

# **A Review of Minority Stress Related to Employees' Demographics and the Development of an Intersectional Framework for Their Coping Strategies in the Workplace**

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## **Abstract**

Every employee embodies manifestations of every demographic that attach to him or her different minority and majority statuses at the same time. As these statuses are often related to organizational hierarchies, employees frequently hold positions of dominance and subordination at the same time. Thus, a given individual's coping strategies (or coping behavior) in terms of minority stress due to organizational processes of hierarchization, marginalization and discrimination, are very often a simultaneous coping in terms of more than one demographic. Research on minority stress mostly focuses on single demographics representing only single facets of workforce diversity. By integrating the demographics of age, disability status, nationality, ethnicity, race, sexual orientation, and religion into one framework, the intersectional model proposed in this article broadens the perspective on minorities and related minority stress in the workplace. It is shown that coping with minority stress because of one demographic must always be interpreted in relation to the other demographics. The manifestation of one demographic can limit or broaden one's coping resources for coping with minority stress because of another dimension. Thus the manifestation of one demographic can determine the coping opportunities and coping behavior one applies to situations because of the minority status of another demographic. This coping behavior can include disclosure decisions about invisible demographics. Therefore organizational interventions aiming to create a supportive workplace environment and equal opportunities for every employee (e.g. diversity management approaches) should include more demographics instead of focusing only on few.

**Keywords:** Minority stress, coping resources, intersectionality, stigma, workforce diversity, age, disability, nationality, race, ethnicity, sexual orientation, religion

## INTRODUCTION

In society, as well as in the workplace, specific manifestations for each demographic can be identified that tend to confront employees with different layers and intensities of “minority stress”. This “minority stress” is due to the stigmatizing effect of these manifestations, such as being homosexual in terms of “sexual orientation” or being, for example, Black or African-American in terms of race. In the workplace, this stress is primarily based on the experience of prejudice events and related mechanisms of discrimination, the expectations of rejection, internalized marginalization, and the related ameliorative processes of coping with the situation. Most of the research on “minority stress” attempts, somewhat one-dimensionally, to understand the structure and the impact of this minority stress alongside one specific manifestation of “being a minority”, e.g. of being homosexual (DiPlacido 1998; Waldo 1999), or, more specifically, of being gay (Kimmel & Mahalik 2005; Meyer 1995) or lesbian (Brooks 1981). These examples already evince that gender is an important demographic that, in isolation, can have an impact on an employee’s workplace situation (Basford, Offermann, & Behrend 2013; Miner-Rubino & Cortina 2004). Nevertheless, whilst in the context of a wider society, men or women as gendered groups cannot perforce be seen as a “minority” per se, in certain workplace settings they can, e.g. men working as pre-school teachers (Cameron 2001; Nordberg 2002) or women working in engineering or technological professions (Hanappi-Egger 2013; Wallace & Sheldon 2014). Against this background, research focusing on multiple historically oppressed groups often utilized the term “women and minorities” (Krook & O'Brien 2010; McDonald & Westphal 2013). Thus, when developing an interconnected framework for coping with minority stress related to employees’ demographics, this dimension has to be considered as well, although the focus will be on age, mental and physical capabilities, sexual orientation, ethnicity/race, nationality, and religion. As an adequate approach to conjointly considering these demographics, this paper builds on an intersectional perspective. An intersectional framework, in this context, allows a consideration of the issues of race/ethnicity, age, sexual orientation, disability, nationality, and religion “as they are simultaneously expressed” (Talwar 2010: 15). Social hierarchies amongst the manifestations of each demographic are interconnected and also ingrained in the organizations that employees are working for. Within these organizations employees hold positions of subordination or dominance, and, very often, both simultaneously (Talwar 2010; Weber 2001). Thus, coping with these hierarchies is frequently a simultaneous coping, in terms of more than one demographic, as different demographics assume different degrees of

relevance in different situations and settings. In order to develop a conceptual framework for these interdependencies and their impact for different coping strategies, this paper will be structured as detailed here: in the following, a more nuanced outline of the concept of intersectionality will be given. This is then followed by a short introduction to Goffman's (1963) concept of "stigma" and to the related "identity threat model of stigma" from Major and O'Brien (2005). These concepts will theoretically frame the coping strategies for handling minority stress available to an employee that can be related to his or her demographics. Subsequently, a structured review of minority stress issues and related coping strategies alongside the aforementioned demographics will provide the empirical insights to develop the intersectional framework that is proposed in this paper. This article ends by discussing future applications of this model, as well as its limitations and connecting points for its further development.

## **INTERSECTIONALITY, STIGMA, AND MINORITY STRESS**

### **Intersectionality**

Intersectionality, as a concept or a research paradigm, has emerged from critical gender studies and feminist studies, taking into account that it is no longer possible to assume that every woman is confronted with the same kinds of societal or organizational oppression or marginalization. Historically, the first step towards an intersectional approach to studying different demographics and their interplay arose from the political interventions of "black feminism" (Taylor 1998), which analyzed the intersection of gender and race (or skin color) (Crenshaw 1991; Jordan-Zachery 2007). These studies were often referred to as "post colonial studies" or "post-colonial feminist analyses" (Mohanty 1988), as most of these studies were on black US American women (Brah & Phoenix 2004). Furthermore literature increasingly criticized feminist studies as being too centered on the middle classes (Collins 1993). These studies started adding the category of "social class" (Mahony & Zmroczek 1997), noting that women do not only experience oppression and marginalization because of their gender, and race, but also because of their social class (e.g. Acker 2006; Holvino 2010; Knapp 2005). Later studies also started taking into account the social categories of sexual orientation (e.g. Bowleg, Huang, Brooks, Black, & Burkholder 2003) and age (e.g. Kertzner, Meyer, Frost, & Stirratt 2009), too. Thus, at least from an historical perspective, intersectionality emerged as a

specification, fragmentation and further development of gender and women studies. Nevertheless, an intersectional framework should not maintain this predominance of gender as a demographic criterion or social category, since, determined by situation and setting, every social category can potentially be a key category for processes of inclusion and exclusion. Thus, as every employee represents at least one manifestation of every social category, there is no reason for prioritizing gender as a category.

Yuval-Davis (2006) identifies influential processes of naturalization working on both the societal and the organizational level that discursively constitute these social categories:

“They tend to homogenize social categories and to treat all who belong to a particular social category as sharing equally the particular natural attributes (positive or negative) specific to it. Categorical attributes are often used for the construction of inclusionary/exclusionary boundaries that differentiate between self and other, determining what is ‘normal’ and what is not, who is entitled to certain resources and who is not. In this way the interlinking grids of differential positionings in terms of class, race and ethnicity, gender and sexuality, ability, stage in the life cycle and other social divisions, tend to create, in specific historical situations, hierarchies of differential access to a variety of resources – economic, political and cultural.” (Yuval-Davis 2006: 199).

Each demographic consists of different manifestations or social categories that constitute hierarchies that legitimize certain allocations of resources and other kinds of privileges and general positioning and social standing (Ferrall 1997; Tsui, Egan, & Iii 1992). As an example, the related mechanisms of inclusion and exclusion for the demographic of sexual orientation work alongside its manifestations hetero-, homo-, or bisexual; those for the demographic nationality alongside domestic and non-domestic, and there may be further hierarchies amongst the non-domestic nationalities in addition to this.

For individuals that do not represent the dominant manifestation of one demographic (whatever that may be in a certain setting), this means coping with possible mechanisms of exclusion or marginalization. Often a certain demographic has more relevance than another in a given situation or in a certain context, especially when minority and majority statuses are in flux because of shifting constellations within teams (Coston & Kimmel 2012; Mumby & Stohl 1991). A lesbian Indian bookkeeper in one project team, consisting otherwise only of male colleagues, could be more subject to those stereotypes based on her gender. In contrast in, say, a predominantly Italian project team, stereotypes about being Indian could be more

relevant. The same could hold true in terms of her sexual orientation, age, skin color, accent, disability-status, and any other demographic in any other given situation or environment. Nevertheless, although certain demographics are more relevant than others in certain settings, each individual always represents manifestations of every demographic, and the attributed stereotypes can strengthen, weaken, or contradict each other. Stereotypes attached to demographics are, by and large, neither wholly negative nor wholly positive. Stereotypic images of, for example, nationalities usually have both negative and positive facets (Glick & Fiske 2001). Furthermore, not every minority manifestation has to be perceived as necessarily predominantly negative. Nevertheless, negative attributions are more often related to minority than to majority manifestations of demographics. Thus, employees representing one or more of these minority manifestations (e.g. being non-domestic and gay) often especially struggle with coping with the related mechanisms of exclusion and marginalization (Bowleg, et al. 2003). These negative attributions to primarily minority manifestations of demographics can be conceptualized as having a “stigmatizing” effect.

