

Minority stress and the psychological well-being of non-heteronormative people: The mediating role of internal dialogues

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Summary

Aim. Non-heteronormative people experience minority stress, which co-occurs with suicidal thoughts, symptoms of depression, lower self-esteem, and low life satisfaction. The aim of the article is to establish the relationship between minority stress experienced by these people and their psychological well-being, and to determine whether internal dialogues mediate this relationship.

Material and methods. 130 non-heterosexual people aged 18–46 were studied. In addition to the sociodemographic survey, the *Minority Stress Scale* (MSS), the *Functions of Dialogues – Revised Questionnaire* (FUND-R) and the *Psychological Well-Being Scale* (PWBS) were used.

Results. It was found that psychological well-being correlates negatively with aspects of minority stress – expectation of rejection and hiding, but positively with the level of self-disclosure and satisfaction with self-disclosure. Ruminative dialogues mediate the negative relationships between the expectation of rejection and well-being as well as between hiding and well-being, while self-knowing dialogues mediate positive relationships between the level of disclosure and well-being as well as between satisfaction with disclosure and well-being.

Conclusions. In order to improve the well-being of non-heteronormative patients/clients experiencing minority stress, in psychological or psychiatric practice it is worth reducing their ruminative dialogues and replacing them with self-knowing dialogues.

Key words: non-heteronormative people, minority stress, psychological well-being

Introduction

Minority stress of non-heteronormative people

The situation of non-heterosexual people both in Poland and in the world is still controversial. There is little scientific research on the variables that have the potential to improve the mental health and well-being of this social group. This article is an attempt to fill this gap. It aims to answer the question: what is the relationship between minority stress experienced by non-heteronormative people and their psychological well-being, and whether internal dialogues mediate this relationship?

The concept of minority stress draws from various stress theories. One is the theory of Lazarus and Folkman [1–3], which emphasises the importance of the relationship between the environment and the individual – how the environment influences the person, but also how the person interprets this influence, what coping mechanisms they use. A second inspiration is Kaplan's concept [4], which presents the notion of psychosocial stress, the source of which lies in psychosocial phenomena that are unfavourable for the person.

The concept of minority stress (mainly applied to sexual minorities) refers to the conflict between two value systems: the minority one, typical of the stigmatised group, and the majority one, preferred in society. There are many detailed approaches to this phenomenon. According to Meyer [5], a sense of harmony with the environment is the basis of health – in the case of the 'otherness' of people from minority groups, this harmony is disturbed. Iniewicz [2] sees a conflict between the individual needs of minority people and the norms and demands of society. Rosenberg [6] emphasises the attribution of meaning to oneself and the group to which one belongs through the prism of social judgements [see 5, p. 27]. The element of stigmatisation of the group, i.e. attributing a lower status to the group because of a selected characteristic, is also emphasised [7]. The phenomenon of minority stress has three main characteristics: (1) uniqueness, because it is not a common stressor; (2) social conditioning; and (3) chronicity, because social and cultural conditions are relatively constant [5].

The best-known minority stress model, proposed by Meyer [5], addresses stressors, coping mechanisms and their impact on health. The elements of the model interact with each other. Stress triggers are placed on a continuum, one end of which is distal factors (external and objective) and the other end is proximal factors (internal and subjective). Distal factors are mainly negative events related to psychological violence (ridicule, insults) or physical violence (beatings, sexual violence). The three main proximal factors are: (1) internalised homophobia, i.e. the adoption of a negative self-image on the basis of information from the environment [8]; (2) the expectation of rejection, created on the basis of negative events related to sexual orientation; and (3) the degree of hiding from the environment in different areas of one's life. Over time, in the context of the model, (4) the level of disclosure of a non-heterosexual person in the environment and (5) their satisfaction with disclosure began to be discussed. Ultimately, these five components are measured by the *Minority Stress Scale* [9], used in the study presented further.

