

## The issue of journal contains:

Proceedings of the IV Correspondence  
International Scientific and Practical Conference

### **OPEN SCIENCE NOWADAYS: MAIN MISSION, TRENDS AND INSTRUMENTS, PATH AND ITS DEVELOPMENT**

held on May 23<sup>th</sup>, 2025 by

NGO European Scientific Platform (Vinnytsia, Ukraine)  
LLC International Centre Corporate Management (Vienna, Austria)

**Nº52**  
MAY, 2025

ISSN 2710-3056

INTERNATIONAL SCIENTIFIC JOURNAL

# GRAIL OF SCIENCE

№ **52** (May 2025)

with the proceedings of the:

IV Correspondence International  
Scientific and Practical Conference

**OPEN SCIENCE NOWADAYS:  
MAIN MISSION, TRENDS  
AND INSTRUMENTS, PATH  
AND ITS DEVELOPMENT**

held on May 23<sup>th</sup>, 2025 by

NGO European Scientific Platform  
(Vinnytsia, Ukraine)  
LLC International Centre Corporative  
Management (Vienna, Austria)

МІЖНАРОДНИЙ НАУКОВИЙ ЖУРНАЛ

# ГРААЛЬ НАУКИ

№ **52** (червень, 2025)

за матеріалами:

IV Міжнародної науково-  
практичної конференції

**ВІДКРИТА НАУКА СЬОГОДЕННЯ:  
ОСНОВНА МІСІЯ, ТЕНДЕНЦІЇ  
ТА ІНСТРУМЕНТИ, ШЛЯХ  
ТА ЇЇ РОЗВИТОК**

що проводилася 23.05.2025

ГО «Європейська наукова  
платформа» (Вінниця, Україна)  
ТОВ «International Centre Corporative  
Management» (Відень, Австрія)





МАНІПУЛЯЦІЇ В ПЕДАГОГІЧНОМУ СПІЛКУВАННІ: РИЗИКИ, НАСЛІДКИ, ЗАПОБІГАННЯ Абросімов М.О., Абросімов Є.О. ....	967
---	-----

ФОРМУВАННЯ ПОЗИТИВНОГО СТАВЛЕННЯ ДО ВИЩОЇ МАТЕМАТИКИ У СТУДЕНТІВ Мартінова Н.С., Медведь А.Б. ....	970
---	-----

## РОЗДІЛ XXVIII. ПСИХОЛОГІЯ ТА ПСИХІАТРІЯ

### СТАТТІ

SHAME, SILENCE, AND SURVIVAL: INTERNALIZED OPPRESSION AND THE STRUGGLE FOR MENTAL HEALTH IN LGBT POPULATIONS Verhun P., Venger G. ....	973
---	-----

МОДЕЛЬ ІНТЕГРАТИВНОГО ПСИХОКОРЕКЦІЙНОГО ВТРУЧАННЯ В КОМПЛЕКСНОМ ЛІКУВАННІ ОСІБ З РОЗЛАДОМ ВЖИВАННЯ АЛКОГОЛЮ ТА ПОСТТРАВМАТИЧНИМ СТРЕСОВИМ РОЗЛАДОМ В УМОВАХ ВІЙНИ Науково-дослідна група: Маркозова Л.М., Мінко О.І., Лісна Н.М., Гольцова С.В. ....	980
--	-----

ОСОБЛИВОСТІ РОБОТИ ПСИХОЛОГА З УКРАЇНЦЯМИ, ЯКІ ПЕРЕЖИВАЮТЬ САМОТНІСТЬ В УМОВАХ ВІЙНИ Іваненко Б.Б. ....	986
--	-----

ПСИХОЛОГІЧНИЙ ПОРТРЕТ БОЙОВОГО МЕДИКА ЗАГАЛЬНОВІЙСЬКОВОГО ПІДРОЗДІЛУ ПЕРШОГО ЕШЕЛОНУ Тітенко Н.В., Стасюк В.В. ....	996
--	-----