### **Stigma, minority-stress and coping resources**

Although Goffman (1963) conceptualizes stigma as a societal phenomenon with a certain shared consensus across the members of a certain society, any manifestation of any demographic, in a certain setting or situation, can act as a stigma with negative consequences for those who represent this stigmatizing category. Goffman (1963) explains the way stigma works as follows: “We believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his [or her] life chances. We construct a stigma theory, an ideology to explain his [or her] inferiority [...] We tend to impute a wide range of imperfections” (Goffman, 1963: 14).

The public perception of the “stigma” radiates all the other possible characteristics that could describe a person. Goffman (1963) distinguishes between discredited and discreditable stigmas. Discredited stigmas are already known or visible, such as gender, race and a physical disability, whereas discreditable stigmas are not directly visible, such as HIV-status, mental illness, or homosexuality. He conceptualizes five basic strategies for dealing with a stigma:

1. The “direct attempt to correct what he [or she] sees as the objective basis of his [or her] failing” (ibid: 18). As an example of such an attempt, in terms of “sexual

orientation”, and without evaluating its prospects of success, Goffman gives the example of homosexual psychotherapy (ibid.: 18)

2. The attempt to correct the stigma indirectly “by devoting much private effort to the mastery of areas of activity ordinarily felt to be closed on incidental and physical grounds to one with his [or her] shortcoming” (ibid.: 19)
3. Breaking “with what is called reality, and obstinately attempt[ing] to employ an unconventional interpretation of the character of [her or] his social identity” (ibid.: 20)
4. Using the “stigma for `secondary gains’, as an excuse for ill success that has come his way for other reasons” (ibid.: 20)
5. The avoidance of any contact with “non-stigmatized” persons to avoid the anticipated disrespect (Goffman, 1963).

The stigma-based processes of marginalization, exclusion and disrespect occurring in the workplace can lead to a massive destabilizing and threatening of the individual’s personal and social identity. Although stigmatized employees often utilize variations of the aforementioned self-protective coping strategies, stigmatization generally has the potential to undermine stigmatized individuals’ self-esteem (Crocker & Major 1989). Besides the negative effects on one’s self worth, stress in general, and, by extension, stigma-related minority stress, undermines the individual’s feelings of control or mastery (Caplan 1981). The perception of having a certain kind of control, or being able to predict events in which one is involved enhances an individual’s coping resources. The same goes for the individual’s self esteem, whereas, conversely, shrinking coping resources can also negatively affect one’s self esteem (Thoits 2013). The “identity threat model of stigma” from Major and O’Brien (2005) states that “identity threat results when stigma-relevant stressors are appraised as potentially harmful to one’s social identity and as exceeding one’s coping resources. Identity threat [...] motivates attempts at threat reduction through coping strategies.” (Major and O’Brien, 2005: 393). Thus the coping strategy applied by stigmatized employees (that is, mostly by minority employees), is determined by the intensity of the perceived “identity threat”. The individual estimation of this threat as potentially destabilizing for one’s identity is, in turn, dependent on two factors. The first is the personal estimation of the harmfulness of the experienced stressors; the second is the individual coping resources. Both factors are interrelated and they might intensify when it comes to multiple stigmatization, for example because of multiple minority statuses. In order to develop a framework that conceptualizes these multiple coping strategies

intersectionally, minority stress for the demographics of age, mental and physical capabilities, sexual orientation, ethnicity/race, nationality, and religion will be considered more closely in the following paragraphs.

## **DEMOGRAPHICS**

As previously mentioned, dependent on the setting or the situation, every demographic can become crucial for the allocation of resources amongst employees. These resources can be any kind of resources, ranging from information (Bygren 2013), opportunities (Schmidt & Müller 2013), and voice and agency (Kamenou & Fearfull 2006; Meares, Oetzel, Torres, Derkacs, & Ginossar 2004), to job promotions and money. Stereotype-based organizational mechanisms of exclusion that frequently keep minority employees away from these resources force those representing one or more, often stigmatized, minority statuses, to cope with these marginalizing mechanisms. In order to gain a deeper understanding of the situation of multiple stigmatization, six demographics are looked at more closely below.

### **Religion**

Having a religious belief can be a source of strength (Bozard & Sanders 2011) that positively influences the individual's subjective well-being, as religious persons seem to be happier on average, and more satisfied with life, than individuals who are non-religious (Chamberlain & Zika 1988; Lewis & Cruise 2006), at least in religious environments (Eichhorn 2012; Stavrova, Fetchenhauer, & Schlosser 2013). Nevertheless, most nations have one predominant religion that leaves other religions with a minority status. Non-laicistic societies, where certain religions are very strong, often tend to categorize other religions in an antagonistic way. For example, societies that define themselves as strongly Christian often tend to develop an antagonistic attitude towards Islam (Schiffauer 2004). States where the use of religious value systems is legitimate or sanctioned in politics tend to have a higher level of discrimination against religious minorities, as these discriminations then also have political legitimacy (Fox 2000). Besides these antagonistic tendencies, smaller religious communities, often referred to as in diaspora (Baumann 2000), are often an especial focus of certain types of marginalization and discrimination by the majority religion. The main reason for this is that the majority religion often feels threatened by the mere existence of the minority religions. "Religious beliefs, among other things, give people the ability to find



meaning and understanding about the world and their place in it. Such beliefs constitute psychological walls that individuals and groups use to defend their individual and collective psyche. Accordingly, such walls of belief are political and will be defended.” (Fox 2000: 427). Thus the mere existence of a minority religion has the potential to challenge the worldview of the majority. Religious discrimination, often founded in these processes of demarcation, or sometimes merely founded in ignorance, also occurs in the workplace. Employees who do not want to hide their minority religion, and who also want to practice their religion in the workplace, often feel a strong pressure to justify their religion in front of non-religious colleagues, or colleagues who belong to the majority religion (Ghumman, Ryan, Barclay, & Markel 2013; Huang & Kleiner 2001).

### Coping with Religion-Related Minority Stress

As coping strategies, all five of those proposed by Goffman (1963) can be applied. Correcting the stigma could seemingly be done easily by converting to the majority faith (Lofland & Skonovd 1981). In reality, religious people would rarely do this, because having a personal spiritual worldview seems, to the majority of people, not to be a matter of choice. Furthermore, minority religions in particular tend to have very tight social ties between members (Ferriss 2002), a factor that augments the cost of converting and, potentially, might cause sanctions from the individual’s own family and community. Another issue related to religious conversion that might deter people from converting, is that converts are sometimes not accepted as equals by those ‘born into’ the religion. This kind of “second class” treatment of converts is especially noticeable in religions that have a non-missionary self-understanding (Sharma 2012). At the time of writing, no study has been published about the interrelation of perceived stigmatization and converting. An indirect correction of a potential stigmatizing impact of one’s religion through participating in activities performed by members of the majority religion is possible, if there is no formal exclusion attached to the activities. As religion itself means the construction of a certain reality, the coping strategy of creating a “reality” of one’s own is the essence of religion anyhow. Religions can be described as systems of meaning “that influence all aspects of life and constitute central resources for the construction of identity, on the individual as well as on the collective level. Because of their global scope, they are especially helpful when people have to cope with distress, fears and identity destabilization” (Brandt 2013: 301-302). Thus religions can also help in coping with identity destabilization and minority stress that might be due to the stigmatizing impact of

other demographics. “Secondary gains” of one’s religion are mainly due to the strong networks attached to religions that also help members with non-spiritual issues (Traunmüller 2009). The avoidance of any contact with “non-stigmatized” persons to prevent the anticipated disrespect is a side-effect of strong religious community building (Lim & Putnam 2010). This coping mechanism is primarily applied by ultra-religious people to whom their minority religion is a central element of their identity. In doing so, these individuals can maintain the positive image they hold of their religion, and avoid the emergence of minority effectively.

