community. Some participants described the accumulated stress of being exposed to both racist and homo- or biphobic insults and emphasized that racial prejudice is common also within the LGBTQ community.

### **Physical violence, threats, and verbal abuse**

A handful of the participants reported having been exposed to threats of physical violence, and one participant described an incident of physical violence related to her sexual minority identity. About half of the participants reported having been victims of hateful or derogatory verbal abuse. Most such verbal abuse incidents took place in public spaces in encounters with strangers – generally a man or a group of men, who shouted aggressive comments at them, when walking hand in hand with their female partner, such as “homosexuals must die”. Several abusive

situations were laden with sexually objectifying connotations. Sophia recounts her experiences:

This summer there was an older man who yelled: “Can I join in?” and stuff, when I walked by with my girlfriend. Stuff like that. But there have also been older ladies on the underground that have like said that its disgusting. (Sophia, 32, cisgender lesbian woman with experiences of racism)

Besides the abuse directed explicitly toward the participants, some also talked about feeling generally unsafe in public spaces, especially late at night due to threats of aggressiveness.

Some participants who were practicing Christians, or had grown up in religious homes, provided testimonies of preachers and members of their congregation saying that homosexuality is sinful, dirty, or unnatural. Frida shared her experiences of this:

The rhetoric was like that, that homosexuality is dirty, that it is unnatural because it goes against how God created us, that it is perverse, and it was this fear that I had, that it’s going to be a disaster for me. (Frida, 35, cisgender bisexual woman)

A few participants described having received hateful comments at their workplace. One bisexual woman recounted her boss having called bisexual people “tvestjärtar” (the Swedish word for earwigs, latterly meaning “two tails”), and one lesbian woman had overheard her colleagues arguing that female war criminals must “surely are lesbians”.

Some participants described how family members had expressed explicit hatred toward their sexual identity – experiences that in some cases had led to broken bonds between participant and (parts of) their family of origin. Others, like Bahar below, had stayed in contact, despite these insults:

Just the other day my mother called and said “I hope that when your children have grown up, I hope they take your life because they should be



ashamed of how perverse you are”. And this has been going on practically all my life. (Bahar, 38, cisgender lesbian woman with experiences of racism)

Some participants explained how their parents, in-laws, or other relatives had accused them of causing major problems to the family by living in same-sex relationships. One participant described how her mother had threatened to divorce her supportive father and withhold any contact with her younger sister if she did not denounce her lesbian identity. In addition, a few participants described experiences of in-laws blaming them for their partner’s sexual identity.

### **Ignorance and prejudice**

The most common form of minority stress situations across all interviews were situations in which others expressed their prejudice against or ignorance about sexual minorities. Many participants were frustrated with other people assuming they were heterosexual, or had a male partner, sometimes even after they had come out. As Lena described it:

Relatively unfamiliar people may say, “Yeah, but what does your husband do then?” Yeah. No, but that- then I have to say, “Yeah but, there is no husband, I live with a woman”. (Lena, 69, cisgender lesbian woman)

Ignorance and prejudice were also present in contacts with healthcare. Participants described how healthcare staff assumed relationships to be heterosexual, e.g., by asking questions about their “husband” or the “father” of their children. In addition, female partners were mistaken for a friend or sister. Ida describes one such incident:

When we were at the maternity ward and our child had arrived, my wife was sitting alone with her when I had surgery. Then a midwife came in and opened her eyes wide and exclaimed “Gosh! Are you the childminder?” It still hurts my wife when she thinks about it. And me too. It was the most fragile moment on earth and even there you aren’t comprehensible. (Ida, 30, cisgender lesbian woman)

In this quote, Ida pinpoints how hurtful mistakes from healthcare staff can be, especially as the person seeking healthcare is often vulnerable. In addition, heteronormative assumptions can, as some participants described, lead to inaccurate medical decisions, such as the prescription of contraceptives to someone in a same-sex monogamous relationship. One lesbian woman reported being met with disbelief when she sought help for being physically abused by her female partner. Furthermore, a few participants reported having met therapists who dismissed their experiences of homo- or biphobia, claiming such experiences to be implausible in a Swedish context.