The authors of the report on research conducted in Poland in 2019–2020 [10] indicate declining self-esteem of LGBTQ+ people compared to 2015–2016 and link this to experiences of discrimination and non-acceptance. Manifestations of microaggressions (micro-insults, micro-invalidations and micro-assaults), were found to be the strongest predictor of reduced self-esteem. An increase in depressive symptoms was also observed, particularly among those who conceal their orientation. In the other chapter of the 2019–2020 report, Górska [11] shows that both intrinsic and extrinsic indicators of minority stress co-occur with suicidal thoughts, depressive symptoms, lowered self-esteem, and low life satisfaction, i.e. negative measures of well-being.

Well-being and internal dialogues in situations of minority stress of non-heteronormative people

The concept of psychological well-being is understood in two ways: as hedonistic well-being, i.e. focused on pleasure and gaining satisfaction [12], or as eudaimonic well-being, which considers authenticity in life, the pursuit and achievement of goals and the development of good qualities as a measure of happiness [13]. One of the most important models of psychological (eudaimonic) well-being, proposed by Ryff [14, 15], includes six dimensions: autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance.

Autonomy means independence from external pressures, internal control of one's behaviour, a sense of freedom and optimal daily functioning. Environmental mastery emphasises a sense of agency, the ability to cope with different environmental conditions and to take advantage of them – taking what 'fate' gives. Personal growth includes openness to experience, the ability to actualise one's potential by constantly seeking opportunities for further development and refining skills already acquired. Relationships with others is a dimension that refers to the quality of contacts, the ability to experience love, to enter into intimate relationships with others. Purpose in life concerns whether a person is able to manage their life, to set and achieve important goals, and whether they have a value and belief system that gives a sense of self-control and makes life meaningful. Finally, self-acceptance, as a core property of mental health, is related to maturity and self-actualisation. Not only a positive but also a realistic self-image is important here – accepting both one's strengths and flaws [14].

The key is that each dimension of well-being includes both positive and negative emotions. According to Ryff and Singer [16], people often notice their capabilities and values in crisis situations when they are subjected to trials. At the same time, "psychological well-being is treated as an indicator of individuals' adaptation to various critical or crisis life events" [17, p. 156] [see 15]. In this context, it can be assumed that the psychological well-being of non-heteronormative individuals will depend on how they cope with the experience of being a minority, which may be manifested in the intensity of their proximal (internal, subjective) stressors in Meyer's terms [5], i.e. internalised homophobia, expectation of rejection, hiding or satisfaction with disclosure. Probably those who, in the face of (potential) rejection due to their orientation, decide to hide it from others and do not accept it themselves, will be more depressed, have

lower self-esteem and consequently lower well-being [see 11, 18]. In contrast, those who, despite the risk of insults and humiliation, decided to reveal their orientation and consider it a good decision will most likely experience fewer negative symptoms [18] and, as a result, greater well-being. We expect that these processes may be mediated by internal dialogues.

Internal dialogue means that a person alternately adopts at least two different viewpoints, and the positions formulated from them (in mind or aloud) relate to each other [19]. The concept of internal dialogue stemmed from Hermans' dialogical self theory [20]. The author defines the dialogical self as a dynamic multiplicity of viewpoints/perspectives available to a person. Each perspective, called an I-position, arises in a specific time and social context, representing a distinct 'voice' (e.g. one's own voice or the voice of a significant person, group or society). I-positions are related to each other in the pattern of social relations (society of mind), so a person can conduct not only interpersonal (external) but also intrapersonal (internal) dialogues. Internal dialogical activity is understood as engaging in dialogues with imaginary characters, continuing or simulating social dialogical relations in one's own mind, and confronting viewpoints that represent different I-positions relevant to personal and/or social identity [21].

Internal dialogues have different functions, such as analysing, bonding, self-knowing, fantasising, ruminating, and testing [22]. In the context of the well-being of non-heteronormative people and their struggles with minority stress, ruminative and self-knowing dialogues seem particularly relevant. Ruminative dialogues involve ineffective pursuit of the topic, persistent thinking about the problem without reaching constructive solutions, which results in fatigue and lower well-being of the person. Self-knowing dialogue is focused on searching for the truth about oneself, defining one's identity by combining different perspectives in dialogue from which one can look at oneself. These dialogues help the person notice their resources and deficits and integrate contradictory elements within the self [22].