### Intersections with other Demographics

In terms of intersections with other demographics, negative interrelations can be identified with gender and sexual orientation, as many religions do not attach the same societal status to women or homosexual persons as they do to men and heterosexual persons (Kubicek et al. 2009). Thus participating in non-affirming religious settings can be associated with higher levels of internalized homophobia (Barnes & Meyer 2012; Rowen & Malcolm 2003; Shilo & Savaya 2012). Religious lesbians and gay men, therefore, often experience identity conflicts in integrating their sexual and religious identities. As a coping strategy to handle the related minority stress, gays and lesbian frequently choose not to disclose their homosexuality to other members of their religious community (Anderton, Pender, & Asner-Self 2011; Ginicola & Smith 2011; Tozer & Hayes 2004). The negative side effects of this can be their general psychological destabilizing and a massive shrinking of their coping resources (Schuck & Liddle 2001). Another coping mechanism, that is only rarely applied nowadays, is accepting spiritual “help” from one’s religious community to ‘convert’ one’s homosexuality into heterosexuality. The effectiveness of this is highly questionable, but in the past it was partially practiced by several Christian churches, that offered help for this conversion through prayer or even through exorcism (Ross & Stålström 1979; Silverstein 2003; Spitzer 2003). Religious women that do not conform to “traditional” gender roles, sometimes also struggle to reconcile their gender identity and religious identity (Dhruvarajan 1988), an issue that can lead to a shrinking of one’s coping resources for handling minority stress that might be due to other demographics (Garber 2013). In terms of age, most religions explicitly value older people and circumscribe rules for taking care of them and keeping them integrated in society (Koenig, Kvale, & Ferrel 1988). The same is true for disabled people (Selway & Ashman 1998). Thus, for older and disabled people religiosity can broaden their coping resources and reduce their potential minority stress. Nationality only has a direct

relation to religion when the state defines itself as a religious state, or when a certain religion is predominantly present in a certain state, such as Judaism in Israel (Juergensmeyer 1994). Ethnicity and religion are often intertwined, especially when religion becomes a descriptive characteristic of an ethnicity (Smith 1978). In these cases minority stress because of one's religion coincides with potential minority stress that is perceived with one's ethnicity or nationality.

### **Ethnicity, Race, and Nationality**

There are several reasons for and against a joint consideration of the demographics race, ethnicity and nationality. A distinct discussion of ethnicity and race is often legitimized by these arguments:

“Race is said to be involuntary, ethnicity voluntary; race to be a matter of external categorization, ethnicity of internal self-identification; race to be based on differences of phenotype or nature, ethnicity on differences of culture; race to be rigid, ethnicity flexible; race to involve super- and subordinate, ethnicity coordinate groups; race to arise from processes of exclusion, ethnicity from processes of inclusion; race to have grown out of the European colonial encounter with the non-European world, ethnicity out of the history of nation-state formation” (Brubaker 2009, pp. 25-26).

Brubaker's literature review shows that all of these criteria do not allow ethnicity and race to be sharply distinguished:

“People may voluntarily identify with ostensibly racial categories and resist attempts to downplay them; conversely, external categorization is central to what is ordinarily considered ethnicity in many settings. “Racial” differences are in some instances based on ancestry, way of life, or even class rather than on phenotype; conversely, phenotypical differences are often implicated in “ethnic” categorization. “Racial” categories are sometimes flexible, and “ethnic” categories sometimes rigid. “Racial” categories may be coordinate, “ethnic” categories super- and subordinate. “Racial” categories may be invoked in struggles for inclusion, “ethnic” categories in processes of exclusion. Some “racial” categories have histories largely independent of European colonial expansion” (Brubaker 2009, p. 26).

The category of ethnicity has an especially strong relation to nationality. Nations are a relatively new territorial concept, and the issue of developing a national identity emerged over the last few centuries. National borders, as they exist today, are mainly the result of wars,

political negotiations, or of colonial occupations by European states. The border-shaping wars and negotiations, for example, those within Europe, often ran alongside or between ethnic groups. Thus, nations are often the national territory for an ethnic group, or they are a territory where a certain ethnic group comprises the majority of the inhabitants (Connor 1990; Hutchinson 2000). There are, however, many examples of ethnicities that do not have a national territory, such as Kurds (Bruinessen 1998), or of nations that consist of different ethnicities, this often being the mainspring for social conflicts (Sheth 1989). However, if people of these ethnicities migrate between the countries, they are often categorized by their assumed nationality, such as Turks or Iraqis.

The potentially stigmatizing attributions to race, ethnicity, and nationality that minority employees are confronted with in terms of these categories are therefore both interrelated and interdependent. In their everyday work, minority employees are confronted with different intensities of racist, nationalist and ethnicity-based discriminatory behavior (Dunn, Loosemore, Phua, & Ozguc 2011; Köllen 2012). This can cause severe stress for these employees, especially when their nation, race, or ethnicity works as an anchor for their identity (Schuh, Dick, Wegge, & Haslam 2013).

#### Coping with Nationality-, Ethnicity-, and Race-Related Minority Stress

Coping strategies, related to the health-damaging minority stress (Vega & Rumbaut 1991) that is inherent in these race-, ethnicity-, and nationality-induced experiences of exclusion and marginalization are discussed alongside Goffman's (1963) five coping strategies. A direct attempt to correct a stigmatizing demographic in terms of race is hardly possible, as one cannot change one's skin color. Changing one's ethnicity is not possible, as it is related to the unchangeable elements of personal appearance. As an attempt to correct a stigma indirectly, cultural elements estimated to be crucial for the ethnic (or also racial) majority can be adopted. To a certain extent one can adapt clothing, hair style, personal taste, habitus, languages, and argot in order to not be perceived, or at any rate less perceived, as a member of a stigmatized minority ethnic group (DeVos 1980; Nagel 1994). These processes are often similar to acculturation processes, which can also be utilized to adapt the cultural elements of a certain nationality (Ward, Fox, Wilson, Stuart, & Kus 2010). These processes can, conversely, enhance minority stress or a particular "acculturative stress" (Berry 1970). This stress is mainly due to the struggles one may experience in integrating one cultural identity into another, or by on the wholesale replacement of one cultural identity with another, while

simultaneously seeking to maintain one's self integrity (Berry 2006; Cuéllar 2000). Thus, acculturation processes can work in both directions: they may both reduce and enhance one's minority stress. One's nationality can be formally changed according to the relevant national laws. That said, if one does indeed choose, and is legally allowed to change his or her national minority status into a majority status, it does not necessarily follow that the potentially stigmatizing effect of the former nationality totally disappears. Identifiers like accent, appearance, or also canonic knowledge might hint at the former nationality and provoke stigma-related minority stress (Spinner 1994). The coping strategy of creating a new positively connoted social identity that contrasts the negative attributions by majority race, ethnicity or nationality can be done by accentuating more prominently the traditional myths and history of one's ethnicity, race or nationality. Ethnicities and nationalities tend especially to have strong myths and histories presenting them in a positive light (Smith 1987). As, for the individual, these accentuations need a certain confirmation from others, and this coping strategy is closely related to the strategy of avoiding any contact with non-stigmatized persons, to avoid the anticipated disrespect. Thus stigmatized minority ethnicities or minority nationalities often tend to build strong communities in hostile places. One function of these communities is, by mutual confirmation, to stabilize a positive self-image that is potentially threatened by everyday experiences with the majority nationality or ethnicity. Thus, in contrast to the regions or nations where they are the majority ethnicity or nationality, the myths, history, and related rites are even more important to the members of a certain ethnicity or nationality where they are the minority, than they are in their "home" regions. This is mainly because members of these groups need them to an even greater degree in order to stabilize a positive self-image in environments that are perceived as tending to destabilize this image and causing minority stress (Wimmer 2008). Secondary gains of these strong communities are due to the social capital that is inherent in these networks, which provide their members with a strong basis of mutual help and support. Secondary gains one can earn from the stereotypes attached to one's ethnicity, nationality, or race are, similar to the other demographics, derived from the fact that, usually, there are also stereotypes that can be utilized in a positive way for one's career development. If, for example, a certain nationality is perceived as especially disciplined, or artistic, a national can utilize this presupposition about his or her abilities when this capability is requested in a certain job context. By overemphasizing one's nationality, (through applying a related accent, for example) one can also suggest the possession of the requested stereotypic national characteristics for a given job

or promotion. On the other hand, positive stereotypes, such as performance-related stereotypes, can work as stressors for minorities, as they can create a permanent pressure to conform to these stereotypes and to prove the truth of them. In terms of performance-related stereotypes, this stress is especially high for employees who are less capable of representing these stereotypes (Cheryan & Bodenhausen 2000; Cocchiara & Quick 2004).