ПСИХОЛОГІЧНІ РОЗРОБКИ ЩОДО ФОРМУВАННЯ СТРЕСОСТІЙКОСТІ МОРЯКІВ Тирон О.М., Єлеазаров О.П., Пікуль С.В. ....	1005
---	------

### ТЕЗИ ДОПОВІДЕЙ

ОСОБЛИВОСТІ КОПІНГ-СТРАТЕГІЙ МОЛОДІ ПІД ЧАС ВОЄННОГО СТАНУ Жук А.М. ....	1010
---	------

СТРАХ ЯК КЛЮЧОВИЙ ЧИННИК ПСИХОЕМОЦІЙНОГО СТАНУ СТУДЕНТСЬКОЇ МОЛОДІ В УМОВАХ ВОЄННОГО ЧАСУ Ковальська Н.А., Вербицька А.Б. ....	1012
---	------

СТРАХ ЯК ПСИХОЛОГІЧНИЙ ФЕНОМЕН Ковальська Н.А., Янжула П.О. ....	1015
---	------

DOI 10.36074/grail-of-science.23.05.2025.145

# SHAME, SILENCE, AND SURVIVAL: INTERNALIZED OPPRESSION AND THE STRUGGLE FOR MENTAL HEALTH IN LGBT POPULATIONS

Verhun Polina

Second Level Higher Education Student

Faculty of Social and Humanitarian Sciences State Institution

"South Ukrainian National Pedagogical University named after K.D. Ushynsky", Ukraine

Venger Ganna 

PhD in Psychology,

Senior Lecturer Department of Clinical Psychology and Mental Health

"South Ukrainian National Pedagogical University named after K.D. Ushynsky", Ukraine

**Summary.** *This paper examines the psychological consequences of internalized oppression in LGBT individuals across diverse cultural contexts. Drawing from psychodynamic theory, minority stress models, and qualitative data, it explores how persistent societal rejection can evolve into self-directed shame, suppression of identity, and chronic psychological distress. The article highlights common patterns such as internalized homonegativity, emotional withdrawal, self-silencing, and body-based dissociation. Through in-depth clinical case comparisons and cross-national diagnostics, the paper identifies therapeutic strategies that help clients navigate the long-term effects of invisibility, guilt, and fear. The findings emphasize the role of identity-affirming therapy in re-establishing emotional integrity, restoring agency, and promoting psychological recovery.*

**Keywords:** *internalized oppression, shame, LGBT mental health, minority stress, self-silencing, trauma, identity-based therapy, cultural comparison.*

## Object:

The object of study is the psychological well-being of LGBT populations.

## Subject:

The subject of study is the manifestation and impact of internalized oppression (specifically shame and silence) on the mental health and survival strategies of LGBT individuals.

## Aims:

1. To examine the role of internalized oppression, particularly shame and silence, in contributing to mental health challenges within LGBT populations.
2. To understand the survival mechanisms adopted by LGBT individuals in response to internalized oppression.
3. To explore the relationship between internalized oppression and the struggle for mental health among LGBT individuals.





### Scientific Novelty:

This research offers a novel contribution by specifically focusing on the interplay of shame and silence as key components of internalized oppression and their direct impact on the mental health and survival strategies within LGBT populations. It potentially provides new insights into:

1. The unique ways in which shame and silence manifest as internalized oppression within diverse LGBT experiences.
2. The specific survival mechanisms that are developed in response to this particular form of internalized oppression.
3. A more nuanced understanding of the psychological pathways linking internalized shame and silence to mental health outcomes in LGBT individuals.

Social stigma, when chronic and left unaddressed, frequently metastasizes into deeply ingrained internalized shame—a silent yet potent driver of depression, anxiety, and profound social isolation within the LGBTQ+ community [1]. This internalized oppression manifests in myriad ways, including self-rejection, a pervasive denial of one's own emotional needs, the development of dissociative patterns as a coping mechanism, and the emergence of self-sabotaging behaviors that can significantly impede both personal relationships and professional advancement [2].