Internal dialogues usually occur in difficult situations, in moments of doubt and uncertainty [23, 24]. LGBT+ people experience uncertainty in many everyday situations, for example when considering joining a new group and revealing or hiding their orientation. The awareness that, because of their non-heteronormativity, the person may be rejected by the group probably leads them to consider alternative scenarios of the situation. This can take the form of an internal dialogue – the person imagines their own statements and the potential responses of the interlocutor about their orientation. If they have their own negative experiences of similar situations or expect ostracism based on the experiences of other LGBT+ people, it is possible that they will conduct a ruminative dialogue, i.e. they will recall what happened to them or their friend before, they will relive unpleasant emotions, they may blame themselves and torment themselves about their orientation. Ruminative dialogues are tiring and lead to lower mood, so they will be negatively related to psychological well-being [22, 25].

It may also be that a person has already disclosed their orientation in another group before and has not experienced unpleasantness because of it, or has worked through it constructively, so now, when planning to enter a new group, he/she is

considering the importance of authentic functioning. They can then analyse the role of non-heteronormativity in their identity from different points of view to decide how much risk it is worth taking to reveal their orientation in a new company. Such a dialogue, focused on searching for the truth about oneself and clarifying identity, is a self-knowing dialogue. It resembles the so-called identity dialogues [26], which show positive relationships with well-being [19, 25].

Taking into account the theories and research cited, the following hypotheses were posed in relation to non-heteronormative people:

H1: Psychological well-being correlates:

- (a) negatively with internalised homophobia, expectation of rejection and hiding;
- (b) positively with the level of disclosure and satisfaction with disclosure.

H2: Psychological well-being correlates:

- (a) negatively with ruminative dialogues;
- (b) positively with dialogues with self-knowing dialogues.

H3: Ruminative dialogues mediate the negative relationship between: internalised homophobia (a), expectation of rejection (b), hiding (c), and overall psychological well-being.

H4: Self-knowing dialogues mediate the positive relationship between: level of disclosure (a) and satisfaction with disclosure (b), and overall psychological well-being.

Material

Participants

The study was conducted on a group of 130 non-heterosexual people from all over Poland. The respondents were aged 18–46 ($M_{age} = 23.5$; $SD = 4.53$). Men made up 50.8%, women 43.8%, 5.4% of people did not identify with either gender, describing their gender as nonbinary, agender or genderfluid. Homosexuals made up 62.3%; 25.4% were bisexual; 3.8% were asexual; 5.4% were pansexual and 3.1% were queer or unsure of their sexual orientation. Those who were not in a relationship accounted for 54.7%, while 45.3% were in an informal relationship. Among participants, 37.7% lived in a city of more than 500,000 inhabitants, 23.8% in a city between 101,000 and 500,000 inhabitants, 22.3% in a city of less than 100,000 inhabitants; 16.2% lived in the countryside. 60.8% of participants had secondary education, 28.5% had higher education, and 6.9% had primary education. Since the question was asked about the last level of education obtained, based on the age of the respondents, it can be assumed that people with secondary education may currently be university students, and those with primary education may be students of the last years of secondary schools. In addition to higher education, 2.3% have completed postgraduate or doctoral studies. Vocational school was completed by 1.5% of participants.

Procedure

The study lasted about 20 minutes. It was conducted via an online survey. Respondents were sought via social media (Facebook), the website queer.pl and through individual contact, followed by the snowball method. Participants were assured of the anonymity of the study and the collective analysis of the data. Respondents gave informed consent to the study. The procedure received a positive opinion from the ethics committee of the university where the research was conducted.

Methods

In the study, in addition to the sociodemographic survey, three scales were used, in the order given below. The reliability indices obtained in this study are presented in Table 1.