### Intersections with other Demographics

In terms of intersections with other demographics, strong relations can occur between religion and ethnicity or nationality, especially when a certain religious aspect is part of one's ethnic or national identity (Marty & Appleby 1997). In these cases stigma-related minority stress has to be considered conjointly, as a destabilization of one category also destabilizes the other. In terms of gender, some ethnicities or nations might pass on constitutive myths that do not conform with gender equality, and therefore might cause an identity struggle for some men and women of these ethnicities or nationalities (Allen 1998). Older or disabled people, similar to religious communities, can often rely on the support of their ethnic or national community that broadens their coping resources and helps to reduce minority stress. Sexual orientations other than heterosexuality are often not accepted in these communities, especially when they have a strong religious component (Nagel 2000), because most religions still do not provide affirming environments towards homosexuality (Barnes & Meyer 2012). Thus gay and lesbians might sometimes struggle to reconcile both their ethnic and/or religious identity, and their sexual identity. This struggle might aggravate their minority stress due to both categories and reduce their coping resources (Yinger 1994).

### **Age**

Grossmann et al. (2010) find that older people seem to have a higher capability for coping with conflict situations. As one reason for this, they suggest that older people are more capable of keeping their distance from conflicts, and succeed in not getting emotionally involved in them (Grossmann, et al. 2010). In general, it seems that, compared to younger adults, older adults "solve emotionally salient and interpersonal problems in more effective ways" (Blanchard-Fields 2007, p. 26). Furthermore, older people tend to have a more stable personality (Worthy, Gorlick, Pacheco, Schnyer, & Maddox 2011). Therefore it can be

assumed that since older people have more coping resources at their disposal, potential stigma-relevant stressors might be estimated as less harmful to them.

Age itself can have a stigmatizing effect in different situations. Stereotype-based marginalization and exclusion because of one's age, especially against older people, is often referred to as ageism (Nelson 2002). In the context of the US, Nelson (2005) states that older adults "tend to be marginalized, institutionalized, and stripped of responsibility, power, and, ultimately, their dignity" (Nelson 2005, p. 208). Ageism manifests itself primarily in patronizing language towards older people. The language younger people use when speaking with older people often becomes overly polite, louder, slower, and the sentences used become more simplistic (Fox & Giles 1993). Nelson (2005) names this phenomenon over-accommodation. Another ageist issue is infantilization and the related insulting usage of baby talk, connoting a relationship of dependency (Nelson 2005). An ageist issue related to this infantilization is the downplay of serious thoughts, feelings and concerns that older people express (Biggs & Haapala 2013). These types of language-based ageism also occur in the workplace and, as a massive mechanism of marginalization, can have negative consequences for older employees' working conditions and climate (Iweins, Desmette, Yzerbyt, & Stinglhamber 2013; Nussbaum, Pitts, Huber, Krieger, & Ohs 2005).

Ageist behavior is mostly based on the stereotypical assumption that older people are physically and mentally less capable than younger people. Furthermore, age is often associated with less willingness to embrace new developments and trends. Another motive for ageism is the fact that elderly people can remind other people of their mortality, thus ageist behavior can also be a defensive reaction to being confronted with one's own future death (Martens, Greenberg, Schimel, & Landau 2004). Older employees have to face the related mechanisms of exclusion and marginalization at their workplaces (Branine & Glover 1997; Rupp, Vodanovich, & Credé 2006). As a severe type of ageism, age discrimination occurs in contact with colleagues as well as with supervisors, and can manifest itself in decisions about employment, retirement, job termination, training, benefits, and promotion opportunities (Dennis & Thomas 2007). Age is, however, not easily categorized. What is considered old or young may differ between industries and occupations, and also between societies (Amrhein 2013; Vincent 2006). For example, in developed societies, people are living longer; therefore what is considered to be 'middle age' in these societies may be considered old in developing countries. What is considered old in high-tech industries may not be considered old in politics (Brooke & Taylor 2005). Thus, age has subjective components in addition to its objective

components (Fried, Grant, Levi, Hadani, & Slowik 2007; Posthuma & Guerrero 2013). Nevertheless, every occupational setting has scales that categorize employees as old or young (Schabracq 2003). Older employees, as well as other “stigmatized groups, are harmed by their devalued social identity and that they try to cope with their predicament” (Desmette & Gaillard 2008, p. 169). Alongside Goffman’s coping strategies the elderly have different possibilities to cope with the potentially stigmatizing impact of their age.

### Coping with Age-Related Minority Stress

It is not possible to correct one’s stigmatizing age directly. But the trigger for age-related mechanisms of marginalization or exclusion is mostly the perception of one’s age by others. Most of the time people do not assume someone’s age because they know, for example, because they read it in one’s passport or in other official documents.

Usually people treat other people “age-specifically” because they draw their conclusions because from appearance. This includes, amongst others, clothing, bodily and mental posture, or other bodily symptoms of age. As one indirect attempt to try to avoid ageism, at least to a certain degree, one can counteract these symptoms, e.g. with younger clothing or “younger” opinions. A strategy that corresponds to the strategy of avoiding contact to non-stigmatized persons, (i.e. younger colleagues), aiming to reduce the perceived minority stress at the workplace, is an early retirement. The development of this intention can in itself help reduce stigma-related stress. For the actual time of retirement, this means a definite ending of this stress. For the time that remains until retirement, after having made this decision, the related disengagement means “devaluing the domain where they are stigmatized” (Desmette & Gaillard 2008, p. 171), and thus it can reduce the perceived stigma-related stress. On the other hand, the retiree might perceive his or her decision to retire as an involuntary exit that is mainly due to the organizational stigmatizing pressure that has forced him or her into this decision. The perception of treading a path of an involuntary transition into retirement because of external pressure can cause a reduction in life satisfaction (Hershey & Henkens 2013) and may actually increase stigma-related stress (Negrini, Panari, Simbula, & Alcover 2013). Thus, the decision to retire earlier can impact minority stress in both directions for the time remaining in the job. However, as an earlier retirement is usually related to a partial loss of income, and as, additionally, not every employer offers this option in the same way, not every older employee can afford to apply this coping behavior. Lower paid workers, especially, can only rarely choose this option. Highlighting some age-related positive



attributions can be part of a coping strategy of creating a new positively connoted age identity that contrasts the negative attributions through younger colleagues. Such attributes can be “being more experienced”, or “having had success in the past”. To stabilize this self-image it can be useful to establish an inner circle of other colleagues of the same age, to mutually confirm this self-image. Adequate settings for this can be round-tables, conjoint tennis- and golf-club memberships, or joint bowling evenings or trips. Secondary gains of this coping behavior, similar to other constitutions of networks around a certain demographic manifestation, are the mutual dependencies that are created with these networks, and that are the basis for mutual help and support.

### Intersections with other Demographics

As an intersection with other demographics, older people tend to become more religious. One reason for this is the more intense involvement with one’s own mortality, due to the experience of the weakening of one’s physical state and an increased confrontation with death in one’s closer environment. Religions help to attach sense to these cases and also to one’s own anticipated death and weakening body (Hunsberger 1985; Koenig, et al. 1988). As outlined in the chapter on religion in this article, being religious can strengthen an individual’s coping resources for stigma-related stress in general. This is because religions can help to attach meaning to stigma-related negative experiences, rendering them less grave. On the other hand, belonging to a minority religion can also create additional minority stress because of the religion itself. Thus religious older people may feel less stress because of stigmatization by others, but they may have an additional stress-trigger that can be inherent in their religion itself. As the deterioration of one’s health that is a concomitant of ageing often means the need for assistance in certain situations, there is also a strong intersection with the demographic disability. However, as older people are more likely to be expected to need assistance, this might not trigger additional stigma related minority-stress. The intersection of age and sexual orientation resides in the myth that sexuality and having a sexual life is a privilege for younger people (Hodson & Skeen 1994). Added to this is the persistent societal perception of gays and lesbians as (over)sexualized persons, in comparison to heterosexuals (Buba & Vaskovics 2001). Thus, openly gay or lesbian elderly might additionally be confronted with prejudices because of their assumed non-age-appropriate sexual activity, no matter whether they are sexually active or not. This might increase their age-related stress.