Clinical observations across diverse cultural landscapes illuminate the critical role of societal context in shaping the experience of shame. Research suggests that in societies with higher levels of LGBTQ+ stigma and fewer legal protections, individuals experience greater psychological distress [3]. In many instances, psychotherapy emerges as a crucial space where LGBTQ+ individuals are afforded the opportunity to explore their identities and process the impact of societal prejudice [4].

A recent **article** investigated internalized homonegativity, anxiety, depression, and coping strategies among LGBTQ+ respondents across Europe. The **article** utilized several key measures to assess the psychological well-being of five LGBTQ+ participants from different European countries:

**1. Internalized Homonegativity Scale (IHS):** This scale measures the degree to which LGBTQ+ individuals have internalized negative societal attitudes towards homosexuality. Scores ranged from 20 to 60. **Jonas (Lithuania)** scored 23, indicating lower internalized homonegativity. **Eva (Germany)** scored 20, also suggesting lower internalized homonegativity. In contrast, **Andriy (Norway)** scored 59 and **Alex (Poland)** scored 60, both indicating higher levels of internalized homonegativity. **Sofie (Norway)** scored 36, suggesting a moderate level. The results are presented in Diagram №1.

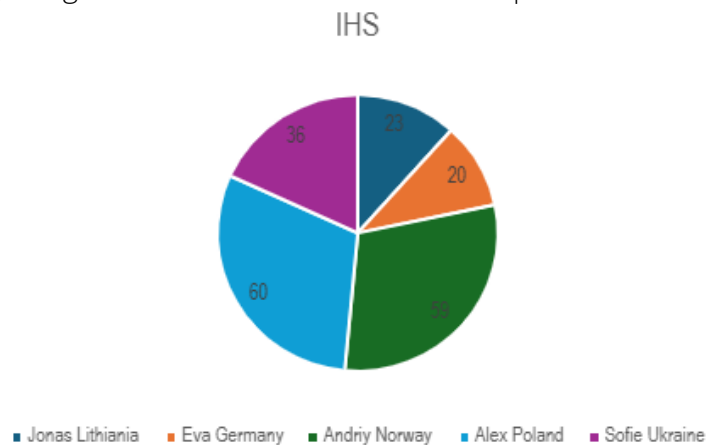


Diagram №1

**2. Guilt and Shame Proneness Scale (GASP):** This scale measures the tendency to experience guilt and shame. **Jonas** showed moderate shame (16) and high guilt (25). **Eva** had low shame (10) and moderate guilt (21). **Andriy** exhibited high proneness to both shame (24) and guilt (25). **Alex** scored high in shame (22) but lower in guilt (14). **Sofie** had moderate shame (18) and low guilt (6). The results are presented in Diagram № 2.