In particular two subgroups of participants spoke of having experienced prejudice: bisexual women and non-white sexual minority women. Bisexual participants reported that people generally assumed them to be unstable, just “going through a phase”, untrustworthy, and promiscuous. Such notions were in their experience common both in society at large, and among lesbian women. Noelle describes her experiences:

I was in some women’s group [with lesbian women] then it was like this “Ah, but you as a bisexual, you might come in here to our group, and spread diseases!” [...] I was seen a bit like [sigh] yeah, a potential transmitter of diseases [...] And people just “Well, but you have sex with men and then maybe you have sex with one of us and then we get sick”.

(Noelle, 43, cisgender bisexual woman)

Several bisexual women had experienced not feeling welcome in the LGBTQ community, where they were presumed to be intruding heterosexuals.

Some participants said that people in general seemed to doubt that non-white people can be lesbian or bisexual. Some non-white participants testified to such racial prejudice being prevalent also in the LGBTQ community, where some people had presumed they had come to a gay bar or Pride event by mistake. Another racial prejudice commonly reported by non-white participants was the assumption that their

parents must be homophobic, and hold their sexual minority daughters in contempt. Carmen described it in the following way:

This woman then, that I started talking to in a bar – and it was like start talking right away –like about where I come from, and what my family looks like, and when I came out to them, and what they said and so on. As I think that is a bit too intrusive And it's a lot like people are trying to fish a little for some kind of honour issue. But when there is no such thing, they think, "Oh wow, your family must be very unusual and progressive". (Carmen, 26, cisgender bisexual woman with experiences of racism)

The racial prejudice within the LGBTQ community meant that the participants had to navigate minority stress also in the communities they turned to for support and to avoid minority stress.

### **Discrimination**

A handful of participants had experienced direct discrimination, i.e., incidents in which a person of formal authority had made unfair decisions, directly involving the sexual minority identity or relationship. One participant explained how her former employer had instituted a policy which disallowed employees to conceal same-sex relations to their clients, while no such rule applied to employees in different-sex relations. Another participant described how a parish minister had forbidden her and a group of LGBTQ friends to attend their gay friend's funeral. Alva had been discriminated against while celebrating Pride:

We had Pride flags on the balcony during last Pride, so we had Pride flags up for a week, or were going to, but they were up for four hours, then the chairman from our housing association called and said we had to take them down because it was offensive. (Alva, 28, cisgender lesbian woman)

Besides not being allowed to display the rainbow flag on their balcony, Alva and her partner had been exposed to frequent racist and homo-

phobic insults by their next-door neighbour. As their landlord refrained from stepping in, supporting the couple and putting an end to the harassment, the couple felt forced to move.

### **Assaults, insults, and invalidations on a micro level**

Most participants could relate incidents where they had been exposed to subtle negative attitudes or reactions to their sexual identity. Several reported having been exposed to other people's staring or looks of contempt when holding hands or in other ways showing affection for their same-sex partner. Some participants reflected on the difficulty of knowing how to interpret condescending looks or an unfriendly manner. As Mina put it:

When someone is mean to me, I think like, "Is it because I'm dark? Is it because I'm trans? That they have seen it, like because of my LGBTQ-bag or bag with an LGBTQ-pride flag, or something?" (Mina, 29, transgender pansexual woman with experiences of racism)

Several participants reported having been exposed to condescending comments or "jokes" about sexual minority people. Many examples originated from the workplace. One lesbian woman remembered a colleague at lunch saying that she was "afraid of lesbians". Despite the participant being openly lesbian, no one around the table reacted. Another participant remembered how her boss had told her that they had "no problem" with her being lesbian, at the same time claiming that she should have come out before being hired. Some participants shared experiences of having been accused of being annoying for addressing heteronormative routines or attitudes at the workplace.

Some participants talked about negative comments they had received from loved ones. Situations in which friends or family members had reacted with shock when the participant had told them about their sexual identity were described as stressful. Some participants had been reproached for not wearing feminine clothes, particularly at celebratory events.

## **Excessive focus and exotification**

Most participants described how friendly or positive attitudes – being exposed to excessive focus or curiosity, a phenomenon often described as exotification – could also lead to stressful situations. Nathalie explains:

People are sort of a little bad at- their curiosity is so strong maybe that it's at the cost of integrity. That there is kind of- you can't ask people just anything, or you can't, you sort of can't. You have to accept and respect people's boundaries. (Nathalie, 26, cisgender bisexual woman)

This excessive focus made some of the participants feel that they were being reduced to just their sexuality; they were made representatives for their minority, rather than being allowed to just be themselves. Maria described how a friend of hers had asked intimate questions, disrespecting Maria's integrity:

My friend who asked like, pretty intimate things, like "But how does it feel like having sex with a woman then?" [...] You kind of cross borders there. Kind of trample over it. [...] She could say I was her like, what was it she said, her "gay mascot" kind of. [...] Then I just become my sexuality. Then I become reduced to my sexuality. (Maria, 38, cisgender sexually non-identified woman with experiences of racism)

Some bisexual participants reported experiences of being exotified by men they had dated. Some participants also described how excessive focus was placed on their experiences of being non-white LGBTQ people, and explained how such exotifications were common both in society at large and within the LGBTQ community. Some felt that exotification increased when they were visible as both non-white and sexual minority, as the combination of these two minority experiences was considered particularly exotic.