### **Disability**

Disabled people, in the workplace as well as in everyday life, are often confronted with stereotype-based discriminatory behavior. This behavior is often referred to as disablism. “Disablism is a set of assumptions and practices promoting the differential or unequal treatment of people because of actual or presumed disabilities” (Campbell 2008, p. 152). In this context disablism can be defined as “discriminatory, oppressive or abusive behavior arising from the belief that disabled people are inferior to others” (Miller, Parker, & Gillinson 2004, p. 9). From a social constructionist viewpoint, disablism can be described as the everyday production of disability. In contrast, as another term for discriminatory behavior toward disabled persons, “ableism can be associated with the production of ableness, the perfectible body and, by default, the creation of a neologism that suggests a falling away from ableness that is disability” (Campbell 2008, pp. 152-153). However, both concepts stigmatize disabled people as deficient and very often transfer a certain physical or mental impairment to many more facets of personal deficiency.

Employers and colleagues alike often attach very concrete stereotypic attributes to disabled people, such as the expectation of low productivity, the perception that employing disabled people is a risk in terms of absence rates and availability, and the perception that the presence of disabled people in the workplace might provoke existential anxiety in colleagues and customers (Kregel & Unger 1993; Roulstone & Williams 2013). Thus, employers often estimate disabled people as being less employable (Bricout & Bentley 2000; Waltz, Santuzzi, & Finkelstein 2013) and they are less likely to be hired than non-disabled applicants (Bordieri & Drehmer 1986), especially when applying for jobs involving a higher level of interpersonal contact (Louvet 2007). Disabled persons are less likely to be chosen as business partners (Colella, DeNisi, & Varma 1998), and in professional contexts disabled employees tend to be estimated as “warmer” but less competent than non-disabled colleagues (Louvet, Rohmer, & Dubois 2009). As with other minorities or women, for disabled people the phenomenon of a “glass ceiling” is observable, keeping them away from leadership or management positions (Braddock & Bachelder 1994).

In the workplace there is a hierarchy observable between the different types of disability. Employers continue to view employees or candidates with physical disabilities more positively than those with psychiatric or intellectual disabilities (Hernandez 2000). This is even more unfortunate, as employment, especially when it is competitive, can improve one’s self-esteem and thereby can contribute to recovery from mental illnesses, such as depression, whereas unemployment or poor quality jobs may actually worsen such illnesses

(Bezborodovs & Thornicroft 2013). Thus, admitting to having mental health problems in the workplace carries a certain danger of losing one's job and activating a negative spiral of internalizing stigmatizing attributions, as well as aggravating one's mental health problems (Drapalski et al. 2013; Krupa, Kirsh, Cockburn, & Gewurtz 2009).

Many Western countries have certain legislation, like disabilities acts, that force employers to employ a certain quota of disabled people. Furthermore, many countries promote the employment of disabled persons with different kinds of financial support (Hotchkiss 2004; Maschke 2008). These supportive legal settings are still contrasted by "principal barriers to employing workers with disabilities [that] are a lack of awareness of disability and accommodation issues, concern over costs, and fear of legal liability" (Kaye, Jans, & Jones 2011, p. 526). However, refusing to employ a disabled person, as a blatant form of direct discrimination, is becoming increasingly uncommon in Western societies. Nevertheless, subtle forms of prejudices against disabled persons still persist, and they are still the basis for more subtle forms of disablism in the workplace; in this context Deal (2006) introduced the term "aversive disablism".

#### Coping with Disability-Related Minority Stress

Following Goffman's classification, disabilities may be either discreditable or discrediting stigmata, depending upon the severity and nature of the disability and on the individual's response to it. This is true for both physical and mental disabilities. Directly correcting a disability might be possible only if it is curable or temporary, but mostly this is not possible. Indirectly, the stigma of disability can be corrected by devoting much effort to proving that the stereotypic ascriptions to disabled persons are false. The assumption of being less productive, for example, can be falsified by working even harder. That said, if one permanently has to work harder merely in order to prove a certain persistent stereotype to be wrong, and without receiving other kinds of additional resources that exceed the compensation any less hard working non-disabled colleagues receive, this might actually cause a strong feeling of unfair treatment. According to equity theory (Adams 1965), this might increase one's minority-stress and lead to ceasing working hard, or to other behavioral changes, in response to this perceived unfairness. Using a disability for "secondary gains" by using it as an excuse for a lack of success can be applied as well, but this, potentially, would contribute to stabilizing the stereotypic assumption, that the personal impairment exceeds the mere disability. As many disabilities are not visible to everyone, people can often choose

whether to disclose their disability or not. Based on Goffman (1963), Holmes and River (1998) summarize the possibilities available to persons with mental illnesses for handling their discreditable stigma with “social withdrawal, secrecy, selective disclosure, indiscriminate disclosure, education, and social action (Goffman, 1963). Briefly, social withdrawal is a retreat from social interaction. Persons choose to avoid most people rather than risk being found out. Secrecy means individuals hide their mental illness from others. Indiscriminate disclosure implies "coming out" about one's condition to most contacts. Selective disclosure involves coming out judiciously to specific individuals. Social action means lobbying for change in the treatment of persons with mental illness at the level of the individual, the community, or the government.” These strategies can be applied at the workplace as well and they are transferable to physical disabilities that are not directly visible as well, such as for a positive HIV-status, for cardiac conditions, or for diabetes (Fesko 2001; Petrides et al. 1995). It can be assumed that the availability of more coping resources (because one is representing majority manifestations of other demographics), is related to more open coping mechanisms in terms of one’s disability. It is very difficult to say what the best way of dealing with one’s concealable disability in order to reduce one’s stigma-related stress level to a minimum may be. It may be that the concealment of a disability from one’s colleagues merely replaces one form of stress with another; the stress of having to maintain a false self-image merely supplants the stress that is due to the situation where colleagues cannot handle this new knowledge (von Schrader, Malzer, & Bruyère 2013). This is especially often the case with mental disabilities (MacDonald-Wilson et al. 2011; Russinova, Griffin, Bloch, Wewiorski, & Rosoklija 2011). The insecurity and discomfort felt by colleagues when approaching disabled persons might also negatively affect the disabled persons themselves, and increase their minority stress.

### Intersections with other Demographics

In terms of intersections with other demographics, disability status and frailty are often closely related to age, as, with ageing, the level of disability rises in most cases (Gilleard & Higgs 2011). As this interrelation potentially describes the future development of every individual, disabilities might be more acceptable at an older age than at a younger age. Nevertheless, even for older people their disability status can generate additional minority stress, as society favors an aging that masks all facets of weakness and dependency as long as possible (Overall 2006). As with the intersection of the demographics of age and religion, so

the intersection of disability and religion works in the same way. In a threefold way, religion can act as a stress deterrent or stress buffer for disabled people (Siegel, Anderman, & Schrimshaw 2001). Firstly, as a response to the destabilizing question “why me?”, religions can offer explanation patterns for individual’s disabilities that allow people to find some kind of sense or meaning in their disabilities. Such explanations can be a confiding “God has a reason” (Bulman & Wortman 1977), or “God wants me to prove myself, and test my faith”. Furthermore, disabilities can be interpreted as a divine punishment of personal misbehavior (Reinders 2011), or as a “help” to focus one’s attention on other, maybe more essential, things. These patterns help reduce the stigma-related stress that is potentially inherent in disabilities (Park 2010). Secondly, a religious belief can enhance an individual’s coping resources for handling their disability-related stress, as they allow the individual to keep “feelings of mastery or control and of self-worth” (Siegel, et al. 2001, p. 641). Thirdly, religions can promote social integration and facilitate access to social support. Most religious communities offer a certain kind of social infrastructure, such as weekly groups or the organization of special events (Idler 1987). Religious groups are often based on mutual responsibility and solidarity, and thus often have a broad supportive infrastructure (George, Ellison, & Larson 2002). Support provided by the religious community broadens one’s general coping resources and can range from support for grocery shopping to religious community hospitals.