The Minority Stress Scale (MSS)

The MSS created on the basis of Meyer's model by Goldblum, Waelde, Skint, and Dilley was used in the Polish adaptation [9]. The questionnaire contains 5 subscales: *Internalised homophobia* (10 statements, 4-point scale: from 1 – “never” to 4 – “often”); *Expectation of rejection* (6 statements, 4-point scale: 1 – “totally disagree”, 2 – “rather disagree”, 3 – “rather agree”, 4 – “totally agree”); *Hiding* (6 statements, 5-point scale: 1 – “not at all”, 2 – “rarely”, 3 – “sometimes”, 4 – “often”, 5 – “all the time”); *Level of disclosure* (5 questions, 4-point scale: 1 – “not at all”, 2 – “partly”, 3 – “mostly”, 4 – “completely”); *Satisfaction with disclosure* (5 questions, 6-point scale: from 1 – “completely dissatisfied”, to 6 – “completely satisfied”). There is also a *Negative events* subscale, where answers are given on a nominal scale. As it is mainly used for qualitative analysis, it was not included in the analyses presented here.

The Functions of Dialogues – Revised Questionnaire (FUND-R)

The FUND-R questionnaire by Puchalska-Wasyl and Zarzycka [22] contains 24 items. Responses are given on a 5-point scale (1 – “strongly disagree”, 2 – “disagree”, 3 – “have no opinion/don't know”, 4 – “agree”, 5 – “strongly agree”). The method consists of 6 subscales (4 items each), measuring the functions of internal dialogues: *analysing, bonding, self-knowing, fantasising, ruminating, and testing*. In this study, only the functions of self-knowing and ruminating were analysed, understood as described in the *Introduction*.

The Psychological Well-Being Scale (PWBS)

The PWBS by Ryff was used in the Polish adaptation [13]. It includes 42 items and answers are given on a 7-point scale (1 – “strongly disagree”, 2 – “disagree”, 3 – “rather disagree”, 4 – “have no opinion”, 5 – “rather agree”, 6 – “agree”, 7 – “strongly agree”).

The scale consists of 6 subscales (7 items each) measuring 6 dimensions of well-being, understood as described in the *Introduction*. These are: *autonomy*, *environmental mastery*, *personal growth*, *positive relationships with others*, *purpose in life*, and *self-acceptance*.

Results

The main analyses were preceded by checking descriptive statistics and assumptions of normality, using the Kolmogorov-Smirnov test with Lilliefors correction. Results for self-knowing dialogues (FUND-R), level of disclosure (MSS) and the 4 subscales of the PWBS (autonomy, positive relationships with others, purpose in life, and self-acceptance) showed a slight negative skewness (-0.01 to -0.46), while the other subscales showed a slight positive skewness (0.01 to 0.94). However, all coefficients ranged from -1 to 1, so skewness allowed the use of parametric tests in further analyses [27].

Pearson's r correlations were then calculated for all measured variables to verify H1 and H2 (Table 1). H1a was partially confirmed. Moderate negative correlations were found between general psychological well-being and the minority stress scales: expectation of rejection and hiding. However, a negative relationship between internalised homophobia and general well-being was not confirmed, but only with one of its dimensions – autonomy. H1b was fully supported – moderate positive correlations were noted between psychological well-being and level of disclosure and satisfaction with disclosure. The verification of H1 shows that the more a non-heterosexual person expects to be rejected and the stronger the compulsion they feel to hide their orientation, the lower their psychological well-being will be. In contrast, the more a person reveals his/her orientation in various environments and feels satisfied with it, the greater will be their psychological well-being.

H2a was also supported. Ruminative dialogues were found to correlate moderately negatively with general psychological well-being. An analogous correlation was found for all aspects of well-being. This means that in non-heterosexual people, replaying unpleasant events in internal dialogues co-occurs with a decrease in general well-being and its aspects. In line with H2b, it was also confirmed that self-knowing dialogues correlate moderately positively with general well-being. This means that the search for the truth about oneself and the ability to define one's identity coexist in non-heterosexuals with improved mood and functioning. Self-knowledge through internal dialogue also promotes all aspects of well-being except autonomy.