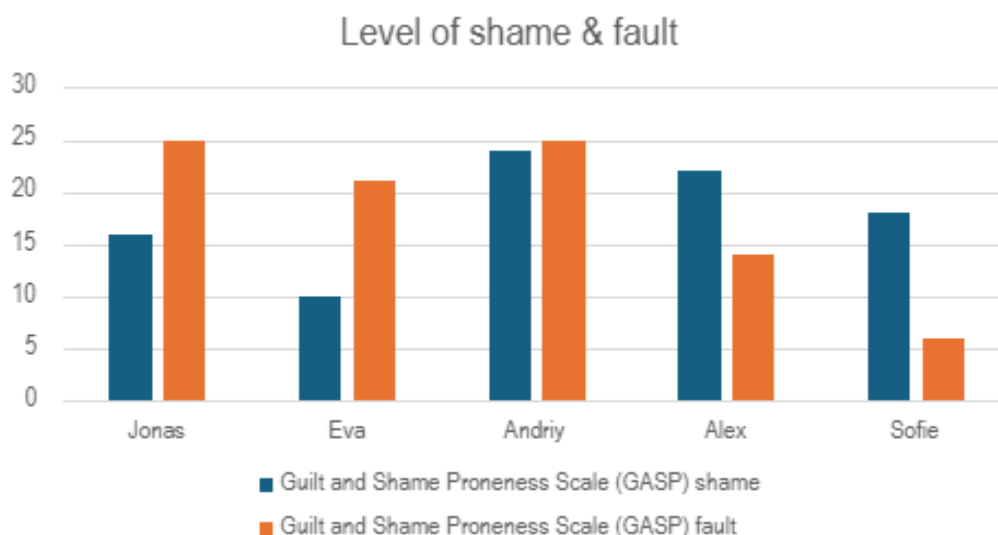


Diagram №2

**3. Rosenberg Self-Esteem Scale:** This scale measures global self-worth. Scores ranged from 13 to 23. **Jonas** scored 18 (moderate self-esteem), **Eva** scored 13 (lower self-esteem), **Andriy** scored 22 (relatively high self-esteem), **Alex** scored 15 (lower self-esteem), and **Sofie** scored 23 (high self-esteem). The results are presented in Diagram № 3.

Rosenberg Self -Esteem Scale Self -Esteem Score

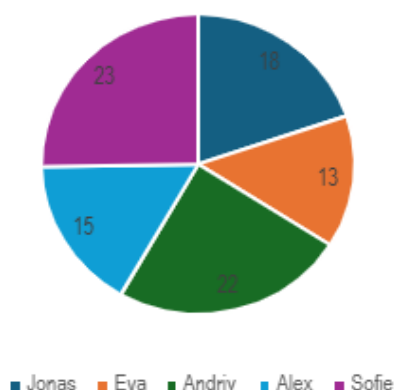


Diagram № 3

**4. Spielberger State-Trait Anxiety Inventory (STAI):** This inventory measures both general tendency towards anxiety (trait) and current anxiety levels (state). Trait anxiety scores ranged from 44 to 67, with **Jonas** (61), **Eva** (65), **Alex** (67), and **Sofie**



(61) showing high levels, while **Andriy** scored moderately (44). State anxiety scores varied more, with **Andriy** reporting a high level (65) at the time of assessment. The results are presented in Diagram №4.