### **Sexual Orientation**

The sexual orientation of an individual is not a directly visible demographic. Thus, according to Goffman (1963), one’s sexual orientation is a potentially discreditable stigma. In most societies homosexuality and bisexuality can still have an stigmatizing impact (Breen & Karpinski 2013; Frost 2011). Heterosexuality is usually normatively anticipated for every individual, and homosexuality, as a break with these expectations, is often deemed an “unnatural” deficiency (Herek 2010). As in society as a whole, in the workplace co-workers and colleagues are also initially assumed to be heterosexual. Employees who do not meet that expectation are often confronted with different stigma-related stereotypes that can be the basis for certain barriers in the workplace (Croteau 1996; Waldo 1999). The intensity and shape of these stereotypes can differ across cultures, and, at least for western societies, the stigmatizing effect of bisexuality and homosexuality is demonstrably shrinking in recent times (Keleher & Smith 2012; McCormack 2012). Nevertheless, these stereotypes do persist, even in western

countries. Furthermore, there are still many, many countries left where these stereotypes are the basis for politically and societally excluding practices for gays and lesbians, such as some Eastern European or African countries (Binnie & Klesse 2013; Tamale 2013).

One important field of stereotypes that works within organizations is related to the stereotypic shift of femininity and masculinity that is attached to homosexuality (Kite & Deaux 1987). In this context the tendency is often to attribute masculine characteristics to lesbians, and feminine ones to gay men (Allen & Smith 2011). As a result, organizational mechanisms of inclusion and exclusion that operate alongside the category of gender work also on the level of sexuality or sexual orientation (Bobbitt-Zeher 2011; Reskin 1993). Based on these stereotypes, creative competencies, or competencies that are presupposed to require a high degree of social skills are very often attributed to gay men. They are given less credit for having competencies in calculative and leading areas (cf. Madon 1997; Sanchez & Vilain 2012). The same mechanism leads to the attribution of certain stereotypic characteristics to lesbians that seemingly qualify them for work areas that would not be intended for heterosexual women (Peplau & Fingerhut 2004). Another field of stereotypes is a latent over-sexualization of lesbians and gay men. In occupational life this reduction of homosexual employees to their sexuality often turns upon the fiction of asexuality as a crucial characteristic of a productive workplace (cf. Burrell 1984; Rastetter 1999). The high level of tabooing sexuality in the workplace and in economical practice (Riach & Wilson 2007), combined with their over-sexualization, can lead to a latent resistance to assign those tasks to lesbians and gays that seemingly require a high degree of economic rationality (Giuffre, Dellinger, & Williams 2008; Haddock, Zanna, & Esses 1993). Besides these concrete attributions, more workplace-related barriers derive from the societal phenomenon of heterosexism that also operates on the organizational level. Heterosexism describes the societal tendency to generally attach a higher value to heterosexuality than, for example, to homosexuality. This devaluation of homosexuality (and furthermore of individuals that are perceived to be homosexual), often leads to specific discriminations that can be interpreted as expressions of this supposed inferiority (Swim, Pearson, & Johnston 2007; Walls 2008). For example, in application processes this can manifest itself in a lower probability for obviously homosexual applicants to be invited to an application talk compared to equally qualified, obviously heterosexual applicants (Adams, Cahill, & Ackerlind 2005; Drydakis 2011; Pichler, Varma, & Bruce 2010; Tilcsik 2011; Weichselbaumer 2003). In the long run this can lead to lower occupational status attainments for lesbians and gay men (Ueno, Peña-Talamantes, &

Roach 2013). In the workplace discrimination can, for example, occur as an exclusion from the flow of information, as social isolation, or the permanent denial of promotions. Aggravated types of discrimination can extend to the threat or use of violence (Bilgehan Ozturk 2011; Willis 2012). Bisexual employees are additionally confronted with different layers of biphobia, a hostile attitude towards bisexual persons that occurs amongst heterosexual as well as homosexual people (Köllen 2013).

### Coping with “Sexual Orientation”-Related Minority Stress

As being homosexual or being bisexual are not a matter of choice or will (Horowitz & Newcomb 2002; Reiter 1989), one cannot directly change this potential stigma. Indirectly this stigma can be corrected by devoting much effort to counter-stereotypic behavior. Gay employees, for example, can try to show how tough they are, in order to prove the stereotype that gays are weak and less masculine wrong (Blashill & Powlishta 2009). Using the stigma of homosexuality for secondary gains can be done by overemphasizing sexual orientation-related stereotypes that, in a positive way, can help the individual’s career. Such examples can be the stereotype of gays as being creative (Madon 1997) or lesbians as being tough and strong-willed (Eliason, Donelan, & Randall 1992). Generally the invisibility of one’s sexual orientation leaves open several options for dealing with one’s homosexuality or bisexuality at work, such as the degree and type of openness one encounters in one’s colleagues in everyday work life. On the other hand, the way of dealing with one’s homosexuality is determined by the way stereotypic presuppositions are internalized (Chow & Cheng 2010; Lingiardi, Baiocco, & Nardelli 2012; Szymanski, Kashubeck, & Meyer 2008) and integrated into one’s self-image, and how they provide directions of action. The avoidance of any contact with “non-stigmatized” heterosexual persons to potentially avoid anticipated disrespect is a coping strategy that can be undertaken by a general social withdrawal in the workplace, or by choosing a workplace because it has a majority of gay or lesbian colleagues (Frohn 2013). Equivalent to what is valid for concealable disabilities, it can be assumed that the availability of more coping resources, (because one is representing majority manifestations of other demographics), is related to more open coping mechanisms in terms of one’s homosexuality. It is difficult to estimate the effectiveness of a certain coping behavior, but several studies show that a more covert coping behavior carries the inherent danger of destabilizing the lesbian and gay individual (DeJordy 2008) and harming his or her achievement potential

(Barreto, Ellemers, & Banal 2006). Thus, it can be assumed that more open gays and lesbians have a higher amount of coping resources, stabilized through that openness itself.

### Intersections with other Demographics

One important intersection of the demographic of sexual orientation is this with religion: “Institutional religions derive much of their power from controlling and ordering human behavior. Sexual behaviors, in particular, are often the focus of intense attention because of their potential both to stabilize and to destabilize societies. Decisions about whom to have sex with, about the status of one's relationship to that person, and about specific sex acts are consequential ones” (Kalbian 2013, p. 1). Against this background most religions and related ethnic communities do not accept homosexuality and bisexuality, especially male homo- and bisexuality, or they make it at least a divisive issue (Hurteau 2013). This might cause struggles in integrating sexual and ethnic or religious identities (Levy & Reeves 2011) and it might negatively affect the individual's coping resources in terms of handling stigma-related minority stress deriving from one's homosexuality or bisexuality (Ganzevoort, van der Laan, & Olsman 2010). In terms of gender, several studies show that boys and men have stronger homophobic attitudes than girls and women (Hooghe, Claes, Harell, Quintelier, & Dejaeghere 2010). This is in line with findings that lesbian and gay employees experience more frequent and more intense discriminatory behavior from male than from female colleagues (Ragins & Cornwell 2001). Thus it might be assumed that working together with predominantly female colleagues constitutes a less stressful working atmosphere for gays and lesbians than working together with predominantly male colleagues. Furthermore, as homosexuality seems to challenge one's masculine identity more than it does one's feminine or female identity (Reese, Steffens, & Jonas 2013), gay men who perceive their masculinity as an important element of their identity construction might struggle in reconciling their homosexuality and masculinity.


### **DEVELOPMENT OF AN INTERSECTIONAL FRAMEWORK**

In summary it can be stated that for each demographic there is one manifestation that works as a dominant norm, and to other manifestations, that diverge from this norm, are attached – at least by trend – the image of deficiency. This is a societal phenomenon as well as a phenomenon that takes effect in the workplace. Gender aside, these ascribed values or



hierarchical positionings of each manifestation, run parallel with their numerical appearance in societies, and subsequently at the workplace. Usually, the majority manifestations of demographics set the standard, bringing minority manifestations in marginalized positions. For Western societies, Table 1 gives an overview of the demographics considered in this article.