Table 1. Correlation and reliability coefficients for measured variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Internalised homophobia	—													
2. Expectation of rejection	0.21*	—												
3. Hiding	0.52***	0.29***	—											
4. Level of disclosure	-0.21*	-0.14	-0.40***	—										
5. Satisfaction with disclosure	-0.24**	-0.39***	-0.41***	0.53***	—									
6. Ruminative dialogue	0.16	0.22**	0.27**	-0.13	-0.16	—								
7. Self-knowing dialogue	0.17	-0.01	0.04	0.15	0.16	-0.22**	—							
8. Psychological well-being	-0.12	-0.33***	-0.31***	0.37***	0.37**	-0.40***	0.30***	—						

table continued on the next page

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; α – Cronbach's alpha

To verify H3 and H4, a mediation analysis was conducted using Hayes' PROCESS macro, model 4 [28]. Standardised indirect effects were computed for each of the 5,000 bootstrapped samples and the corresponding 90% confidence intervals were calculated. The results are presented in Table 2. According to H3 ruminative dialogues mediate between a given aspect of minority stress – internalised homophobia (a), expectation of rejection (b), or hiding (c) – and overall psychological well-being. H3a was not confirmed: since the relationship between internalised homophobia and general well-being was not confirmed (H1a), the mediating role of ruminative dialogue in such a relationship was not confirmed either (H3a). In contrast, H3b and H3c were supported. The expectation of rejection and hiding are positively related to ruminative dialogues, which are in turn negatively related to general well-being. The indirect effect (*ab*) is negative and statistically significant, i.e. ruminative dialogues mediate

the relationships between the expectation of rejection and well-being and between hiding and well-being. This means that the expectation of rejection and hiding favour ruminative dialogues, which, by pursuing the problem to no avail, result in fatigue, frustration, blame, and ultimately lead to a decrease in the psychological well-being of non-heteronormative people.

Table 2. **Mediation analysis for ruminative and self-knowing dialogues as mediators in the relationship between minority stress components and psychological well-being**

Model	<i>R</i> ²	<i>c'</i>	<i>c</i>	<i>a</i>	<i>b</i>	<i>ab</i>	90% CI	
							lower	upper
Internalised homophobia – ruminative dialogue – well-being	0.01	-0.06	-0.12	0.16 [^]	-0.39***	-0.06	-0.139	0.004
Expectation of rejection – ruminative dialogue – well-being	0.11	-0.26**	-0.33***	0.22*	-0.34***	-0.07	-0.141	-0.016
Hiding – ruminative dialogue – well-being	0.10	-0.22**	-0.31***	0.27**	-0.34***	-0.09	-0.161	-0.030
Level of disclosure – self-knowing dialogue – well-being	0.14	0.33***	0.37***	0.14 [^]	0.25***	0.04	0.001	0.086
Satisfaction with disclosure – self-knowing dialogue – well-being	0.14	0.33***	0.37***	0.16 [^]	0.25***	0.04	0.005	0.085

*R*² – magnitude of variance explained by the model; *c'* – direct effect; *c* – total effect; *a* – effect of predictor on mediator; *b* – effect of mediator on dependent variable; *ab* – effect of predictor on dependent variable via mediator; CI – confidence interval.

[^]*p* < 0.10; * *p* < 0.01; ** *p* < 0.05; *** *p* < 0.001

According to H4 self-knowing dialogues mediate the positive relationship between: level of disclosure (a) and satisfaction with disclosure (b), and overall psychological well-being. H4a and H4b were confirmed. It was found that higher levels of disclosure and higher satisfaction with disclosure co-occur with a trend toward self-knowing dialogues. In turn, these dialogues show a positive relationship with well-being. The indirect effect (ab) is positive and statistically significant, i.e. self-knowing dialogues mediate the relationship between disclosure level and psychological well-being (H4a) and, similarly, between satisfaction with disclosure and overall well-being (H4b). This means that both revealing one's orientation in the environment and the level of satisfaction with it coexist with dialogues aimed at getting to know oneself, integrating identity, but also expressing it in an open way. In turn, these dialogues promote an increase in psychological well-being.