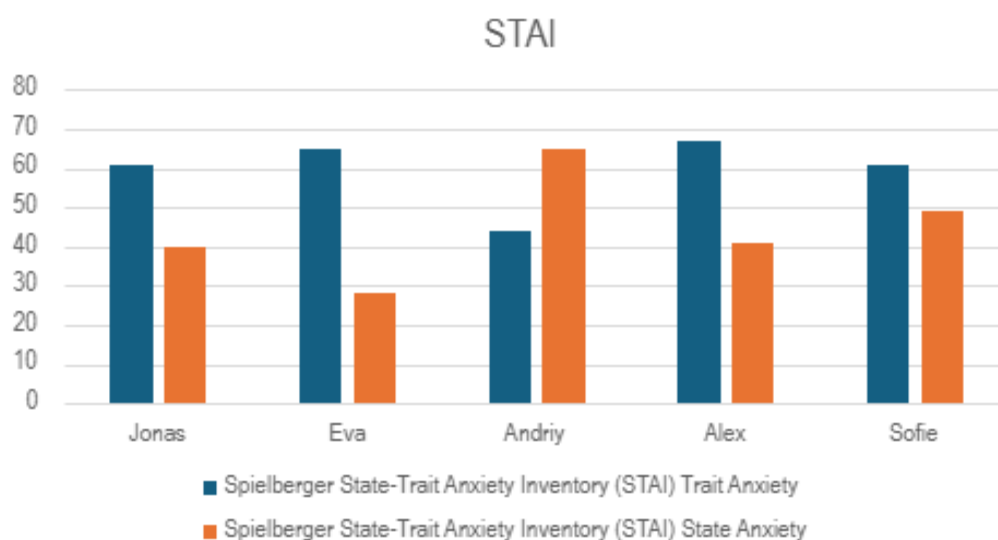


Diagram №4

**5. Beck Depression Inventory (BDI):** This scale measures the severity of depressive symptoms. All participants showed clinically significant levels of depression, with scores ranging from 37 to 63. **Jonas** (41), **Eva** (49), **Andriy** (37), **Alex** (49), and **Sofie** (63) all indicated moderate to severe depression. The results are presented in Diagram №5.

**Beck Depression Inventory (BDI) Depression Level  
(Points)**

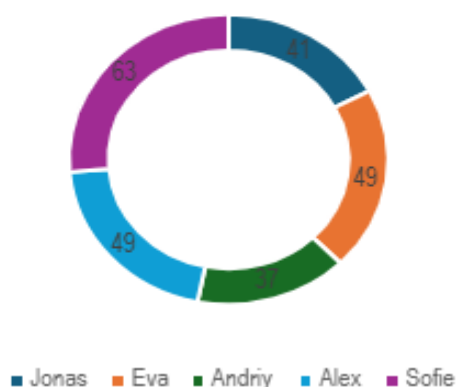


Diagram №5

**6. Multidimensional Scale of Perceived Social Support (MSPSS):** This scale measures perceived social support from family, friends, and significant others. Scores ranged from 15 to 64. **Jonas** reported the highest support (64), while **Eva** (15) and **Sofie** (25) reported the lowest. **Andriy** scored moderately (47), and **Alex** reported low to moderate support (35). The results are presented in Diagram №6.

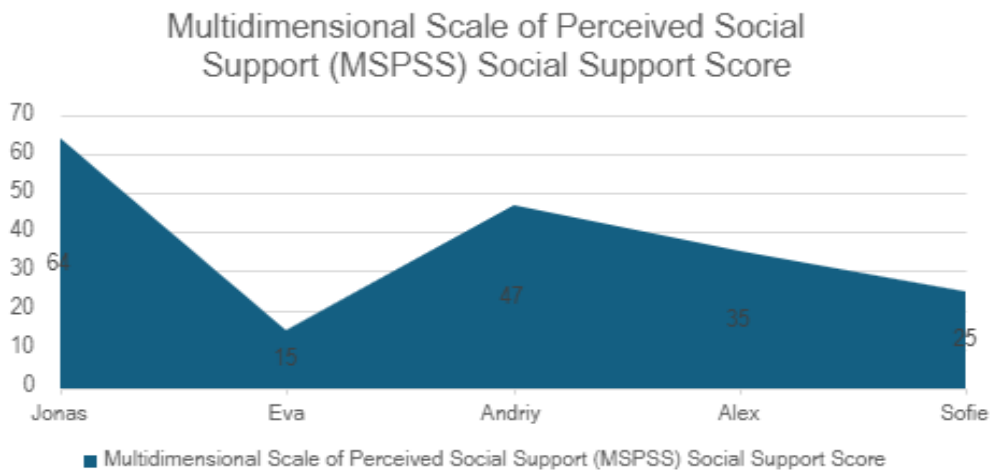


Diagram №6

**7. COPE Inventory (Coping Strategies):** This inventory assesses different ways of coping with stress. **Jonas** and **Eva** showed a high use of avoidance. **Andriy** used avoidance and seeking support. **Alex** showed low avoidance. **Sofie** utilized positive reinterpretation more prominently. The results are presented in Diagram №7.