## Silence

Several participants recounted how they had been met with silence when mentioning their same-sex partner or sexual identity around the lunch table at work, or in other social situations.

The most frequently mentioned experience of silence involved parents avoiding the subject of the participant's sexual identity. Two participants related how their mothers had stopped talking to them for a longer period of time when they first came out. In addition, a handful of participants said their parents kept pretending that their partner was just a friend, despite knowing otherwise. Some participants described how their parents had requested that they not to be open about their same-sex relationship in contacts with other relatives or acquaintances. One participant described how her parents pretended to their acquaintances that she was a single mother, despite her sharing parenting with another woman. The request that daughters keep silent about their sexual identity was sometimes presented as emanating from a desire to spare the older generation from "shocking" news, regardless of the unreasonable consequences this would have for the daughter. Moa describes it in the following way:

When I was going to bring my first partner home my mum said, [...] "I can't bear to bring this up with grandma", like, "Can't you like wait with grandma will die soon, you don't have to tell her anything". And at the time my grandma was maybe, she was 83, 85 something. Now she's 98, she's kind of not died yet [laughs]. (Moa, 34, cisgender lesbian woman)

Silence is a strong, invalidating reaction, and often just as stressful as overt abuse. Being requested to keep silent about sexual identity can be stressful not only because it signals disrespect for one's sexual identity, but also because it makes the sexual minority person responsible for upholding that disrespect.

## **From negative emotions to self-hatred: Internalized stress and negative effects**

All participants reported minority stress situations and microaggressions

that had affected them emotionally. Negative emotions arose as a direct response to being exposed to insult, prejudice, or invalidations. Many had developed a hypervigilance for potential microaggressions, and several reported uncomfortable feelings of being different. Furthermore, several participants spoke of internalized homo- or biphobia. Many participants described long-lasting episodes of mental illness, where minority stress had been a contributing factor.

### **Negative emotions**

Participants reported experiencing a wide range of negative emotions in response to insults, threats, prejudice or diminishing treatment, e.g., anger, disgust, shock, sadness, fear, anxiety, worry, grumpiness, and feelings of being offended, bothered, annoyed, misunderstood, and invalidated, as well as being tired and worn out. Some experienced physical symptoms, such as pain and difficulties to sleep or eat. Bahar describes how she reacts in situations where she feels invalidated:

I can go home and be super sad, and just: “I can’t stand it. I can’t take it. Why do I have to constantly assert myself? Why do I have to, constantly? Can’t I just be left alone?” (Bahar, 38, cisgender lesbian woman with experience of racism)

Many participants recalled situations in which they had reacted strongly to distal minority stress. Monika described her reaction after having spent time with her intolerant parents-in-law:

It just came like an explosion – a volcano – like one morning when I was out and had taken a walk and then just... tears welled up like, bam! I sobbed and became all snotty and stuff [laughs]. [...] I break down, broke down and was able to communicate that “Yeah, but my God, this stresses me out a lot more than I could have imagined”. (Monika, 46, cisgender lesbian woman)

Monika's parents-in-law had not been supportive of their daughter's same-sex relationship. They kept ignoring the fact that Monika was their daughter's wife and referred to her as a friend. Spending a week of their vacation with her in-laws had been a distressing experience.

### **Hypervigilance**

While all participants had experienced negative emotions in relation to minority stress situations, some also claimed to be in a state of constant preparedness for further negative comments. Agneta described her experience of such hypervigilance:

The only thing I really ask of life is to be able to breathe. It is a little bit like walking around and holding your breath, that you have to constantly watch a constant fear. (Agneta, 68, cisgender lesbian woman)

With her modest request for being able to breathe calmly, Agneta places focus on the stress that comes from living in constant fear of being exposed to prejudice or insults. Another participant, Sophia, adds that this vigilance has led her to regulate her own behaviour:

I'm constantly aware of how I look and my sexuality, and when it's okay and when it's not okay. And when it's hard and when it's less hard. And that in itself is a stress. (Sophia, 32, cisgender lesbian woman with experiences of racism)

Several participants described how they were constantly reflecting on how to behave, what to disclose, and whom to trust, in order to avoid potentially threatening situations, or prepare themselves for other people's prejudice.