Discussion of results

The aim of the study was to determine the relationship between psychological well-being and minority stress in non-heteronormative people, as well as the mediating role of internal dialogues in this relationship. The study confirmed the

relationships between psychological well-being and most measures of minority stress (H1) – well-being decreases with the expectation of rejection and hiding, while it increases when the person has disclosed their orientation and is satisfied with this fact. When a person is able to disclose as non-heteronormative and is not stigmatised because of this, it is easier to form a realistic, positive self-image and intimate relationships with others, as well as to fulfil one's developmental potential and guide one's behaviour against external pressures. In contrast, if a non-heteronormative person fears ostracism, their well-being will be lower and therefore they will not fully accept themselves, will find it difficult to build good relationships with others and to develop themselves.

It is worth noting that the relationship of general psychological well-being with internalised homophobia was not confirmed. Instead, detailed analysis showed a negative link between this aspect of minority stress and autonomy as a dimension of well-being. It can be assumed that if a non-heteronormative person has learned to think negatively about themselves based on information obtained from the environment (which is typical of internalised homophobia), it means that they are largely dependent on social evaluation. This is probably why it is difficult for them to maintain autonomy in acting and even planning their development. The obtained results are indirectly supported by previous studies indicating that belonging to a sexual minority, and especially hiding one's orientation, co-occur with negative measures of well-being, such as suicidal thoughts, symptoms of depression, low self-esteem, and reduced life satisfaction [10, 11].

It was also confirmed (H2) that there are relationships between psychological well-being and ruminative and self-knowing dialogues. People who, when engaging in dialogue, often return to past difficult events related to sexual orientation, have reduced psychological well-being – it is more difficult for them to work on their development, set goals, feel empowered, create a coherent self-image, including advantages and disadvantages, and build satisfying relationships. The opposite is the case with non-heteronormative people conducting self-knowing dialogues – by defining their own identity in the internal dialogue, they turn out to be more accepting of themselves, build valuable relationships, cope better with their surroundings and are able to develop even in unfavourable, stressful conditions. These findings are also consistent with the literature. In the general population, ruminative dialogues are very often associated with lowered mood, impaired functioning, fatigue from constant unproductive analysis of difficult situations, and reduced psychological well-being. In contrast, identity dialogues that allow for better self-knowledge correlate positively with psychological well-being [19, 22, 25].

The last two hypotheses regarding the mediating role of ruminative and self-knowing dialogues in the relationship between minority stress and well-being were also confirmed. People who are afraid of disclosure in their environment, expecting rejection due to previous experiences of discrimination of their sexual orientation, may easily engage in ruminative dialogues. This type of dialogue is based on an anxious approach to reality [29]. A person fearing a situation of rejection constantly analyses it, but without finding a constructive solution, they may experience increased

anxiety, depression and frustration. As a result, their well-being declines even further [22]. On the other hand, people who are satisfied with disclosure are willing to conduct self-knowing dialogues in order to expand their self-understanding and seek their own authenticity. This facilitates coping with the experience of being different, and also helps build relationships with others, create a coherent self-image and set goals. These results are consistent with those of Puchalska-Wasyl and Zarzycka [22], in the light of which self-knowing dialogues help integrate contradictory information about one's identity and promote psychological well-being. Another study has shown that identity dialogues can moderate the relationship between critical events and general well-being – the insignificant relationship between these variables became positive as the intensity of identity dialogues increased [30]. In this context, internal self-knowing dialogues appear to be important factors in building psychological well-being.

A limitation of the study that may be particularly relevant to the results is the age of the respondents. Due to the fact that the survey was conducted online, the participants were mainly young people who were in the process of forming their identity. Therefore, when talking about the results, especially those related to self-knowledge, one should be careful when generalising them to other age groups. When preparing such studies in the future, care should be taken to ensure that the group is more diverse in terms of age. Perhaps online research should be abandoned. It would also be worth conducting longitudinal study that would allow for verification of the cause-and-effect relationships suggested on the basis of this cross-sectional study.

