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(Self)tainted love: Shame and self-criticism as self-discriminatory processes underlying psychological suffering in sexual minority individuals

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ABSTRACT

Sexual Minoritized (SM) people are reported to experience higher levels of psychopathology when compared to heterosexual individuals. Minority Stress Theory and Psychological Mediation Framework suggest that exposure to minority stress is responsible for this disparity. Shame is also a known risk factor for psychopathology. This study aims to test the indirect effect of discrimination on psychopathology through internalized stigma, shame, and self-criticism, in a sample of 372 SM adults. All variables were significantly correlated with each other, except internalized stigma with discrimination, anxiety, and social anxiety. Internalized stigma did not exert a significant indirect effect between discrimination and psychopathology. Shame and self-criticism were the sole significant underlying processes mediating the relationship between discrimination and psychopathology.

KEYWORDS

Sexual minoritized people; discrimination; internalized stigma; shame; self-criticism; psychopathology

Sexual Minoritized (SM) individuals are a wide range of people whose sexual orientations include monosexual (e.g. gay men and lesbian women), bi+ (e.g. bisexual, pansexual, queer), and a spectrum of asexual sexual orientations (Nakamura et al., 2022). Due to their minority and socially stigmatized status, SM individuals present a higher prevalence of psychopathological symptoms when compared to heterosexual individuals, including depression, anxiety (King et al., 2008), and social anxiety (Mahon, Lombard-Vance, et al., 2021).

The Minority Stress Theory (MST; Meyer, 2003) is a theoretical framework based on psychology, sociology, public health, and social welfare (Frost & Meyer, 2023). This theory asserts that the excessive exposure to sexual minority stress is the root cause of the (mental) health disparities between SM and heterosexual individuals. These stressors can be distal (objective prejudice-fueled events) or proximal (subjective individual experiences stemming from the internalization of distal stressors). Violence, microaggressions, and overall discrimination focused on perceived sexual orientation are examples of distal stressors, which are associated with mental health difficulties (e.g. Khan et al., 2017).

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Portugal was under a fascist dictatorship backed by the catholic church almost half of the 20th century, which ended in 1974 with the Carnation Revolution (e.g., Rosas, 2022). The start of organized LGBT+ rights movement was ignited only in the 1990s, with a fairly rapid increase of LGBT+ rights after 2010 (e.g., the marriage equality law in 2010; the same-sex adoption law of 2016; the self-determination of gender identity law of 2018; see A. C. Santos, 2016; Saleiro, 2021 for an overview). Despite Portugal being a country recognized for having positive and advanced legal indicators for protecting MS people, the stigma is still present (European Union for Fundamental Rights, 2021; Moleiro et al., 2016), with episodes of anti-LGBT+ motivated in school (Gato et al., 2020), workplaces (Beatriz & Pereira, 2022), and health (Costa, 2021; Pieri & Brilhante, 2022) being reported.

Self-stigmatization, such as internalized homophobia, is an example of a proximal stressor, as it involves the internalization of negative societal attitudes (Meyer, 2003), and is widely shown to be a risk factor for psychopathology (Newcomb & Mustanski, 2010), including depression, anxiety (Igartua et al., 2003; Pascoe & Richman, 2009), and social anxiety (Mahon, Pachankis, et al., 2021). Internalized stigma involves directing negative social attitudes toward oneself, leading to self-devaluation and internal conflict (Meyer & Dean, 1998).

As a result from internalized stigma, a set of self-oriented negative emotions may arise, including shame (Brown & Trevethan, 2010). Shame is a self-conscious emotion (Tracy et al., 2007) evolutionarily rooted as a response to perceived threats to the social self, such as social rejection (Dickerson et al., 2004), thus activating a set of damage-limiting appeasement-eliciting behaviors (e.g., avoidant behaviors, such as gaze down and withdrawal) (Gilbert, 2022a). Shame is characterized by a sense of unattractiveness, undesirability, inferiority, and can result in marginalization and/or social disconnection (Gilbert, 1998b, 2022b). Moreover, people can feel shame when they perceive a violation of unspoken societal norms, for example the transgression of normative heterosexual sexuality (Dunlop, 2022). Shame has been part and parcel of the theoretical understanding of SM individuals´ mental health (Longhofer, 2013), although few empirical studies have paid attention to its role as a risk factor for psychological ill health. These few studies suggest that shame experiences are more central to gay men´s personal identities than to heterosexual men (Matos et al., 2017), are highly influential in depression trajectories in gay men (Bybee et al., 2009), are associated with poorer mental health in SM individuals (Seabra et al., 2022), and are an important mechanism underlying the relationship between LGB-based victimization and suicidal risk (Mereish et al., 2019). Although it is recognized that SM individuals might internalize LGB-related societal bias and stigma, resulting in a negative view of one´s sexuality, it can be hypothesized that objective instances of LGB discrimination may also result in a global negative view of the self, which may lead to overall self-criticism not necessarily regarding one´s sexual orientation (Puckett et al., 2015).

A major contribution to the MST, and to the understanding of the intricacies of general and specific factors underlying the SM individuals´ high vulnerability to develop psychopathology was added by the Psychological Mediation Framework. This theory states that maladaptive psychological processes (e.g., negative self-schemas and self-focused coping) arising from distal stressors lead to an elevated risk for psychopathology by mediating the relationship between distal processes and psychopathology (Hatzenbuehler, 2009). Self-criticism is a self-to-self response style to perceived failures and/or inadequacies, characterized by self-directed hostility, aversion and/or contempt (Gilbert & Irons, 2005; Gilbert &

Procter, 2006), and it has been found consistently as a risk factor for psychopathology in the general population (e.g., Werner et al., 2019). Although research suggests that SM individuals are significantly more self-critical than heterosexuals, and that self-criticism (in the form of self-hate) predicts the increased risky sexual behaviors (Nappa et al., 2022), its underlying role in the impact of distal processes on psychopathology is underexplored. Self-criticism can be connected to a range of negative emotions, particularly shame. Shame-based self-criticism is linked to evolutionary motives operated through a threat-focused system responsible for detecting possible danger, and ensuring defensive actions (Gilbert, 2019, 2022a), with the ultimate survival goal of avoiding harm, injury, and loss of social status (Gilbert, 2020, 2022c). Thus, self-criticism may be a learned behavior stemming from the internalization of others´ critical responses to one´s characteristics perceived as socially undesirable and/or reprehensible (Irons et al., 2006; Koestner et al., 1991). Although, from an evolutionary perspective, both shame and self-criticism have the adaptive function of helping individuals navigate the social world and provide information on how to act within and with society (Gilbert & Irons, 2005; Nir, 2018), research overwhelmingly shows that high levels of shame and self-criticism are risk factors for psychopathology (Gilbert & Procter, 2006). Furthermore, self-criticism was found to have an indirect effect on the relationship between internalized heterosexism and psychological distress (Puckett et al., 2015), between sexual minority stigma and depression and non-suicidal self-injury (Chen et al., 2022), and it is significantly associated with less well-being in SM individuals (Petrocchi et al., 2020).

Purpose of the present study

The current study aimed to contribute to a better understanding of the distal and proximal factors underlying the mental health challenges of SM individuals, exploring both SM-specific and general self-focused psychological factors underlying symptoms of depression, anxiety, and social anxiety symptoms. Specifically, we aimed to test the indirect effect of internalized stigma, shame, and self-criticism in the relationship between everyday discrimination and depression, anxiety, and social anxiety symptoms, in a sample of SM adults.

Materials and methods

Sample

The sample was composed of 372 SM adults. Most participants were cisgender, single, living in an urban area, and did not have children. See Table 1 for an in-depth description of the sample´s characteristics.