### **Feeling different**

For some participants, the sense of being different and alone – owing to the fact that their lived experience differed from that of most people around them – was one of the chief sources of minority stress. Some



reported having experienced stressful reactions at social gatherings such as dinners and weddings with heterosexual friends. Thus, a lack of people to share experiences with was found to be a source of stress. Liv felt lonely as she had no friends with whom to share her experiences of being asexual:

I have no asexual friends. [...] So, that's the way it is, everyone is very interested and curious and, like, tries to understand, but no one can identify. (Liv, 24, cisgender asexual panromantic woman)

Furthermore, some participants reported feeling different even in the LGBTQ community. The dominance of white lesbian cis women gave rise to feelings of otherness among transgender and non-white sexual minority women. Some bisexual participants, in particular those with male partners, described a feeling of in-betweenness, of being too queer for the straight community and yet not queer enough for the LGBTQ community.

### **Internalized homo- or biphobia**

Several participants reported having internalized homo- or biphobic attitudes and experiencing feelings of shame, self-doubt, and insecurity. Moa described her sense of low self-esteem.

I feel, like, weak and bad and that doesn't fit with- so it like differs from my ideas about myself and how I want to behave. I want to be a person who speaks up and who stands up for themselves as well. (Moa, 34, cisgender lesbian woman)

A few participants described how the fear of being subjected to homo- and biphobia had led them to conceal their sexual identity from all or most of the people they knew, in some cases for decades. Their narratives provide a sense of the major sacrifices that internalized homophobia and fear of being exposed to minority stress can induce people to make. In addition, some of the younger participants shared stories of

how they had done violence to themselves by trying to live as heterosexuals, denying their same-sex attraction. One young lesbian woman reported having forced herself to have sex with a man, ultimately resulting in her being raped.

### **Mental health problems**

Several participants reported having experienced periods of mental health problems. They described a range of different stressors that had caused psychiatric conditions such as anxiety, depression and eating disorders. Although seldom the primary cause of mental illness, minority stress was often mentioned as a contributing stressor. Several participants emphasized that minority stress can be extremely difficult to bear when you are already suffering from mental illness. As Elin described it:

If you see yourself as a goblet that you- that is, for every stressful thing that happens, the goblet fills up further, and certain things will come, terrible things will happen. For example, I have had two people in my family die of cancer. (Elin, 36, cisgender bisexual woman)

Elin described how she was burned out and depressed after the loss of her two family members. According to Elin, the accumulated stress of grief on top of the minority stress she experienced led to mental illness. Nathalie reflected on the difficulties in distinguishing minority stress from other causes of mental illness. She had had doubts about her sexual identity:

“Am I queer enough? Can I occupy this space? What if it’s just a phase?”, then I felt very bad about that, I did. And it- then, whether this multiplied the already existing depression and anxiety, or whether depression and anxiety multiplied [the doubt], it’s a matter for the Gods. (Nathalie, 26, cisgender bisexual woman)

Nathalie’s doubts about her being “queer enough” to claim a bisexual identity can be seen as an expression of internalized biphobia. The self-

doubt added an extra stress to her pre-existing mental health problems, which in their turn reinforced her doubts about her sexual identity.

## **Discussion**

The aim of the present article has been to explore when, where, and how Swedish sexual minority women experience minority stress and microaggressions. Our deductive codebook thematic analysis of the forty-eight interviews shows that distal minority stress and microaggressions were experienced by the participants in a wide range of areas of their everyday lives. The results suggest that minority stress (Meyer 2003) and microaggressions (Nadal et al. 2016; Frost & Meyer 2023) are a useful lens that can be used to highlight the lived experiences of sexual minority women in Sweden, despite the Swedish population being among the most accepting in the world towards same-sex relations (Takács et al. 2016; D'Amore et al. 2022).