Conclusions

The most important conclusion from the conducted research is the confirmation of the role of ruminative and self-knowing dialogues for the well-being of non-heteronormative people experiencing minority stress. The first type of dialogues will be accompanied by a decrease in well-being and, consequently, a deterioration in the individual's mood and overall functioning. This is useful information for psychological and psychiatric practice – it shows how important it is to reduce the patient/client's ruminative dialogues, which are unable to help them cope with the difficulties of belonging to a minority group, but only exacerbate the problems. Self-knowing dialogues can be an alternative. These dialogues, in which people answer questions about who they are, what are their strengths and weaknesses, and try to integrate their self-image in this way, can improve their well-being. Together with the therapist, clients can consider what situations trigger a specific type of internal dialogical activity in them, in order to be able to consciously decide on a certain type of dialogue or replace one type with another, more helpful at a given moment (e.g. replace ruminative dialogues with self-knowing dialogues).

Awareness of the existence of these two types of internal dialogues, and especially of the determinants of ruminative dialogues and their impact on patient/client well-being, is important in yet another aspect of clinical practice. In order to reduce ruminative dialogues and, consequently, counteract the decrease in the well-being

of a non-heteronormative person, the therapist should not only analyse in detail past situations in which the patient/client expected ostracism and hid their sexual orientation. The therapist should also keep in mind that the current situation of the therapy session, mainly at the beginning, can be a source of ruminative dialogues. This happens when a non-heteronormative client/patient (particularly if he/she has previously been discriminated against for this reason), fears another disclosure – this time to the presumed heteronormative therapist. Such fear becomes the first issue necessary to work through in therapy when we want to minimise ruminative dialogues. From the practitioner's point of view, it is worth realising how easy it is to trigger such dialogues, first of all in people with an anxious mode of functioning, in whom ruminations occur more easily [29]. Even a seemingly ordinary question about a partner, which assumes a person's heteronormativity, may cause fear of disclosure, and thus ruminative dialogues and decreased psychological well-being. One may therefore wonder whether a therapist should not be fully open to each person from the very first moments of the meeting, and even attempt to move beyond the heteronormative view of the world and the human being?

References

1. Lazarus RS, Folkman S. *Stress, appraisal, and coping*. New York: Springer; 1984.
2. Iniewicz G. *Stres mniejszościowy u osób biseksualnych i homoseksualnych: w poszukiwaniu czynników ryzyka i czynników chroniących*. Krakow: Jagiellonian University Press; 2015.
3. Kaczmarska A, Curyło-Sikora P. *Problematyka stresu – przegląd koncepcji*. Hygeia Public Health 2016; 51(4): 317–321.
4. Kaplan R. *The small experiment: Achieving more with less*. In: Nasar JL, Brown BB, editors. *Public and private places*. Edmond, OK: Environmental Design Research Association; 1996. Pp. 170–174.
5. Meyer IH. *Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence*. Psychol. Bull. 2003; 129(5): 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>.
6. Rosenberg M. *Conceiving the self*. New York: Basic Books; 1979.
7. Herek GM. *Sexual prejudice*. In: Nelson TD, editor. *Handbook of prejudice, stereotyping, and discrimination*. New York, NY: Psychology Press; 2009. Pp. 441–467.
8. Dragan WŁ, Iniewicz G. *Orientacja seksualna: źródła i konteksty*. Warsaw: SCHOLAR Publishing House; 2020.
9. Iniewicz G, Sałapa K, Wrona M, Marek N. *Minority stress among homosexual and bisexual individuals – from theoretical concepts to research tools: The Sexual Minority Stress Scale*. Arch. Psychiatry Psychother. 2017; 19(3): 69–80. <https://doi.org/10.12740/APP/75483>.
10. Bulska D, Winiewski M. *Zdrowie psychiczne i jakość życia osób LGBT+*. In: Winiewski M, Świdler M, editors. *Sytuacja społeczna osób LGBT w Polsce*. Warsaw: Campaign Against Homophobia and Lambda; 2021. Pp. 154–167.
11. Górska P. *Stres mniejszościowy*. In: Winiewski M, Świdler M, editors. *Sytuacja społeczna osób LGBT w Polsce*. Warsaw: Campaign Against Homophobia and Lambda; 2021. Pp. 168–199.