Procedures

Data for the present cross-sectional study were collected online between January and October 2020, after approval of the Ethics Committee of the host institution. This study was part of a larger one that aims to study general and minority-specific psychological processes underlying minority-related stigma and mental health in SM individuals. The study was disseminated on social media and through a snowball method, and was directed

Table 1. Sociodemographic characteristics of participants.

Characteristic	Sample *N*	%
Gender		
Male	198	53.2
Female	147	39.5
Non-binary	19	5.1
Other	8	2.2
Gender Identity		
Cisgender	334	89.8
Transgender	26	7.2
Other	12	3.2
Sexual orientation		
Gay	169	45.4
Bisexual	84	22.6
Lesbian	68	18.3
Pansexual	40	10.8
Asexual	3	0.8
Other	8	2.2
Marital status		
Single	321	86.5
Married/living together as a couple	42	11.3
Divorced	8	2.2
Widowed	1	0.3
Children [a]	16	4.3
Residence		
Urban area	312	83.9
Rural area	60	16.1
Highest educational level		
(until) Middle school (9 years)	2	0.5
Intermediate school (12 years)	73	19.6
Graduate	135	36.3
Master	144	38.7
PhD	14	3.8
Post-PhD	4	1.1
Employment		
Full-time employed	184	49.5
Student	82	22
Student and worker	41	11
Part-time employed	33	8.9
Unemployed	32	8.6
Religious values		
Nothing important	174	46.8
Almost nothing important	89	23.9
A little important	73	19.6
Important	26	7
Very important	8	2.2
Extremely important	2	0.5
Previous psychological treatment [a]	89	23.9

$N = 372$. Participants were on average 28.7 years old ($SD = 7.8$);
[a] Reflects the number and percentage of participants answering "yes" to this question.

to people who self-identify as SM individuals. The first page clarified the general aim of the study, with information about the researchers (e.g., electronic contact) and host institution, ensured the confidentiality of data and the voluntary nature of participation. The participants were invited to answer a protocol with several self-report measures (described in the Instruments section). After reading a page with information about the study, participants gave their free and informed consent, and completed the research protocol in the following order: Sociodemographic questions (including a self-identification of sexual orientation

according to the following options: a) Homosexual/Gay, b) Homosexual/Lesbian, c) Bisexual, d) Pansexual, e) Asexual, and f) Other), Everyday Discrimination Scale—European Portuguese Adult Version for Sexual Minority Individuals, Lesbian, Gay, and Bisexual Identity Scale, External and Internal Shame Scale, Forms of Self-criticizing /Attacking and Self-reassuring Scale, Social Interaction Anxiety Scale, and Depression, Anxiety, and Stress Scale – 21 Items. Participants took around 20 minutes to complete all research protocol. Inclusion criteria were self-identification as a SM, and age between 18 and 65 years old. There was no financial compensation for participation.

Instruments

Sociodemographic information

Participants were asked about sociodemographic characteristics. All sociodemographic information is described in Table 1.

Everyday discrimination scale—European Portuguese adult version for sexual minority individuals (EDS-PT-SM; Seabra et al., 2023; Williams et al., 1997)

This 8-item scale assesses the extent to which individuals experience everyday instances of discrimination due to their sexual orientation and/or gender expression. This scale represents a distal minority stress process, specifically for SM people. The EDS-PT-SM has a total score and two subscales: unfair treatment (e.g., "Due to your sexual orientation and/or gender expression: You are treated with less respect than other people are.") and personal rejection (e.g., "Due to your sexual orientation and/or gender expression: People act as if there's something wrong with you."). Items are rated on a 6-point Likert scale from *never* (0) to *almost everyday* (5). Higher mean score indicates higher perceived discrimination. In this study, only total score was used. Both in the European Portuguese version and in this study, the Cronbach's alphas were .91.

Lesbian, gay, and bisexual identity scale (LGBIS; Mohr & Kendra, 2011; Oliveira et al., 2012)

This scale has 28 items to assess the multidimensional identity of SM individuals. The LGBIS is composed by 7 factors: Identity dissatisfaction; identity uncertainty; concealment motivation; difficult process; identity centrality; stigma sensitivity, and identity superiority. Items are rated on a 7-point Likert scale from *totally disagree* (1) and *totally agree* (7). In this study, only the identity dissatisfaction factor was used, which represent a proximal minority stress in SM people (e.g., "My life would be more fulfilling if I were heterosexual"). Higher mean scores indicate higher internalized stigma. The Cronbach's alpha was .88 in the original version, .83 in the European Portuguese version, and .87 in this study.

External and internal shame scale (EISS; Ferreira et al., 2020)

This scale has 8 items to assess general shame and has a total score and two subscales—external (e.g., "In relation to several aspects of my life, I feel that: I am different and inferior to others") and internal shame (e.g., "In relation to several aspects of my life, I feel that: I am unworthy as a person"). Items are rated on a 5-point Likert scale from *never* (0) to *always* (4). Higher sum scores indicate higher levels of general shame. In this study, only the total score was used. The Cronbach's alpha was .89 in the original version and .91 in this study.

Forms of self-criticizing/Attacking and self-reassuring scale (FSCRS; Castilho et al., 2015; Gilbert et al., 2004)

This scale has 22 items to assess the levels of self-criticism and the ability to self-reassure when one faces setbacks and failure. The FSCRS is composed by three factors: Inadequate, hated and reassured self. To avoid research participation burden, and in line with the specific goals of the current study, only the self-criticism items (i.e., inadequate and hated self; 14 items) were included in the assessment protocol. Items are rated on a 5-point Likert scale from *not at all like me* (1) to *extremely like me* (5). In the current study, we used a composite score of self-criticism resulting from the sum of the items of inadequate (e.g., "There is a part of me that feels I am not good enough") and hated (e.g., "I have a sense of disgust with myself") self. This has been recently favored as a sound way of measuring self-criticism (Halamová et al., 2018). Higher mean scores indicate higher levels of self-criticism. The Cronbach's alpha was .96.

Depression, anxiety, and stress scale – 21 items (DASS-21; Lovibond & Lovibond, 1995; Pais-Ribeiro et al., 2004)

This scale has 21 items to assess psychopathological symptoms and has three factors: depressive, anxiety, and stress symptoms. Items are rated on a 4-point Likert scale from *did not apply to me at all* (0) to *applied to me very much or most of the time* (3). In this study, only the depressive (e.g., "I could see nothing in the future to be hopeful about") and anxiety (e.g., "I felt scared without any good reason") symptoms factors were used. Higher sum scores indicate more depressive and anxiety symptoms The Cronbach alphas were .91 and .84 in the original version, .93 and .83 in the European Portuguese version, and .90 and .93 in this study (for depressive and anxiety symptoms, respectively).

Social Interaction Anxiety Scale (SIAS; Mattick & Clarke, 1998; Pinto-Gouveia & Salvador, 2001)

This scale has 19 items to assess fears of general social interaction and is unifactorial. Items are rated on a 5-point Likert scale from *not at all characteristic or true of me* (0) to *extremely characteristic or true of me* (4), with higher sum scores indicating higher levels of social anxiety symptoms (e.g., "When mixing socially, I am uncomfortable"). The Cronbach alpha was .93 in the original version, .90 in the European Portuguese version, and .92 in this study.

Data analyses

All data analyses were conducted with the IBM Statistical Package for the Social Sciences version 27 (SPSS; IBM, 2020) and the PROCESS Macro for SPSS 4.2 (Hayes, 2022). The normality of data distribution was examined using Skewness (*Sk*) and Kurtosis (*Ku*) values. Only values above |3|, |10| for *Sk* and *Ku*, respectively, were considered to represent severe violations of normal distribution (Kline, 2016). Pearson's correlation coefficients (*r*) were used to examine the association between variables. Associations were interpreted as follows: $< .30$ as weak, between .40 and .60 as moderate, $> .70$ as strong (Dancey et al., 2020). For indirect effect analyses, model 80 of PROCESS Macro was used. Three models have been tested: everyday discrimination was always the independent variable, internalized stigma, shame, and self-criticism were used as mediators, and psychopathology symptoms were the

dependent variables (depressive, anxiety, and social anxiety symptoms). Pairwise contrasts between indirect effects were explored to detect possible significant differences between indirect effects (Hayes, 2018).