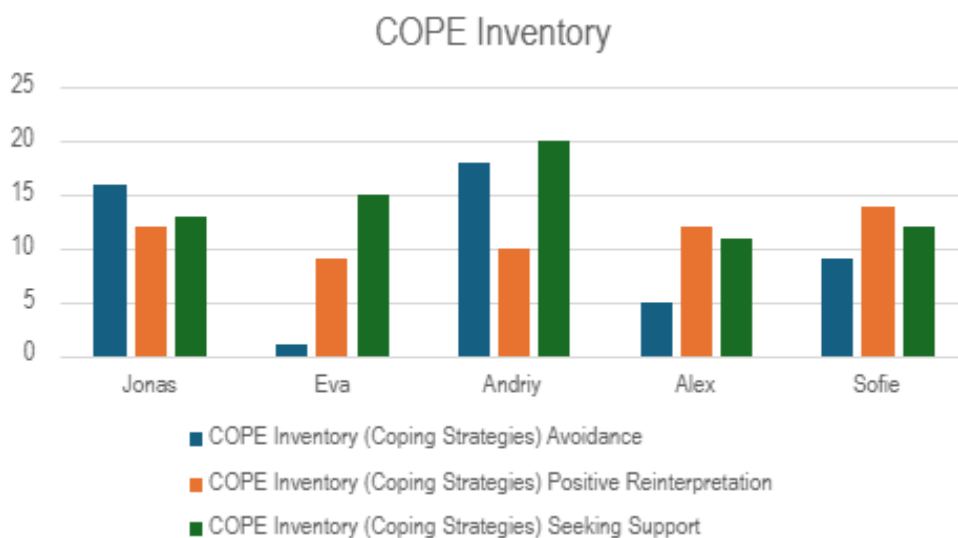


Diagram №7

The findings of this **article** underscore that internalized homonegativity and feelings of shame are critical factors exacerbating the psychological distress experienced by LGBTQ+ individuals [5]. The varying levels of internalized homonegativity, shame, guilt, self-esteem, anxiety, and depression across the participants highlight the complex interplay of these factors. Notably, low perceived social support appears to correlate with higher levels of depression and anxiety, as seen in Eva and Sofie. Conversely, higher social support, as reported by Jonas, may act as a buffer despite other challenges. The coping strategies employed also varied, with a tendency towards avoidance potentially hindering effective stress management.

The establishment of a genuine therapeutic presence, characterized by empathy, unconditional positive regard, and active listening, alongside the explicit



act of naming and validating the shame experienced by the client, constitutes essential first steps in dismantling the often-ferocious inner critic built by years of societal rejection and invalidation [6]. Therapeutic modalities such as narrative therapy, which empowers individuals to re-author their life stories beyond the confines of trauma; somatic experiencing, which focuses on releasing trauma held within the body; and existential therapy, which explores meaning-making and authenticity in the face of societal pressures, have proven particularly effective in assisting clients to reconstruct their identities in a way that honors their true selves [7, 8, 9].

It is crucial to acknowledge that the journey of recovery and self-acceptance is rarely linear. LGBTQ+ clients often experience a fluctuating dynamic between seeking visibility and retreating into safety, navigating a world that can feel both validating and threatening. This underscores the necessity of long-term, non-pathologizing support that affirms their experiences and fosters resilience [10]. Furthermore, addressing the intersectionality of identities—how factors such as race, ethnicity, socioeconomic status, and disability intersect with sexual orientation and gender identity—is paramount for providing truly comprehensive and culturally competent care, as these intersecting identities can compound experiences of stigma and discrimination [11]. Psychoeducation for both the individual and their support systems, including family and chosen family, plays a vital role in fostering understanding, acceptance, and the creation of supportive environments that mitigate the impact of social stigma [12]. Ultimately, fostering a society that embraces diversity and actively challenges prejudice is fundamental to alleviating the hidden burden of internalized shame carried by LGBTQ+ individuals and promoting their overall well-being [13].