12. Diener E, Lucas RE, Scollon CN. *Beyond the hedonic treadmill: Revising the adaptation theory of well-being*. Am. Psychol. 2006; 61(4): 305–314.
13. Krok D. *Religijność a jakość życia w perspektywie mediatorów społecznych*. Opole: Editorial Office of the Faculty of Theology, University of Opole; 2009.
14. Ryff CD. *Happiness is everything, or is it? Explorations on the meaning of psychological wellbeing*. J. Pers. Soc. Psychol. 1989; 57(6): 1069–1081.
15. Ryff CD. *Psychological well-being revisited: Advances in science and practice*. Psychother. Psychosom. 2014; 83(1): 10–28. <https://doi.org/10.1159/000353263>.
16. Ryff CD, Singer B. *Ironies of the human condition: well-being and health on the way to morality*. In: Aspinwall LG, Staudinger UM, editors. *A psychology of human strengths: Fundamental questions and future directions for a positive psychology*. Washington: American Psychological Association; 2002. Pp. 271–287.
17. Ińska M, Kołodziej-Zaleska A. *Dobrostan hedonistyczny i eudajmonistyczny w sytuacjach kryzysów normatywnych i nienormatywnych*. Zeszyty Naukowe Politechniki Śląskiej 2018; 123: 155–184.
18. Crawford TN, Ridner SL. *Differences in well-being between sexual minority and heterosexual college students*. J. LGBT Youth 2018; 15(3): 243–255. <https://doi.org/10.1080/19361653.2018.1470954>.
19. Puchalska-Wasyl MM. *Internal dialogues and authenticity: How do they predict well-being?* J. Constr. Psychol. 2022; 35(4): 1328–134. <https://doi.org/10.1080/10720537.2021.1983739>.
20. Hermans HJM. *The construction and reconstruction of a dialogical self*. J. Constr. Psychol. 2003; 16(2): 89–130.
21. Puchalska-Wasyl MM, Chmielnicka-Kuter E, Oleś P. *From internal interlocutors to psychological functions of dialogical activity*. J. Constr. Psychol. 2008; 21(3): 239–269. <https://doi.org/10.1080/10720530802071476>.
22. Puchalska-Wasyl M, Zarzycka B. *Why do we have internal dialogues? Development and validation of the Functions of Dialogues – Revised Questionnaire (FUND-R)*. J. Constr. Psychol. 2023; 36(3): 273–297. <https://doi.org/10.1080/10720537.2021.2010625>.
23. Oleś PK. *Dialogowe funkcje Ja – implikacje dla zdrowia*. Chowanna (Special volume) 2012; 47–65.
24. Puchalska-Wasyl MM, Oleś P. *Doubtfulness – A dialogical perspective*. Psychol. Lang. Commun. 2013; 17(2): 101–113. <https://doi.org/10.2478/plc-2013-0007>.
25. Puchalska-Wasyl MM, Zarzycka B. *Internal dialogue as a mediator of the relationship between prayer and well-being*. J. Relig. Health 2020; 59: 2045–2063. <https://doi.org/10.1007/s10943-019-00943-2>.
26. Oleś PK, Brinthaup TM, Dier R, Polak D. *Types of inner dialogues and functions of selftalk: Comparisons and implications*. Front. Psychol. 2020; 11: 227. <https://doi.org/10.3389/fpsyg.2020.00227>.
27. George D, Mallory M. *SPSS for Windows step by step: A simple guide and reference, 17.0 update*, 10th ed. Boston: Pearson; 2010.
28. Hayes AF. *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*, 2nd ed. New York: Guilford Press; 2018.
29. Oleś PK, Puchalska-Wasyl MM. *Dialogicality and personality traits*. In: Hermans HJM, Gieser T, editors. *Handbook of dialogical Self theory*. Cambridge: Cambridge University Press; 2012. Pp. 241–252.

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30. Puchalska-Wasyl MM. *Do wisdom and well-being always go hand in hand? The role of dialogues with oneself*. J. Happiness Stud. 2023; 24(3): 1059–1074. <https://doi.org/10.1007/s10902-023-00621-x>.

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