Results

Preliminary results and correlations between study variables

No severe violations of normality were found ($|Sk| < 2$; $|Ku| < 3$). Forty-five outliers were found (12%) in everyday discrimination, internalized stigma, depressive, anxiety, and social anxiety symptoms. Almost all outliers showed up in the SPSS boxplots as mild outliers, and to ensure ecological validity, the authors decided to keep them in the sample. Only one extreme outlier was found in everyday discrimination and, for that, was eliminated from the final sample ($n = 371$). There was no missing data across the questionnaires. Although several sociodemographic data were obtained, the unbalanced number of each category did not allow the consideration of these variables in statistical analysis. Descriptive statistics and correlations between study variables are presented in Table 2.

All significant correlations were positive. Everyday discrimination presented significant and weak to moderate correlations with shame, self-criticism, and psychopathology symptoms. Internalized stigma did not present significant correlations with everyday discrimination, anxiety, and social anxiety symptoms, but presented significant and weak correlations with shame, self-criticism, and depression symptoms. The correlations between shame, self-criticism, and psychopathology symptoms were significant and ranged from moderate to strong.

Indirect effect analysis

Despite some non-significant correlations, the researchers decided to keep the initial proposed model: the indirect effect of internalized stigma, shame, and self-criticism in the relationship between everyday discrimination and psychopathology symptoms (depressive, anxiety, and social anxiety symptoms). In fact, the mediator variable can be an indirect effect in absence of correlation between variables (Hayes, 2009). Three models were tested, one for each dependent variable.

Model 1, represented in Figure 1, had depressive symptoms as the dependent variable. Before the introduction of the mediator variables, the total effect was significant: $\beta = 2.34$, $SE = .33$; $p < .001$; 95%CI [1.69; 2.98]. After the introduction of the mediators, the direct effect was not significant: $\beta = 0.20$, $SE = .26$; $p = .438$; 95%CI [−0.31; 0.72]. Of five indirect

Table 2. Descriptive statistics and correlations for study variables.

Variable	*M*	*SD*	1	2	3	4	5	6	7
1. Everyday discrimination	0.9	0.8	—						
2. Internalized stigma	2.0	1.3	.04	—					
3. Shame	5.4	3.3	.48***	.14**	—				
4. Self-criticism	1.3	1.1	.38***	.16**	.78***	—			
5. Depressive symptoms	5.8	5.6	.35***	.13*	.67***	.74***	—		
6. Anxiety symptoms	4.3	4.8	.36***	−.01	.51***	.62***	.70***	—	
7. Social anxiety symptoms	32.2	18.6	.30***	.10	.64***	.61***	.50***	.46***	—

*$p < .0$.**$p < .01$.***$p < .001$.

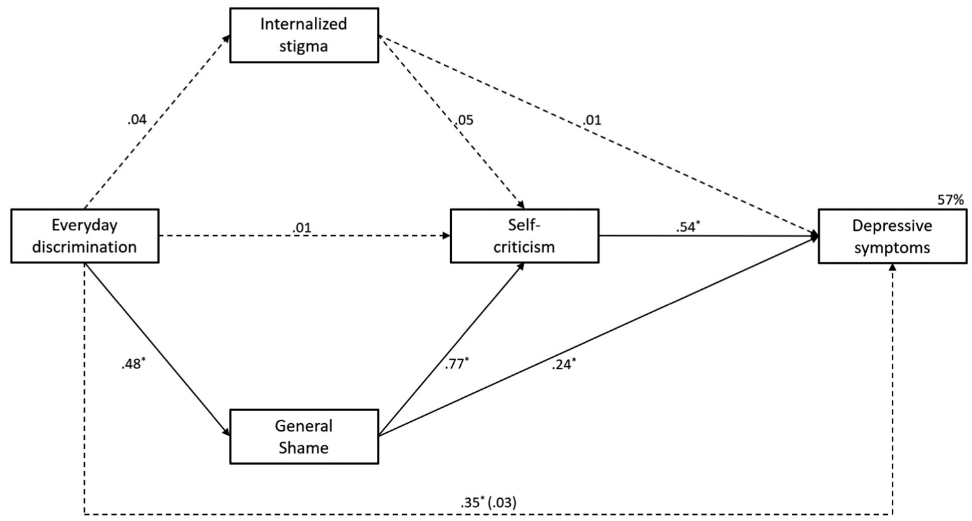

Figure 1. The indirect effect of internalized stigma, general shame, and self-criticism in the relationship between everyday discrimination and depressive symptoms. Standardized path coefficients among variables are presented ($n = 371$). Dashed lines represent non-significant predictions. * $p < .001$.

effects, only two were significant: the indirect effect of everyday discrimination through shame on depressive symptoms ($\beta = 0.11$, $SE = .03$; 95%CI [0.05; 0.18]), and the indirect effect of everyday discrimination through shame and self-criticism on depressive symptoms ($\beta = 0.20$, $SE = .03$; 95%CI [0.14; 0.26]. Regarding pairwise contrasts, the indirect effect of shame and the indirect effect of shame and self-criticism did not show difference in their indirect effects: $\beta = -0.08$, $SE = .05$; 95%CI [−0.19; 0.01]. Altogether, predictors explained 57% of depressive symptoms' variance. The relationship between everyday discrimination and depressive symptoms occurred through both shame, and shame and self-criticism, with a full indirect effect. All indirect effects are described in Table 3.

Model 2, represented in Figure 2, had anxiety symptoms as the dependent variable. Before the introduction of the mediator variables, the total effect was significant: $\beta = 2.07$, $SE = .28$; $p < .001$; 95%CI [2.62; 0.36]. After introducing the mediators, the direct effect kept significant: $\beta = 0.81$, $SE = .26$; $p = .002$; 95%CI [0.29; 1.33]. Of five indirect effects, only one was significant: the indirect effect of everyday discrimination through shame and self-criticism on anxiety symptoms ($\beta = 1.23$, $SE = .22$; 95%CI [0.85; 1.70]). Altogether, predictors explained 41% of anxiety symptoms' variance. Shame and self-criticism had a partial indirect effect in the relationship between everyday discrimination and anxiety symptoms. All indirect effects are described in Table 3.

Model 3, represented in Figure 3, had social anxiety symptoms as the dependent variable. Before the mediator variables were introduced, the total effect was significant: $\beta = 6.7$, $SE = 1.11$; $p < .001$; 95%CI [4.55; 8.91]. After the introduction of the mediators, the direct effect was not significant: $\beta = -0.15$, $SE = 1$; $p = .879$; 95%CI [−2.12; 1.82]. Similarly, to model 1, of five indirect effects, only two were significant: the indirect effect of everyday discrimination through shame on social anxiety symptoms ($\beta = 0.76$ $SE = .21$; 95%CI [0.35; 1.18]), and the indirect effect of everyday discrimination thought shame and self-criticism on social anxiety symptoms ($\beta = 1.32$, $SE = .22$; 95%CI [0.92;

Table 3. Indirect effects on psychopathology symptoms.