Table 1: Dominant manifestations and minority statuses of demographics in Western workplaces

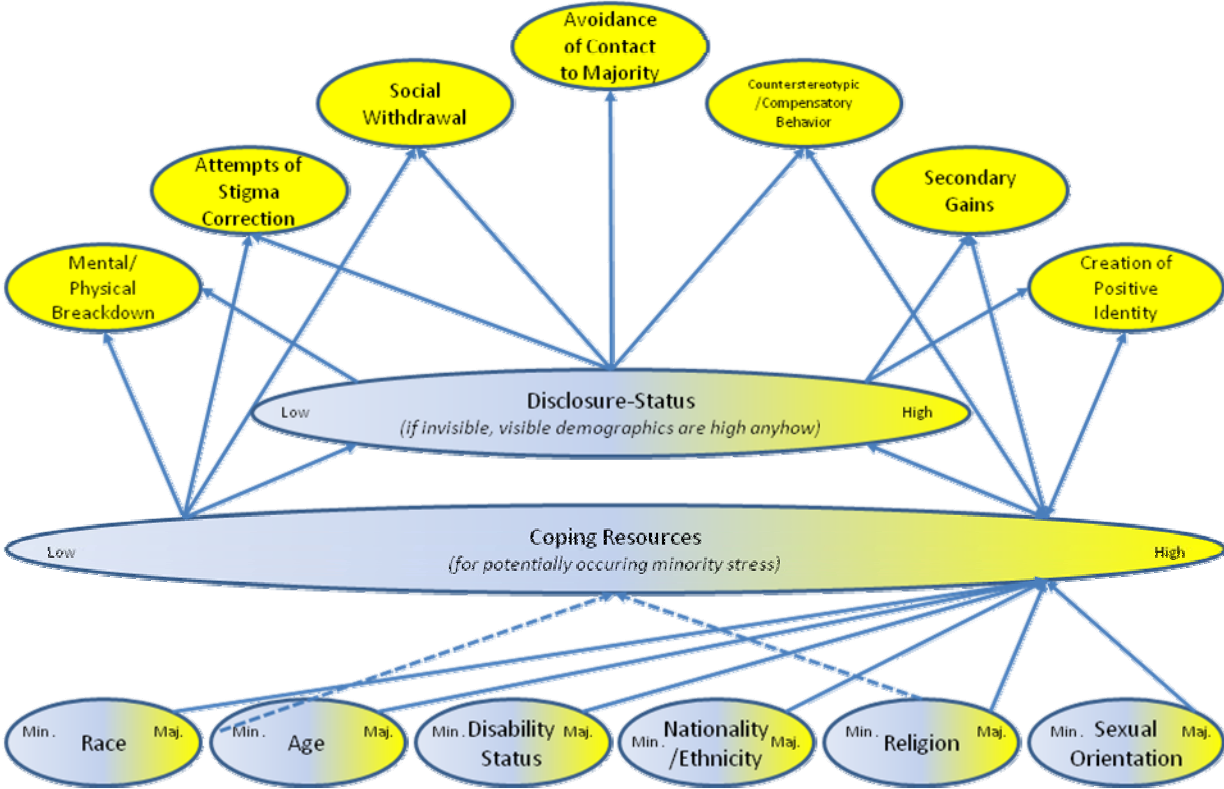
<b>Demographic</b>	<b>Dominant Manifestation</b>	<b>Minority Status</b>	<b>Visibility</b>
<b>Gender</b>	male	--	
<b>Race</b>	white	non-white	
<b>Age</b>	young/middle aged	older aged	
<b>Disability-Status</b>	without disability	mentally/physical disabled	
<b>Nationality/Ethnicity</b>	domestic	non-domestic	
<b>Religion</b>	majority religion	minority religion	
<b>Sexual Orientation</b>	heterosexual	homo-/bisexual	

In Western societies, being white is still the racial manifestation that provokes the least pressure to have to justify itself in the workplace. At the same time, it is also the manifestation that occurs most often in these societies. When working in higher positions especially, this can pressurize non-white employees. As one’s race can usually be identified by one’s skin color, the direct visibility of one’s race is very high. For those ageing Western societies that, for the purpose of stabilizing their pension systems, are motivating people to retire later, one can hardly define “older” people as a minority in the workplace. Additionally, the seniority principle that requires a certain age for reaching higher positions is an important argument against this categorization of “older” employees as marginalized group. Furthermore, as noted above, the meaning and threshold of “being old” can differ between industries and societies. Nevertheless, the older one gets, the higher the pressure to show that one is still capable of those tasks related to the job, and the more intensely one is confronted with ageist behavior, especially when over pensionable age. Although there are certain medical or cosmetic

possibilities available for retarding the visibility of one's age, all in all, age is a very visible demographic. As most Western societies are very achievement-oriented societies, to a certain extent they are also ableist. This places disabled persons in a deficient minority position, in which there are huge differences between the different kinds of mental and physical disabilities. Some disabilities are directly visible, but there are many non-visible disabilities, that leave it open to the disabled person whether, and to whom, to disclose them. Nationality and ethnicity are much less visible on first appearance, but, as they are often related to different mother tongues, they are often assumed because of someone's accent or language. Most societies, and also their subsystems such as organizations, attach the highest value to their majority nationality or ethnicity. Very often, the "foreign" nationalities or ethnicities are valued considerably lower than the majority. Sometimes there are attributed hierarchies attached to an order of "foreign" nationalities or ethnicities that are due to perceived cultural distances or historical events and legends. Such constructions of specific pasts are important for the maintenance of a certain national or ethnical identity, and they often contain denigrations of other specific ethnicities or nationalities. Related processes of demarcation can also occur in workplaces and seriously narrow down career prospects for non-domestic employees. Although many Western societies are becoming more and more laicist and secular, Christian religions are frequently estimated as being more acceptable than other religions. Though one's religious belief is not per se a visible demographic, certain religious practices can make it visible in the workplace. These practices can range from wearing religious symbols, or rituals that have to be accomplished while at work, to certain kinds of dress. In the workplace, this can generate a certain pressure to justify themselves for employees of these religions. While in strongly laicist societies any kind of religious belief can provoke this pressure, in most Western societies this pressure only targets non-Christian minority religions. In terms of sexual orientation a societal shift is observable, towards a higher level of acceptance of homosexuality and bisexuality in most Western countries. Nevertheless, heterosexuality is still seen as the predominant standard which every individual is usually assumed to meet. Deviations from this are in a minority-position that is still estimated to be deficient. As one's sexual orientation is an invisible demographic, gay, lesbian, and bisexual employees can chose, up to a point, to whom they disclose their sexuality, but the pressure remains to keep a consistent image of oneself in the workplace. This pressure can be an enormous source of minority stress.

Due to the fact that each demographic has a different degree of direct visibility, the possibilities of coping in the workplace with the stress deriving from minority manifestations of each demographic differ. All these coping strategies have in common that they need coping resources, as coping always means intentionally setting certain actions. Employees do not have to concern themselves about how to handle their majority manifestations in everyday work, as these manifestations bring them into an advantageous position anyhow. This allows them a certain kind of “thoughtlessness” about these issues, although this “thoughtlessness” can include the marginalization of minorities. In contrast, employees do have to actively concern themselves about their minority manifestations, as they bear the inherent danger – beside concrete discriminatory issues related to individuals’ careers – of destabilizing and harming their psychological condition, and thus minority-related marginalization experiences can have a negative impact that goes beyond the workplace. Image 1 shows the interrelation of demographic minority statuses, coping resources and coping strategies. As some demographics leave open the possibility of gradual disclosure, disclosure status is a mediating parameter between coping resources and coping strategy or coping behavior.