As suggested in the minority stress model (Meyer 2003), sexual minorities are exposed to distal stressors – such as prejudice, violence, and discrimination – which in turn create proximal stress – such as hypervigilance and internalized homophobia. In addition, microaggression theory highlights assaults, insults, and invalidations on a microlevel (Nadal et al. 2016; Frost & Meyer 2023). However, there are aspects of our results that are not clearly accounted for by these theories, such as silence and negative emotions. Although negative emotions, as described here, are not accounted for in earlier models, our results can be linked to the psychological mediation framework, highlighting emotion regulation as a factor influencing health (Hatzenbuehler 2009). We argue that focusing on lived experiences of minority stress helps us understand the texture of sexual minority women's experiences which in turn helps us understand the implications of these experiences in everyday life. In addition, we argue that an intersectional perspective is important for understanding the multidimensionality of structural oppression of the unique individual (Crenshaw 1989).

In accordance with the reasoning around distal stressors in the minority stress model (Meyer 2003) most participants reported having exper-

rienced verbal abuse. One participant reported having been subjected to physical homophobic violence while others had received threats of such violence. In cases where participants had been exposed to verbal abuse or threats in public spaces, the offenders were generally strangers. This corresponds well with previously published Swedish population data, in which sexual minority women were shown to be at greater risk of experiencing threats of violence (Folkhälsomyndigheten 2014).

Most participants reported having been exposed to prejudice and ignorance, which are also described as distal stressors in the minority stress model (Meyer 2003). Healthcare settings were the most frequently mentioned context in which participants reported to have encountered such stressors. The low level of knowledge about sexual minorities in Swedish public healthcare has been outlined in several previous publications (e.g., Klittmark et al. 2018; Rozental & Malmquist 2015), and sexual minority women report a lower level of trust in healthcare staff than heterosexual women in Sweden (Folkhälsomyndigheten 2014). However, this should not be taken as evidence of prejudice and ignorance being more widespread within the healthcare sector than in other areas of Swedish society. The incidents the participants accounted for in the interviews may have been mentioned not because they were the type of incident that occurred most frequently, but because they were the incidents that left the participants with the strongest sense of indignation. Healthcare is often sought in vulnerable life situations, where being treated respectfully is of particular importance. In such situations, prejudice and ignorance may therefore be perceived as more problematic than in situations, albeit of a similar type, where the recipient is less vulnerable. For example, one participant reported not having been believed when she told healthcare staff she was being physically abused by her same-sex partner. Such incidents are indicative of the serious implications that prejudice within the healthcare sector can have. Intimate partner violence does occur in female same-sex relations and the risks are amplified with increased proximal minority stress (Ummak et al. 2022).

A handful of participants reported having been subjected to direct discrimination. That such discrimination still exists, despite the legal

protection against discrimination that sexual minorities in Sweden have had for more than two decades (Malmquist 2022), is indeed dire.

All in all, the interviews confirm that the distal stressors in the minority stress model are relevant to understanding the exposure sexual minority women in Sweden face. In addition, we have identified commonalities in the participants' experiences of assaults, insults, and invalidations on a micro level, as well as in their experiences of excessive focus on and exotification of the sexual minority identity. Such experiences have been described as microaggressions (Nadal et al. 2016). Our findings confirm previous research showing that microaggressions are a significant part of the everyday challenges that sexual minority women face (Bostwick & Hequembourg 2014). As no previous research has focused on experiences of microaggressions among sexual minority women in the Swedish context, the study is an important contribution to the body of knowledge about microaggressions. The results also support Frost and Meyer's (2023) recent suggestion to include microaggressions in the minority stress model.

Furthermore, the study identifies silence as an important distal stressor. Silence has, to the best of our knowledge, not previously been discussed in the literature on sexual minority women's experiences of minority stress and microaggressions. However, silence has been identified as an important form of microaggression experienced by adoptees in the US (Garber & Grotevant 2015). Our participants described two different forms of silence. Firstly, they spoke of the uncomfortable silence they sometimes encountered when displaying their sexual minority identity, e.g., when mentioning their same-sex partner at the lunch table at work. Secondly, they described situations in which parents or other relatives avoided talking about their sexual minority identity, e.g., by pretending that their same-sex partner was a platonic friend. This form of silence was sometimes accompanied by a demand that the sexual minority person keep silent about their sexual identity in front of relatives, friends, and acquaintances. While concealment of one's sexual identity is identified as a proximal stressor in the minority stress model (Meyer 2003), there is a difference between self-imposed concealment,

i.e. choosing to conceal your identity because you do not feel safe coming out, and silence imposed on you by someone else. Mindful of this distinction, we consider silence imposed by others to be a distal rather than a proximal stressor.