	Effect	*SE*	95% CI *LL*	95% CI *UL*
Model 1: Depressive symptoms				
ED → IS → Dep	<.01	<.01	−.004	.006
ED → GS → Dep	**.11**	**.03**	**.053**	**.176**
ED → SC → Dep	.01	.02	−.039	.053
ED → IS → SC → Dep	<.01	<.01	−.002	.006
ED → GS → SC → Dep	**−.11**	**.03**	**.141**	**.260**
Model 2: Anxiety symptoms				
ED → IS → Anx	−.02	.03	−.10	.03
ED → GS → Anx	.01	.21	−.43	.40
ED → SC → Anx	.04	.15	−.24	.33
ED → IS → SC → Anx	<.01	.01	−.01	.04
ED → GS → SC → Anx	**1.23**	**.22**	**.85**	**1.70**
Model 3: Social anxiety symptoms				
ED → IS → SocAnx	<.01	.02	−.03	.04
ED → GS → SocAnx	**.76**	**.21**	**.36**	**1.18**
ED → SC → SocAnx	.04	.15	−.26	.36
ED → IS → SC → SocAnx	<.01	.01	−.01	.04
ED → GS → SC → SocAnx	**1.32**	**.22**	**.92**	**1.80**

$n = 371$; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *ED* = Everyday Discrimination; *IS* = Internalized Stigma; *GS* = General Shame; *SC* = Self-Criticism; *Dep* = Depressive symptoms; *Anx* = Anxiety symptoms; *SocAnx* = Social anxiety symptoms. Significant effects are in bold.

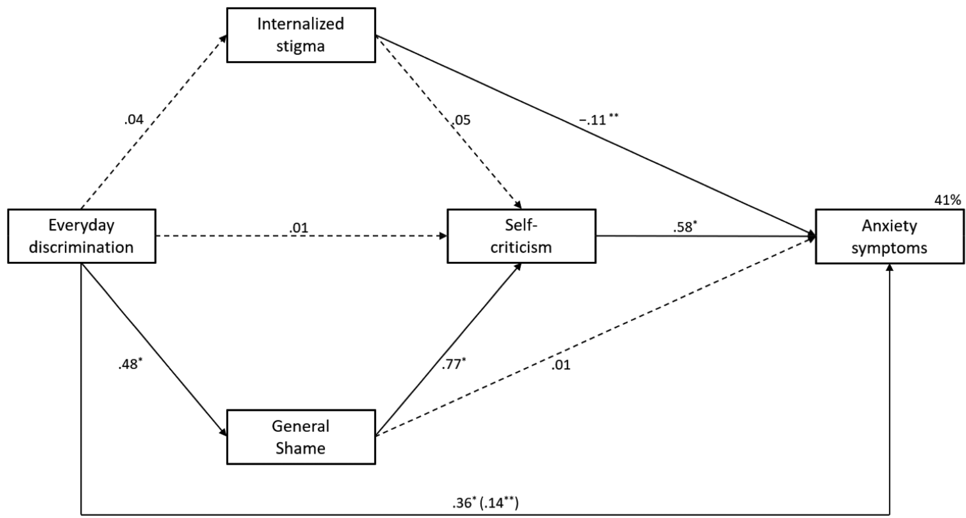

Figure 2. The indirect effect of internalized stigma, general shame, and self-criticism in the relationship between everyday discrimination and anxiety symptoms. Standardized path coefficients among variables are presented ($n = 371$). Dashed lines represent non-significant predictions. * $p < .001$. ** $p < .01$.

1.79]. Regarding pairwise contrasts, the indirect effect of shame, and the indirect effect of shame and self-criticism, did not show significant difference in their indirect effects: $\beta = -0.08$, $SE = .05$; 95%CI [−0.19; 0.01]. Altogether, predictors explained 43% of social anxiety symptoms' variance. The relationship between everyday discrimination and social anxiety symptoms occurred through both shame, and shame and self-criticism, with a full indirect effect. All indirect effects are described in Table 3.

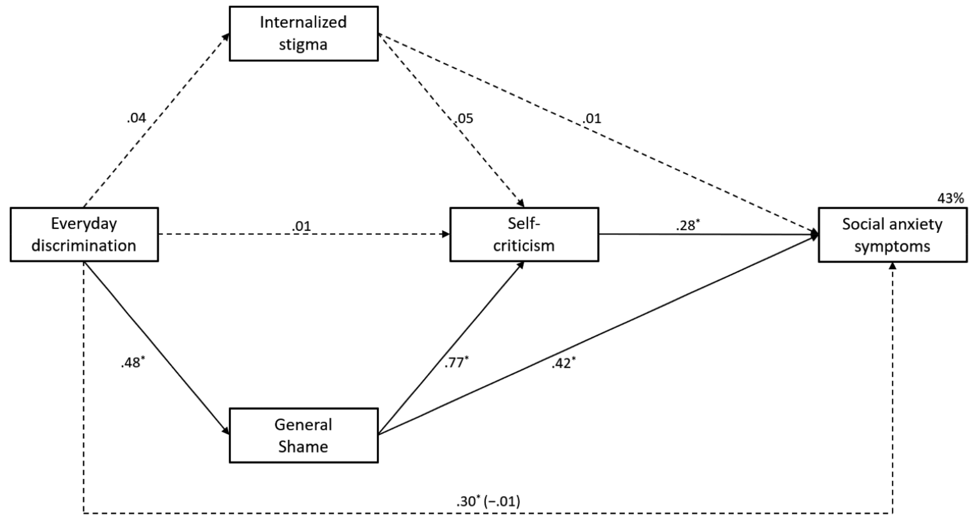

Figure 3. The indirect effect of internalized stigma, general shame, and self-criticism in the relationship between everyday discrimination and social anxiety symptoms. Standardized path coefficients among variables are presented ($n = 371$). Dashed lines represent non-significant predictions. * $p < .001$.

Discussion

The present study aimed to test the indirect effect of internalized sexual stigma, shame and self-criticism in the relationship between everyday nonheterosexual discrimination and depression, anxiety, and social anxiety symptoms, in a sample of SM adults. Overall, internalized stigma did not exert a significant indirect effect in the relationship between everyday discrimination and psychopathology symptoms. Additionally, shame and self-criticism were the solo significant underlying processes mediating this relationship.

Results from correlation analysis showed significant, positive, and moderate associations between everyday discrimination, shame, self-criticism and psychopathology symptoms. These results corroborate past literature (e.g., Chen et al., 2022; Mereish & Poteat, 2015). However, internalized stigma showed a low association with shame and self-criticism, and did not present a significant association with everyday discrimination, anxiety, nor with social anxiety symptoms. This seems to suggest that the connection between everyday discrimination and internalized stigma may not be linear and straightforward. Taken together, the complementarity of the Minority Stress Theory (MST; Frost & Meyer, 2023), Psychological Mediation Framework (Hatzenbuehler, 2009) and Social Safety Theory (Diamond & Alley, 2022) corroborates that complex relationship. That is, the impact of distal processes on psychopathology seems to be explained not only by specific minority processes (such as internalized stigma) recognized by the MST, and by general processes resulted from stigma recognized by the Psychological Mediation Framework, but also through the lack of subjective experience of feeling socially accepted, connected, and/or with a sense of belonging, perceiving relationships and connections with others that are experiences as secure, predictable and stable (social safety; Slavich et al., 2023).

Also, it seems to indicate that the link between internalized stigma and psychopathology may not be generalized to all psychopathology symptoms. The non-significant correlation

between distal processes and internalized stigma in our study echoes the low associations found in other studies (e.g., Chan, 2022; Walch et al., 2016), and prompts a much-needed debate around the psychological phenomena other than cognitive internalization that can mediate the impact of stigma-related experiences on mental health. It may be the case that distal factors impact on mental health not exclusively through cognitively mediated minority-specific processes (e.g., self-stigma and a negative sexual identity), but rather through the overstimulation of threat-focused evolutionary systems that give rise to a plethora of defensive executive function processes (e.g., hypervigilance, rejection sensitivity) and behaviors (e.g., avoidance of intimacy, social isolation) (Diamond & Alley, 2022). Also, the associations between internalized stigma and mental health seem to be different according to psychopathological outcomes. In this study, internalized stigma only presented a significant (and low) association with depression, which is in line with other studies (see Del Rosal et al., 2021). Taken together, these data suggest the need to further explore other complementary processes such as those included in the Psychological Mediation Framework (e.g., cognitive, affective and social processes; Hatzenbuehler, 2009) and/or in the rejection sensitivity proposition (Feinstein, 2020) to clarify the intricacies of the association between distal factors and psychopathology.