### References:

- [1] Bronski, M. (2011). *A queer history of the United States*. Beacon Press.
- [2] Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139–167.
- [3] D'Augelli, A. R. (1994). Lesbian and gay youth: Research findings and social policy implications. *Journal of Adolescent Research*, 9(2), 140–151. <https://doi.org/10.1177/074355489492003>
- [4] Davies, M., & Neal, C. (2000). Therapeutic work with lesbians, gay men and bisexuals: Contemporary issues. *Clinical Psychology & Psychotherapy*, 7(3), 169–179. [https://doi.org/10.1002/1099-0879\(200007\)7:3<169::AID-CPP243>3.0.CO;2-#](https://doi.org/10.1002/1099-0879(200007)7:3<169::AID-CPP243>3.0.CO;2-#)
- [5] Erskine, R. G., Moursund, J. P., & Trautmann, R. L. (1999). *Beyond empathy: A therapy of contact-in-relationship*. Brunner/Mazel.
- [6] Frost, D. M., & Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbian, gay, and bisexual adults. *Journal of Counseling Psychology*, 56(1), 91–103. <https://doi.org/10.1037/a0012844>
- [7] Herek, G. M. (2007). Confronting sexual stigma and prejudice: Theory and practice. *Journal of Social Issues*, 63(4), 905–925. <https://doi.org/10.1111/j.1540-4560.2007.00544.x>
- [8] Levine, P. A. (1997). *Waking the tiger: Healing trauma*. North Atlantic Books.



- [9] 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>
- [10] Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346–352. <https://doi.org/10.1542/peds.2007-3524>
- [11] Shernoff, M. (2006). Psychoeducation groups for gay men newly diagnosed with HIV. *Journal of Gay & Lesbian Psychotherapy*, 10(1–2), 141–157. [https://doi.org/10.1300/J236v10n01\\_08](https://doi.org/10.1300/J236v10n01_08)
- [12] White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. W. W. Norton & Company.
- [13] Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 30–41. [https://doi.org/10.1207/s15327752jpa5201\\_2](https://doi.org/10.1207/s15327752jpa5201_2)

## **ЗАНУРЕННЯ У СОРОМ, МОВЧАННЯ ТА ВИЖИВАННЯ: ІНТЕРНАЛІЗОВАНА ОПЕСІЯ ТА БОРОТЬБА ЗА ПСИХІЧНЕ ЗДОРОВ'Я СЕРЕД ЛГБТ-СПІЛЬНОТИ**

Вергун Поліна Дмитрівна

Студентка другого курсу вищої освіти

Факультет соціально-гуманітарних наук

Державний заклад "Південноукраїнський національний педагогічний університет імені К.Д. Ушинського", Україна

Венгер Ганна Сергіївна

Кандидат психологічних наук, старший викладач

кафедри клінічної психології та психічного здоров'я

"Південноукраїнський національний педагогічний університет імені К.Д. Ушинського", Україна

**Анотація.** У цій статті розглядаються психологічні наслідки інтерналізованої опресії серед ЛГБТ-осіб у різних культурних контекстах. Ґрунтуючись на психодинамічній теорії, моделях стресу меншин та якісних даних, досліджується, як постійне суспільне неприйняття може перерости у спрямований на себе сором, придушення ідентичності та хронічний психологічний дистрес. У статті висвітлюються такі поширені патерни, як інтерналізована гомонегативність, емоційна відстороненість, самозамовчування та тілесна дисоціація. За допомогою поглибленого порівняння клінічних випадків та міжкультурної діагностики, у статті визначаються терапевтичні стратегії, які допомагають клієнтам подолати довгострокові наслідки невидимості, провини та страху. Отримані результати підкреслюють роль ідентичність-підтверджуючої терапії у відновленні емоційної цілісності, поверненні суб'єктності та сприянні психологічному відновленню.

**Ключові слова:** інтерналізована опресія, сором, психічне здоров'я ЛГБТ, стрес меншин, самозамовчування, травма, ідентичність-орієнтована терапія, культурне порівняння.