Figure 1: An intersectional model for coping with minority stress



The bottom of the diagram visualizes the different demographics considered for this model. Each of them can be equally relevant to an individual's experiences and behavior in the workplace, because each of them provides manifestations that attach minority statuses to the employees representing one of these manifestations. As every employee represents manifestations of every demographic, employees can accumulate minority statuses. As already discussed above, in the workplace one's minority status is often connected with different types and intensities of marginalization. For proactively handling this marginalization, individuals need coping resources. Having a majority status can help to augment these resources, as majority manifestations are not usually under pressure to have to justify themselves, and therefore they support an individual's self-esteem and perception of having control of their workplace situation. Thus majority statuses in one or more demographic can provide coping resources for handling minority statuses in one or more other demographics. The age of older employees can affect their coping resources in two directions. On the one hand, several studies show that being old can often be associated with becoming more stable and having greater equanimity (e.g. Brose, Scheibe, & Schmiedek 2013), and thus this can affect one's coping resources in a positive way. On the other hand being older also involves the danger of being confronted with ageist behavior in the workplace, and thus potentially having a weakening impact. Religion is the second demographic that can impact one's coping resources in a twofold way: having a religious faith usually provides individuals with a strong worldview and a strong pattern of interpreting everyday issues that affect one's life (Moreira-Almeida, Lotufo Neto, & Koenig 2006). For employees this can be a very stabilizing factor that enhances their coping resources for handling minority stress situations. But, since religions can also have the status of a minority or a majority religion in one's workplace settings, religion can also be a demographic that generates minority stress or majority support.

Table 1 illustrates that different demographics themselves have different degrees of direct visibility. Thus, the disclosure status in terms of one's minority status is an important parameter for some demographics. This disclosure status is never a fixed event, as it can vary amongst colleagues and also vary over time. Telling some colleagues about one's depression, for example, does not mean that everybody is aware of it, nor does it necessarily mean that in future the individual will tell more, or new, colleagues. Nevertheless, having disclosed a minority status – as well as having a visible minority status – one has exposed oneself to a potentially marginalizing treatment from those colleagues that are aware, or able to perceive

it. However, it also opens up an opportunity to experience support or at least reactions considerably less negative than were anticipated. Whatever the case, disclosing one's invisible, potentially stigmatizing minority status to others requires, at the time of disclosing, coping resources, if only to handle anticipated negative reactions as they might be foreseen in a possible worst-case scenario. Thus, a high level of coping resources and a high degree of disclosure can be positively interrelated, as well as a low level of coping resources and a low level of disclosure. In terms of coping strategies – or stigma management strategies (Goffman 1963) – the causalities between the different strategies and visible minority statuses is akin to those between the different strategies and disclosed minority statuses. The creation or maintenance of a positive minority identity requires a high level of coping resources, and it can also enhance one's coping resources. Furthermore, it can support a positive self-image, if invisible demographics are disclosed. Earning secondary gains from a minority status, for example, by building on useful stereotypes, or by emphasizing one's minority status to excuse other things, is only possible if the status is disclosed or visible. The same is true for the strategy of applying counter-stereotypic or compensatory behavior. This strategy also requires a high level of coping resources. If employees applying this strategy have more than one minority status they might struggle in reconciling different counter-stereotypes and maintaining a consistent image. If one has only a low level of coping resources, a possible strategy is to try to avoid contacts with non-stigmatized majority group members. In doing so, one can try to avoid anticipated marginalization because of one's minority status. This strategy becomes harder the more minority statuses someone combines, as the amount of possible colleagues that fit into one's demographic pattern will shrink. This can be “solved” by a general social withdrawal. By trying to minimize contact to others, one can also minimize potential marginalization experiences in everyday workplace encounters. A strategy that is not limited to the workplace is to try to change or to “correct” one's stigmatizing minority status. Formally this is possible for only a few demographics (religion and nationality), but in practice, even for these demographics it is hard to “convince” one's environment that one has really renounced the former minority status. A consequence rather than a strategy can be the result of low coping resources and a related low level of disclosure about one's invisible minority statuses: a mental and physical breakdown. This can be due to the stress related to the maintenance of a disclosure status as well as to the permanent experience of stigma-based discriminatory events.

## **CONCLUSION, DISCUSSION, AND OUTLOOK**

The major contribution of the intersectional model proposed in this paper is to broaden the perspective on minorities and related minority stress in the workplace. By bringing together the demographics age, nationality, ethnicity, race, sexual orientation, disability status, and religion, it is apparent that coping with minority stress because of one demographic has to be seen and interpreted in relation to the other demographics as well. By considering one's coping resources for minority stress as pooled resources that can provide the energy for coping with minority stress in terms of any demographic, it becomes obvious that coping with single minority statuses cannot be understood in isolation. Every employee simultaneously embodies manifestations of any demographic that attach to him or her different minority and majority statuses. As these statuses are often related to organizational hierarchies, employees very often simultaneously hold positions of dominance and subordination (Talwar 2010; Weber 2001). Thus, an individual's coping strategies or coping behavior within organizational processes of hierarchization, marginalization and discrimination are very often simultaneous coping in terms of more than one demographic. Furthermore, since minority and majority constellations can change between different workplace settings, different demographics can gain different degrees of relevance in different settings and situations. Nevertheless, every demographic always has the potential to become the crucial demographic for allocating relevant minority and majority statuses. Depending on the manifestations of other demographics one has, this can mean different levels of coping resources available for coping with potential minority stress. This can limit or broaden one's coping opportunities and thus the manifestation of one demographic can determine the coping behavior one applies, because of the minority status of another demographic. Depending on the type of demographic, this coping behavior can include disclosure decisions about invisible demographics.

Future research could empirically test parts of the model in different contexts or conceptually extend it. It would be interesting to add a cultural component to this model that might reflect the ways in which different demographics gain different degrees of importance in different cultural contexts. As gender is not considered in this model it would also be interesting to find a way of integrating it; for example, by not building on minority stress, but on something adequate that makes its inclusion possible. Furthermore, although the six demographics considered in this model are the most popular demographics in organizational research, many more relevant demographics could be envisaged for an extension of this

model, such as family background, education or physical attractiveness. As this article focuses on minority stress, future research could also try to gain a deeper understanding of potential elements of “majority stress” and its interrelation with “minority stress”. It might be that insecurity about how to treat or to approach minorities can provoke stress for the majorities. If an individual is confronted with a transsexual person, a person with depression or any other minority for the first time, that individual might be unsure about how to act without seeming impolite, curious or stigmatizing. This insecurity might create an uncomfortable atmosphere between minorities and majorities, and the majority stress might react upon the minorities and may increase their stress-level. Future research on this potential reciprocal stress alongside the different demographics might allow an extension of the proposed model.

Another connecting point for future research is deepening the insight into the potential certain demographics might have to enhance one’s coping resources of their own accord. In the model or the framework proposed, religion and age are pointed out as just such demographics, as having a religion as well as being older can provide higher coping resources. In the case of religion, these coping resources derive from the strength an individual can gain from the fact that religions usually seek to provide explanations, and make minority stress situations explainable and sometimes even meaningful to the religious individual. Furthermore, the strong communities that are often based on a common religious belief can provide coping resources by providing social support and a stable platform where one is definitively not in a minority position because of one’s religion. However, both factors can vary between individuals. The degree one believes in the whole religious explanatory model in terms of the world and life in general, as well as the degree to which one is attached and committed to the religious community might differ between individuals. Thus the coping resources one receives from one’s religious belief might also differ. Future research can try to understand these interrelations more deeply, in order to extend the proposed model in an important way. The same applies to age. The line of argumentation as to why older people might have a higher level of coping resources reasons that, due to their life experience, they are able to confront stressful situations more calmly. As individual biographies differ, so the experiences of minority stress and the experiences of having handled and “survived” these situations will differ. Thus, on the individual level, there might be big differences as to what extent these life experiences really work in stabilizing when being confronted with such situations again. Future research could target these issues and try to understand the influence of individual and biographical components for the level of individual’s coping resources.

Future research could also focus on the contribution employers and organizations themselves could make to enhance employees' coping resources. Under the aegis of diversity management-strategies, especially, it might be asked to what extent a one-dimensional approach that only focuses on single dimensions of employee diversity, mostly gender and race, should be replaced by more comprehensive approaches. As the model suggests, employees' coping behavior with, for example, racial minority stress is also influenced by their other demographics. Thus targeting the dimensions of, for example, religion and sexual orientation might also strengthen employees for coping with minority statuses beyond religion and sexual orientation.



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