Shame and self-criticism were hypothesized as potential contributors to the impact of nonheterosexual discrimination and psychopathology, given that both processes entail cognitive-emotional dimensions that are strongly rooted in threat-focused evolutionary systems, thus simultaneously encompassing general (their neurophysiological emotional components) and specific (their self-focused identity-related narratives) elements of vulnerability to psychopathology.

Everyday discrimination had a significant direct effect on anxiety symptoms, but not on depression nor social anxiety. From an evolutionary standpoint, instances of discrimination are related to territory and/or physical safety usually connected to threat-related evolutionary solutions prompted by anxiety (fight-or-flight response) (J. S. Price, 2013), while depression and social anxiety are connected to interpersonal and status-related threats (Gilboa-Schechtman et al., 2014; J. Price et al., 1994). Both depression and social anxiety entail a cognitive negative self-narrative (e.g. the self as inferior, inadequate, unworthy, and/or ashamed). To understand the specific psychopathological consequences of discrimination more accurately, future research should conduct a more extensive examination of the specificity of discriminatory events. While a physical threat (e.g., violence) might prone SM individuals to experience anxiety, it may be the case that nonviolent discrimination characterized by shaming, humiliation and put-down might be risk factors for later development of depression and/or social anxiety.

Internalized stigma significantly predicted anxiety, but interestingly was not related with everyday discrimination. It seems that a heteronormative culture may reinforce negative attitudes toward nonheterosexuality that can be internalized even in the absence of actual instances of discrimination, thus activating the evolutionary rule "better safe than sorry" and a repertoire of anxiety-fueled responses (Gilbert, 1998a). Even without everyday discrimination, internalized stigma can operate as a defensive mechanism against perceived negative social consequences of nonheterosexuality (e.g., unemployment, barriers in health access).

Individually, internalized stigma and self-criticism did not have a significant effect in the relationship between everyday discrimination and psychopathology symptoms.

Together, shame and self-criticism were the sole significant mechanisms underlying the association between discrimination and psychopathology. These results suggest that the impact of everyday discrimination on SM individuals' mental health does not seem to occur through the internalization of a negative sexual identity (internalized stigma), but rather through the development of a global negative self-identity (shame) not exclusively focused on sexuality, and through a self-critical stance toward perceived failures and setbacks (self-criticism).

Shame, although evolutionarily adaptive, can have traumatic characteristics (Matos & Pinto-Gouveia, 2010), and negative emotional of shame can become central to one's identity (Pinto-Gouveia & Matos, 2011), contributing for psychopathology (e.g., Matos et al., 2012). Evidence suggests that over 50% of SM individuals report having traumatic experiences of shame with homophobic motivation (Seabra et al., 2021). Evolutionarily adaptive responses to shame include avoidance and self-criticism (Gilbert & Woodyatt, 2017). Self-criticism is a self-to-self response style to perceived flaws or inadequacies (e.g., Gilbert & Procter, 2006; Zuroff et al., 1990). Additionally, it has the counterproductive backfire effect of contributing to worse mental health (e.g., Werner et al., 2019), including in SM individuals (Nappa et al., 2022). It is worth mentioning that, by controlling for the effect of nonheterosexual internalized stigma (which ended up not contributing significantly to the model), the model ensured that the tested role of shame pertained to a global negative sense of self not exclusively nor necessarily connected to the nonheterosexual identity. This suggests that the detrimental impact of discrimination on mental health is not limited to a mere negative attitude toward one´s sexual identity (e.g., internalized homophobia), but is especially due to their impact on a global negative sense of self, and on maladaptive self-to-self forms of relating. The sample of this study is composed of Portuguese adults, and the societal context can add another layer of comprehension. Despite the legal advances, the stigma is still present in several contexts, for example, in schools (Gato et al., 2020), workplaces (Beatriz & Pereira, 2022), and health (Costa, 2021; Pieri & Brilhante, 2022) services. It should also be noted that according to the most recent Census, more than 80% of the Portuguese population identify religiously as catholic (Instituto Nacional de Estatística, 2022), which is consistently correlated with conservative ideologies across countries (e.g., see Caprara et al., 2018), and calls for a nuanced analysis of the level of pro/anti-LGBT+ sentiment (and consequently the vulnerability to experience stigma) not only according to legal frameworks, but also to overall societal values that are socio-culturally defined. Episodes of enacted stigma reinforce social beliefs and feelings of inferiority and undesirability associated with sexual orientation, and consequently, shame as a whole.

To our knowledge, this is the first study that comprehensively explores specific and general mechanisms underlying the impact of discrimination on psychopathology in SM individuals. These results emphasize the global nefariousness of nonheterosexual discrimination not only on a personal negative view of one´s sexual orientation, but on a global negative view of the self and on a self-to-self relating characterized by put-down and hostility. Although nonheterosexual discrimination occurs in interpersonal situations within which a specific element of personal identity (either sexual orientation or perceived non-conformity with expected sexual and gender social prescriptions) is targeted, it seems that SM individuals interpret these experiences as signals of global undesirability, unattractiveness, and overall inferiority.

Limitations and future research

These results should be interpreted after considering the limitations of the study. The sample was composed by unbalanced different sexual orientations; thus results cannot be generalized to overall SM individuals. To allow generalization of results, in future studies, a more balanced and representative sample of different minority sexual orientations should be collected. Additionally, other sociodemographic variables were not considered (e.g., ethic-racial identity), limiting the intersectionality approach. Future studies should include these variables. Considering its cross-sectional design, causality cannot be inferred. Future research should consider longitudinal and experimental designs to allow causal interpretations. Additionally, other variables from MST (e.g., anticipation of rejection, concealment), rejection sensitivity, low self-reassurance, and social safety/safeness also should be considered, allowing a test of an integrated risk and protection model of mental health in SM individuals.

Clinical implications

The current study highlights the relevance of affirmative psychological interventions to target shame and self-criticism. Each current complementary approach to SM mental health (Minority Stress Theory, Psychological Mediation Framework, Rejection Sensitivity Model, and Social Safety Theory) emphasize different levels of comprehension (individual and community protective factors; cognitive, affective, behavioral processes; evolutionarily informed adaptations) that seems to be individually incomplete to explain the complexity of the impact of stigma on mental health. In fact, the understanding of SM psychopathology, as well as the advocated therapeutic resources to promote mental health, seem to be approached mostly from a societal/community level (Frost & Meyer, 2023). However, more frequently than not, therapists are confronted with their clients´ mental health vulnerabilities in contexts where societal change is either unlikely or tardy, and where a community support network is at the time absent—at least in the beginning of the therapeutic process. Compassion-Focused Therapy (Gilbert, 2009a, 2009b, 2010) is based in an integrative, evolutionary, contextual, and biopsychosocial approach (Gilbert, 2019) targeting the reduction of shame and self-criticism. Self-compassion interventions can add useful individual strategies to buffer shame and self-criticism. In fact, two recent systematic reviews with meta-analyses showed that self-compassion was negatively associated with minority stressors (Helminen et al., 2023) and with less negative mental health outcomes among SM individuals (e.g., anxiety, depression, suicidal ideation, internalized stigma) (Carvalho & Guiomar, 2022). Compassionate self-responding is an adaptative cognitive-emotional coping skill, which can lead to less sense of isolation, and can protect against minority stress (Vigna & Strauss, 2023).