It is important to stress that our sample is broad, includes women with various sexual minority identities, and covers a wide age span. Furthermore, a quarter of our participants had experienced racism. When we considered these variations from an intersectional perspective, it became evident that bisexual women felt less safe and less included than lesbian women, and experienced minority stress and microaggressions even within the LGBTQ community. Bisexual participants further spoke more of the prejudice in Swedish society than lesbian participants, as did non-white participants. Being a non-white sexual minority woman meant being exposed to racism on top of minority stress and microaggressions due to one's sexual minority identity. Unfortunately, racist microaggressions were commonly experienced also within LGBTQ communities, making these spaces less safe for the non-white participants.

Our results highlight the stressors that individuals have to deal with psychologically. Some of these are addressed in the minority stress model (Meyer 2003) as proximal factors, including internalized homo- or biphobia and hypervigilance, here understood as part of expectations of rejection. However, the participants' experiences of hypervigilance go beyond what is discussed in the model (Meyer 2003) and are described as a way of navigating, and thus dealing with, normative contexts. In other words, research using the minority stress model needs to be sensitive enough to distinguish when hypervigilance might become a stressor and when it might serve as a resilience factor.

The subtheme "Feeling different" could conceptually be understood as part of an internalized homo- or biphobia. However, the analysis of the participants' descriptions conveyed a difference in texture between these experiences. While internalized homo- or biphobia meant feelings of negativity towards oneself or even self-hatred, i.e., a negative scheme of oneself (as conceptualized in Jaspal et al. 2021), feeling dif-

ferent sometimes meant feeling lonely and invalidated, i.e., not having one's sense of oneself recognized (McDermott & Roen 2016). Working with negativity towards oneself and working with recognition are clinically two different processes. Untangling these two aspects might be important for improving research on minority stress and microaggressions.

Mental health problems are a well-known effect of being exposed to minority stress and microaggressions (Bränström 2017; Lewis et al. 2012; Feinstein & Dyar 2017). In the present study, several participants had experienced mental health problems, in which minority stress was reported to be a contributing factor. In addition, many of the participants mentioned experiencing negative feelings such as anger, frustration, and sadness. Even though not all participants had experienced mental health problems as such, they reported having to spend a lot of energy on dealing with minority stress and microaggressions in their everyday lives. The emotional strain that this involves has been addressed in other studies (Weber et al. 2018). The lived experience of the difference between mental health and emotional reactions has also been discussed in the literature on microaggressions (Nadal et al. 2011). The psychological mediation framework highlights, among other things, the role of emotion regulation (Hatzenbuehler 2009), but the lived experience of the difference between mental health and emotional reactions is not discussed in this framework nor clear in the minority stress model.

### **Strengths and limitations**

A major strength of the present study is that it draws on a large data set and interviews with a wide range of sexual minority women. The focus on, and the variety in, their lived experiences make the study an important contribution to the research. However, breadth sometimes comes at the cost of depth. Within the framework of this study, we have not been able to in further detail explore experiences of different subgroups (e.g., bisexual women, older women), or different settings (e.g., healthcare, close relations).

## **Policy implications and directions for future research**

The common experiences among sexual minority women of being exposed to distal minority stress in a broad variety of social settings highlight the need for acknowledging the structural oppression of this group in policy work in a wide range of areas (e.g., healthcare, work life, leisure activities, housing).

It is striking how often healthcare situations were mentioned in response to questions about where and when participants had experienced minority stress. Improved educational efforts, policy, and routines may therefore be of particular importance in this sector.

While this study provides a broad picture of where, when, and how sexual minority women experience minority stress and microaggressions, studies with a quantitative approach are needed to analyse the frequency of such experiences in different sectors and among different subgroups of sexual minority people.

Silence, here identified as a distal minority stressor, has not been addressed in earlier research. As silence, and demands of keeping silent about sexual identity, are a powerful form of invalidation, we suggest that future research be directed towards exploring experiences of silence as a form of minority stress in sexual minorities.

Furthermore, as differences between mental health and emotional reactions are not made clear in the minority stress model, we suggest that these differences be explored in future research to gain a better understanding of how minority stress is experienced by and affects sexual minorities.

This work focuses on minority stress and microaggressions experienced by sexual minority women in contemporary Sweden. However, exposure to minority stress and microaggressions may also involve long-term effects, and further research is needed to analyse life course effects.

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