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Author contributions

DS: Conceptualization, data curation, formal analysis, funding acquisition, investigation, methodology, software, writing—original draft; SAC: Conceptualization, methodology, writing—original draft; JG: Supervision, writing—review & editing; NP: Supervision, writing—review & editing; MCS: Supervision, writing—review & editing. All authors have read and agreed to the published version of the manuscript.

Data availability statement

Available after a reasonable request to authors.

Ethics statement

The study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics and Deontology Committee of the Faculty of Psychology and Educational Sciences of the University of Coimbra (2 November 2019). Informed consent was obtained from all subjects involved in the study.

References

Beatriz, C., & Pereira, H. (2022). Workplace experiences of LGBTQIA + individuals in Portugal. *Employee Responsibilities & Rights Journal*, *35*(3), 345–367. https://doi.org/10.1007/s10672-022-09417-2

Brown, J., & Trevethan, R. (2010). Shame, internalized homophobia, identity formation, attachment style, and the connection to relationship status in gay men. *American Journal of Men's Health*, *4*(3), 267–276. https://doi.org/10.1177/1557988309342002

Bybee, J. A., Sullivan, E. L., Zielonka, E., & Moes, E. (2009). Are gay men in worse mental health than heterosexual men? The role of age, shame and guilt, and coming-out. *Journal of Adult Development*, *16*(3), 144–154. https://doi.org/10.1007/s10804-009-9059-x

Caprara, G. V., Vecchione, M., Schwartz, S. H., Schoen, H., Bain, P. G., Silvester, J. . . . Baslevent, C. (2018). The contribution of religiosity to ideology: Empirical evidences from five continents. *Cross-Cultural Research*, *52*, 524–541. https://doi.org/10.1177/1069397118774233

Carvalho, S. A., & Guiomar, R. (2022). Self-compassion and mental health in sexual and gender minority people: A systematic review and meta-analysis. *LGBT Health*, *9*(5), 287–302. https://doi.org/10.1089/lgbt.2021.0434

Castilho, P., Pinto-Gouveia, J., & Duarte, J. (2015). Exploring self-criticism: Confirmatory factor analysis of the FSCRS in clinical and nonclinical samples. *Clinical Psychology & Psychotherapy*, *22*(2), 153–164. https://doi.org/10.1002/cpp.1881

Chan, R. C. H. (2022). Effects of minority stress on group identification and collective action among sexual minorities: A longitudinal test of the rejection-identification model. *Sex Roles*, *87*(5–6), 237–250. https://doi.org/10.1007/s11199-022-01304-2

Chen, D., Ying, J., Zhou, X., Wu, H., Shen, Y., & You, J. (2022). Sexual minority stigma and nonsuicidal self-injury among sexual minorities: The mediating roles of sexual orientation concealment, self-criticism, and depression. *Sexuality Research & Social Policy*, *19*(4), 1690–1701. https://doi.org/10.1007/s13178-022-00745-4

Costa, P. A. (2021). Experiências de psicoterapia de pessoas heterossexuais cisgénero e pessoas LGBT+: Resultados preliminares. *Revista Psicologia, Saúde & Doenças*, *22*(3), 894–907. https://doi.org/10.15309/21psd220310

Dancey, C. P., & Reidy, J. (2020). *Statistics without maths for Psychology* (C. P. Dancey & J. Reidy Eds.; 8th ed.). Pearson Education Limited.

Del Rosal, E., González-Sanguino, C., Bestea, S., Boyd, J., & Muñoz, M. (2021). Correlates and consequences of internalized stigma assessed through the internalized stigma of mental illness scale for people living with mental illness: A scoping review and meta-analysis from 2010. *Stigma and Health*, *6*(3), 324–334. https://doi.org/10.1037/sah0000267

Diamond, L. M., & Alley, J. (2022). Rethinking minority stress: A social safety perspective on the health effects of stigma in sexually-diverse and gender-diverse populations. *Neuroscience & Biobehavioral Reviews*, *138*(104720), 104720. https://doi.org/10.1016/j.neubiorev.2022.104720

Dickerson, S. S., Gruenewald, T. L., & Kemeny, M. E. (2004). When the social self is threatened: Shame, physiology, and health. *Journal of Personality*, *72*(6), 1191–1216. https://doi.org/10.1111/j.1467-6494.2004.00295.x

Dunlop, B. (2022). Shame. In B. Dunlop (Ed.), *The queer mental health workbook: A creative self-help guide using CBT, CFT and DBT* (pp. 199–208). Jessica Kingsley Publishers.

European Union for Fundamental Rights. (2021). *EU LGBTI Survey II. A Long Way to Got for LGBTI Equality*. https://fra.europa.eu/sites/default/files/fraupload s/lgbti-survey-country-data_portugal.pdf

Feinstein, B. A. (2020). The rejection sensitivity model as a framework for understanding sexual minority mental health. *Archives of Sexual Behavior*, *49*(7), 2247–2258. https://doi.org/10.1007/s10508-019-1428-3

Ferreira, C., Moura-Ramos, M., Matos, M., & Galhardo, A. (2020). A new measure to assess external and internal shame: Development, factor structure and psychometric properties of the external and internal shame scale. *Current Psychology*, *41*(4), 1892–1901. https://doi.org/10.1007/s12144-020-00709-0

Frost, D. M., & Meyer, I. H. (2023). Minority stress theory: Application, critique, and continued relevance. *Current Opinion in Psychology*, *51*, 101579. https://doi.org/10.1016/j.copsyc.2023.101579

Gato, J., Leal, D., Moleiro, C., Fernandes, T., Nunes, D., Marinho, I., Pizmony-Levy, O., & Freeman, C. (2020). "The worst part was coming back home and feeling like crying": Experiences of lesbian, gay, bisexual and trans students in Portuguese schools. *Frontiers in Psychology*, *10*. https://doi.org/10.3389/fpsyg.2019.02936

Gilbert, P. (1998a). The evolved basis and adaptive functions of cognitive distortions. *The British Journal of Medical Psychology*, *71*(4), 447–463. https://doi.org/10.1111/j.2044-8341.1998.tb01002.x

Gilbert, P. (1998b). What is shame? Some core issues and controversies. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 3–38). Oxford University Press.

Gilbert, P. (2009a). *The compassionate mind: A new approach to life's challenges*. New Harbinger Publications, Inc.

Gilbert, P. (2009b). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment*, *15*(3), 199–208. https://doi.org/10.1192/apt.bp.107.005264

Gilbert, P. (2010). *Compassion focused therapy: Distinctive features*. Routledge.

Gilbert, P. (2019). Psychotherapy for the 21st century: An integrative, evolutionary, contextual, biopsychosocial approach. *Psychology & Psychotherapy: Theory, Research & Practice*, *92*(2), 164–189. https://doi.org/10.1111/papt.12226

Gilbert, P. (2020). Compassion: From its evolution to a psychotherapy. *Frontiers in Psychology*, *11*(December). https://doi.org/10.3389/fpsyg.2020.586161

Gilbert, P. (2022a). Compassion focused therapy: An evolution-informed. In P. Gilbert & G. Simos (Eds.), *Compassion focused therapy: Clinical practice and applications* (pp. 24–89). Routledge. https://doi.org/10.4324/9781003035879.

Gilbert, P. (2022b). Internal shame and self-disconnection: From hostile self-criticism to compassionate self-correction and guidance. In P. Gilbert & G. Simos (Eds.), *Compassion focused therapy: Clinical practice and applications* (pp. 164–208). Routledge. https://doi.org/10.4324/9781003035879.

Gilbert, P. (2022c). Shame, humiliation, guilt, and social status: The distress and harms of social disconnection. In P. Gilbert & G. Simos (Eds.), *Compassion focused therapy: Clinical practice and applications* (pp. 122–165). Routledge. https://doi.org/10.4324/9781003035879.

Gilbert, P., Clarke, M., Hempel, S., Miles, J. N. V., & Irons, C. (2004). Criticizing and reassuring oneself: An exploration of forms, styles and reasons in female students. *British Journal of Clinical Psychology*, *43*(1), 31–50. https://doi.org/10.1348/014466504772812959

Gilbert, P., & Irons, C. (2005). Focused therapies and compassionate mind training for shame and self-attacking. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 263–325). Routledge. https://doi.org/10.4324/9780203003459.

Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and Pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy*, *13*(6), 353–379. https://doi.org/10.1002/cpp.507

Gilbert, P., & Woodyatt, L. (2017). An evolutionary approach to shame-based self-criticism, self-forgiveness, and compassion. In L. Woodyat, E. L. Worthington Jr., M. Wenzel, & B. J. Griffin (Eds.), *Handbook of the psychology of self-forgiveness* (pp. 29–41). Springer International Publishing/Springer Nature. https://doi.org/10.1007/978-3-319-60573-9_3.

Gilboa-Schechtman, E., Shachar, I., & Helpman, L. (2014). Evolutionary perspective on social anxiety. In S. G. Hofmann & P. M. DiBartolo (Eds.), *Social anxiety* (3rd ed., pp. 599–622). Academic Press. https://doi.org/10.1016/B978-0-12-394427-6.00021-2.

Halamová, J., Kanovský, M., Gilbert, P., Troop, N. A., Zuroff, D. C., Hermanto, N., Petrocchi, N., Sommers-Spijkerman, M., Kirby, J. N., Shahar, B., Krieger, T., Matos, M., Asano, K., Yu, F., Basran, J., & Kupeli, N. (2018). The factor structure of the forms of self-Criticising/Attacking & self-reassuring scale in thirteen distinct populations. *Journal of Psychopathology & Behavioral Assessment*, *40*(4), 736–751. https://doi.org/10.1007/s10862-018-9686-2

Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological Bulletin*, *135*(5), 707–730. https://doi.org/10.1037/a0016441

Hayes, A. F. (2009). Beyond Baron and Kenny: Statistical mediation analysis in the new millenium. *Communication Monographs*, *76*(4), 408–420. https://doi.org/10.1080/03637750903310360

Hayes, A. F. (2018). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (2nd ed.). The Guilford Press.

Hayes, A. F. (2022). PROCESS macro for Windows, Version 4.2.

Helminen, E. C., Ducar, D. M., Scheer, J. R., Parke, K. L., Morton, M. L., & Felver, J. C. (2023). Self-compassion, minority stress, and mental health in sexual and gender minority populations: A meta-analysis and systematic review. *Clinical Psychology Science & Practice*, *30*(1), 26–39. https://doi.org/10.1037/cps0000104

IBM Corporation. (2020). IBM SPSS statistics for Windows, *version 27.0*. IBM Corp.

Igartua, K. J., Gill, K., & Montoro, R. (2003). Internalized homophobia: A factor in depression, anxiety, and suicide in the gay and lesbian population. *Canadian Journal of Community Mental Health*, *22*(2), 15–30. https://doi.org/10.7870/cjcmh-2003-0011

Instituto Nacional de Estatística. (2022). *População residente com 15 e mais anos de idade (N.º) por Local de residência (à data dos Censos 2021) e Religião*. https://tabulador.ine.pt/indicador/?id=0011644

Irons, C., Gilbert, P., Baldwin, M. W., Baccus, J. R., & Palmer, M. (2006). Parental recall, attachment relating and self-attacking/self-reassurance: Their relationship with depression. *British Journal of Clinical Psychology*, *45*(3), 297–308. https://doi.org/10.1348/014466505X68230

Khan, M., Ilcisin, M., & Saxton, K. (2017). Multifactorial discrimination as a fundamental cause of mental health inequities. *International Journal for Equity in Health*, *16*(1), 1–12. https://doi.org/10.1186/s12939-017-0532-z

King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, *8*(1), 1–17. https://doi.org/10.1186/1471-244X-8-70

Kline, R. B. (2016). *Confirmatory factor analysis for applied research* (4th ed.). The Guilford Press.

Koestner, R., Zuroff, D. C., & Powers, T. A. (1991). Family origins of adolescent self-criticism and its continuity into adulthood. *Journal of Abnormal Psychology*, *100*(2), 191–197. https://doi.org/10.1037/0021-843X.100.2.191

Longhofer, J. L. (2013). Shame in the clinical process with LGBTQ clients. *Clinical Social Work Journal*, *41*(3), 297–301. https://doi.org/10.1007/s10615-013-0455-0

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the depression anxiety stress scales (DASS) with the beck depression and anxiety inventories. *Behaviour Research and Therapy*, *33*(3), 335–343. https://doi.org/10.1016/0005-7967(94)00075-u

Mahon, C. P., Lombard-Vance, R., Kiernan, G., Pachankis, J. E., & Gallagher, P. (2021). Social anxiety among sexual minority individuals: A systematic review. *Psychology and Sexuality*, *13*(4), 818–862. https://doi.org/10.1080/19419899.2021.1936140

Mahon, C. P., Pachankis, J. E., Kiernan, G., & Gallagher, P. (2021). Risk and protective factors for social anxiety among sexual minority individuals. *Archives of Sexual Behavior*, *50*(3), 1015–1032. https://doi.org/10.1007/s10508-020-01845-1

Matos, M., Carvalho, S. A., Cunha, M., Galhardo, A., & Sepodes, C. (2017). Psychological flexibility and self-compassion in gay and heterosexual men: How they relate to childhood memories, shame, and depressive symptoms. *Journal of LGBT Issues in Counseling*, *11*(2), 88–105. https://doi.org/10.1080/15538605.2017.1310007

Matos, M., & Pinto-Gouveia, J. (2010). Shame as a traumatic memory. *Clinical Psychology & Psychotherapy*, *17*(4), 299–312. https://doi.org/10.1002/cpp.659

Matos, M., Pinto-Gouveia, J., & Duarte, C. (2012). Above and beyond emotional valence: The unique contribution of central and traumatic shame memories to psychopathology vulnerability. *Memory*, *20*(5), 461–477. https://doi.org/10.1080/09658211.2012.680962

Mattick, R. P., & Clarke, J. C. (1998). Development and validation of measures of social phobia scrutiny fear and social interaction anxiety11Editor's note: This article was written before the development of some contemporary measures of social phobia, such as the social phobia and anxiety inventory (turner et al., 1989). We have invited this article for publication because of the growing interest in the scales described therein. S.T. *Behaviour Research and Therapy*, *36*(4), 455–470. https://doi.org/10.1016/s0005-7967(97)10031-6

Mereish, E. H., Peters, J. R., & Yen, S. (2019). Minority stress and relational mechanisms of suicide among sexual minorities: Subgroup differences in the associations between heterosexist victimization, shame, rejection sensitivity, and suicide risk. *Suicide and Life-Threatening Behaviour*, *49*(2), 547–560. https://doi.org/10.1111/sltb.12458

Mereish, E. H., & Poteat, V. P. (2015). A relational model of sexual minority mental and physical health: The negative effects of shame on relationships, loneliness, and health. *Journal of Counseling Psychology*, *62*(3), 425–437. https://doi.org/10.1037/cou0000088

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

Meyer, I. H., & Dean, L. (1998). Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men. In G. M. Herek (Ed.), *Stigma and sexual orientation: Understanding prejudice against Lesbians, gay men, and bisexuals* (pp. 160–186). SAGE Publications Inc. https://doi.org/10.4135/9781452243818.n8.

Mohr, J. J., & Kendra, M. S. (2011). Revision and extension of a multidimensional measure of sexual minority identity: The lesbian, gay, and bisexual identity scale. *Journal of Counseling Psychology*, *58*(2), 234–245. https://doi.org/10.1037/a0022858

Moleiro, C., Pinto, N., Oliveira, J. M., & Santos, M. H. (2016). *Violência doméstica: Boas práticas no apoio a vítimas LGBT: Guia de boas práticas para profissionais de estruturas de apoio a vítimas*. Comissão para a Cidadania e Igualdade de Género. http://hdl.handle.net/10071/15563

Nakamura, N., Dispenza, F., Abreu, R. L., Ollen, E. W., Pantalone, D. W., Canillas, G., Gormley, B., & Vencill, J. A. (2022). The APA guidelines for psychological practice with sexual minority persons: An executive summary of the 2021 revision. *The American Psychologist*, *77*(8), 953–962. https://doi.org/10.1037/amp0000939

Nappa, M. R., Bartolo, M. G., Pistella, J., Petrocchi, N., Costabile, A., & Baiocco, R. (2022). “I do not like being me”: The impact of self-hate on increased risky sexual behavior in sexual minority people. *Sexuality Research & Social Policy*, *19*(2), 737–750. https://doi.org/10.1007/s13178-021-00590-x

Newcomb, M. E., & Mustanski, B. (2010). Internalized homophobia and internalizing mental health problems: A meta-analytic review. *Clinical Psychology Review*, *30*(8), 1019–1029. https://doi.org/10.1016/j.cpr.2010.07.003

Nir, B. (2018). The individual and society: The social role of shame. *Journal of Philosophical Criticism*, *1*(2), 36–70. https://doi.org/10.17605/OSF.IO/JF32V

Oliveira, J. M., Lopes, D., Costa, C. G., & Nogueira, C. (2012). Lesbian, gay, and bisexual identity scale (LGBIS): Construct validation, sensitivity analyses and other psychometric properties. *The Spanish Journal of Psychology*, *15*(1), 334–347. https://doi.org/10.5209/rev_sjop.2012.v15.n1.37340

Pais-Ribeiro, J. L., Honrado, A., & Leal, I. (2004). Contribuição para o estudo da adaptação portuguesa das Escalas de Ansiedade, Depressão e Stress (EADS) de 21 itens de Lovibond e Lovibond. *Psicologia, Saúde & Doenças*, *5*(1), 229–239.

Pascoe, E. A., & Richman, L. S. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, *135*(4), 531–554. https://doi.org/10.1037/a0016059

Petrocchi, N., Pistella, J., Salvati, M., Carone, N., Laghi, F., & Baiocco, R. (2020). I embrace my LGB identity: Self-reassurance, social safeness, and the distinctive relevance of authenticity to well-being in Italian Lesbians, gay men, and bisexual people. *Sexuality Research & Social Policy*, *17*(1), 75–86. https://doi.org/10.1007/s13178-018-0373-6

Pieri, M., & Brilhante, J. (2022). “The light at the end of the tunnel”: Experiences of LGBTQ+ adults in Portuguese healthcare. *Healthcare*, *10*(1), 146. https://doi.org/10.3390/healthcare10010146

Pinto-Gouveia, J., & Matos, M. (2011). Can shame memories become a key to identity? The centrality of shame memories predicts psychopathology. *Applied Cognitive Psychology*, *25*(2), 281–290. https://doi.org/10.1002/acp.1689

Pinto-Gouveia, J., & Salvador, M. C. (2001, June). *The social interaction anxiety scale and the social Fobia scale in the Portuguese population* [Poster presentation]. 31st Congress of the European Association for Behaviour and Cognitive Therapy, Istanbul, Turkey.

Price, J. S. (2013). An evolutionary perspective on anxiety and anxiety disorders. In F. Durbano (Ed.), *New insights into anxiety disorders*. IntechOpen.

Price, J., Sloman, L., Gardner, J., Gilbert, P., & Rohde, P. (1994). The social competition hypothesis of depression. *British Journal of Psychiatry*, *164*(3), 309–315. https://doi.org/10.1192/bjp.164.3.309

Puckett, J. A., Levitt, H. M., Horne, S. G., & Hayes-Skelton, S. A. (2015). Internalized heterosexism and psychological distress: The mediating roles of self-criticism and community connectedness. *Psychology of Sexual Orientation and Gender Diversity*, *2*(4), 426–435. https://doi.org/10.1037/sgd0000123

Rosas, F. (2022). *Revolução Portuguesa* [Portuguese Revolution] 1974-1975. Tinta da China.

Saleiro, S. P. (2021). (Trans.) gender recognition in Portugal: From a ‘void’ to the right to gender self-determination. *Portuguese Journal of Social Science*, *20*(3), 153–170. https://doi.org/10.1386/pjss_00039_1

Santos, A. C. (2016). ‘In the old days, there were no gays’– democracy, social change and media representation of sexual diversity. *International Journal of Iberian Studies*, *29*(2), 157–172. https://doi.org/10.1386/ijis.29.2.157_1

Seabra, D., Gato, J., Carreiras, D., Petrocchi, N., & Salvador, M. D. C. (2022). Shame-based experiences of homophobic bullying and mental health: The mediating role of self-compassionate actions. *International Journal of Environmental Research and Public Health*, *19*(24), 16866. https://doi.org/10.3390/ijerph192416866

Seabra, D., Gato, J., Petrocchi, N., Carreiras, D., Azevedo, J., Martins, L., & Salvador, M. C. (2023). Everyday discrimination scale: Dimensionality in a Portuguese community sample and specific versions for sexual and gender minority. *Current Psychology*. Advance online publication. https://doi.org/10.1007/s12144-023-05195-8

Seabra, D., Gato, J., Petrocchi, N., & Salvador, M. C. (2021). *Early traumatic shame experiences, mental health, and gender: How are they related?*. [Conference presentation]. 2nd International

Congress of Health and Well-being Intervention (ICHWBI 2021), Viseu, Portugal. https://doi.org/10.13140/RG.2.2.32008.34565

Slavich, G. M., Roos, L. G., Mengelkoch, S., Webb, C. A., Shattuck, E. C., Moriarity, D. P., & Alley, J. C. (2023). Social safety theory: conceptual foundation, underlying mechanisms, and future directions. *Health Psychology Review*, *1*(1), 5–59. https://doi.org/10.1080/17437199.2023.2171900

Tracy, J. L., Robins, R. W., & Tangney, J. P. (Eds.). (2007). *The self-conscious emotions: Theory and research*. The Guilford Press.

Vigna, A., & Strauss, P. (2023). Self-compassion among sexual and gender minorities: The importance of self-kindness in a frequently unkind world. In A. Finlay-Jones, K. Bluth, & K. Neff (Eds.), *Handbook of self-compassion* (pp. 143–164). Springer.

Walch, S. E., Ngamake, S. T., Bovornusvakool, W., & Walker, S. V. (2016). Discrimination, internalized homophobia, and concealment in sexual minority physical and mental health. *Psychology of Sexual Orientation and Gender Diversity*, *3*(1), 37–48. https://doi.org/10.1037/sgd0000146

Werner, A. M., Tibubos, A. N., Rohrmann, S., & Reiss, N. (2019). The clinical trait self-criticism and its relation to psychopathology: A systematic review – update. *Journal of Affective Disorders*, *246* (December 2018), 530–547. https://doi.org/10.1016/j.jad.2018.12.069

Williams, D. R., Yu, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health. Socio-economic status, stress and discrimination. *Journal of Health Psychology*, *2*(3), 335–351. https://doi.org/10.1177/135910539700200305

Zuroff, D. C., Igreja, I., & Mongrain, M. (1990). Dysfunctional attitudes, dependency, and self-criticism as predictors of depressive mood states: A 12-month longitudinal study. *Cognitive Therapy and Research*, *14*(3), 315–326. https://doi.org/10.1007/BF01183999