

A Qualitative Study on Identity Invalidation, Familial Expectations, and Mental Health Among Bisexual College Students in India

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Abstract

This study explores the experiences of bisexual college students in India, focusing on identity invalidation, family expectations, and mental health. A qualitative phenomenological approach was used to understand participants' lived experiences in depth. Data were collected through semi-structured interviews with bisexual college students aged 18–25 years using purposive and snowball sampling. The interview data were analyzed using thematic analysis to identify common patterns and shared experiences.

The findings showed that many participants experienced identity invalidation from family members, peers, and society, along with pressure to follow traditional heterosexual expectations. These experiences often led to emotional distress, confusion, and difficulties in expressing their identities openly. At the same time, participants showed resilience by using coping strategies such as seeking support from friends, selectively sharing their identity, and finding safe and accepting spaces.

Overall, this study highlights the importance of creating more inclusive and supportive environments for bisexual students. It emphasizes the need for greater awareness, family understanding, and access to LGBTQ-affirmative mental health support within educational and social settings in India.

INTRODUCTION

According to APA the capacity to be drawn to more than one gender romantically, emotionally, and/or sexually is referred to as bisexuality (American Psychological Association [APA], 2021). Bisexuals are a large proportion of the sexual minorities around the world; nonetheless, they tend to have poorer psychological adjustment than their heterosexual and gay/lesbian peers in terms of increased rates of depression, anxiety, suicidal thoughts, and substance abuse disorders in spite of their enhanced public visibility (Bostwick et al., 2013; Ross et al., 2018). Stress associated with sexual identity, including stigma, discrimination, and invalidation of identity, partly contributes to the increased mental health burden in bisexual populations. Identification invalidation, as per Feinstein, Dyar, Bhatia, and Latack (2019), is when an individual's bisexual identification is invalidated, denied, or misrepresented by others. As per research carried out in a number of countries, for instance, around 4% of adults self-identify as bisexual, and younger cohorts have been found to show increased self-identification (Ipsos, 2023). Bisexual erasure and monosexism, where bisexuality is only seen as a stage, a misperception, or based on the gender of one's current partner, are more insidious forms of invalidation that can also be in the overt forms such as verbal abuse (McLean, 2018; Feinstein et al., 2019). Important legal developments regarding LGBTQ+

rights have taken place in India, by overturning portions of the Indian Penal Code (IPC) criminalizing homosexuality, the Supreme Court's historic judgment in *Navtej Singh Johar v. Union of India* (2018) decriminalized consenting adult same-sex sexual acts and reasserted the constitutional entitlements of equality, freedom, and privacy (Supreme Court of India, 2018). The Supreme Court of India (2014) affirmed the right to self-identification and acknowledged transgender individuals as a third gender in the *National Legal Services Authority v. Union of India* (2014) case. There remain humongous loopholes in law even after such developments. According to Times of India (2023), India lacks same-sex marriage or civil union legally sanctioned, same-sex couples have limited inheritance rights, and no complete anti-discrimination protection based on sexual orientation. Moreover, legal ambiguity remains about adoption rights, access to health care, and the practice of conversion therapy, which is yet to be adequately regulated at the federal level (YUVA, 2023). Consequently, there have not yet been complete legal amendments that have led to LGBTQ+ individuals having actual protection in institutional and societal environments.

LGBTQIA+ individuals across the globe are significantly more at risk for mental illness, including depression, anxiety, and suicidal ideation. The minority stress model, which explains the psychological burden imposed by violence, discrimination, and internalized stigma, is an important theory behind these disparities (Meyer, 2003). Concealment of identity is perhaps the most destructive stressor faced by LGBTQIA+ individuals as it often involves suppressing oneself in the real sense in a bid to fit into institutional, familial, and societal norms. Social stigma and structural discrimination in India persist despite the introduction of progressive legal policies such as the decriminalization of consensual same-sex relationships (Section 377) having begun to redefine public attitude (Narain, 2018; Misra, 2009). Family and society, peers remain the source of psychological distress and emotional entrapment for most LGBTQIA+ individuals. Indian families, who are greatly influenced by heteronormative cultural and societal norms, often impose stern gender and sexual expression constraints, which lead individuals to hide or suppress who they truly are (Chakrapani et al., 2011), college students are especially vulnerable to one such group. Autonomy, emotional sensitivity, and identity exploration are traits of this stage of development. Though educational institutes can provide a welcoming and accepting setting, most LGBTQIA+ students still experience invisibility, harassment, and inhospitable campus life (Rankin et al., 2010; Woodford et al., 2015). These environments exacerbate mental health problems, particularly when buttressed by pressure from the family to conform.

Both gay and heterosexual communities tend to misinterpret, dismiss, or downplay the unique and multifaceted identity bisexual individuals frequently walk back and forth across (Brewster & Moradi, 2010; Yoshino, 2000). Bisexual university students suffer from tremendous psychological pressure in the Indian sociocultural context, where heteronormative family roles, filial piety, and conservative gender roles prevail (Chakrapani et al., 2011; Narain, 2004). Bisexuals are inadequately represented in clinical and academic studies, particularly in Indian higher education systems, yet form a significant percentage of the LGBTQIA+ population (Misra, 2009; Banerjee & Rao, 2020). Drawing from bisexual-specific models of identity formation (Weinberg et al., 1994) and Minority Stress Theory (Meyer, 2003), this research aims to explore and understand their lived experiences and the impact of identity invalidation and family expectations on their mental health. Compared to heterosexual populations, sexual minorities globally experience disproportionate mental health problems, including increased levels of anxiety, depression, substance abuse, and suicidal ideation (Meyer, 2003; Plöderl & Tremblay, 2015). The "bisexual mental health disparity" describes how, within these populations, bisexual individuals are persistently more vulnerable to mental health problems than are lesbian or gay individuals (Ross et al.,

2018). This difference, as per scholars, is a demonstration of a wider cultural erasure of bisexuality and results from both internalized feelings of invalidation and outside stigma (McLean, 2018). When individuals deny, downplay, or reject an individual's bisexual identity, it is known as identity invalidation (Feinstein et al., 2019). Delegitimization of bisexuality as a valid orientation is illustrated through the wide reporting of comments such as "it's just a phase" or "you're really gay/straight" by bisexual individuals (Roberts et al., 2015). Aside from being hurtful, such invalidations have the power to harm one's self-concept and create identity confusion (Brewster & Moradi, 2010). Strident familial expectations regarding gender roles, heteronormative marriage, and compliance with cultural norms add to the problem in India (Chakrapani et al., 2017). While LGBTQ+ groups received more visibility after the decriminalization of same-sex relations in 2018 (Navtej Singh Johar v. Union of India), traditional familial and cultural restrictions remain. Indian families are often considered to be the core social unit, and decisions regarding their education, occupation, and marriage are affected by people (Verma & Collumbien, 2003). Maneuvering their identity in the midst of rigid parental expectations could amplify psychological distress for young bisexual-identified individuals (Babu et al., 2023). Bisexual college students in India, who are a group at the intersection of identity formation, educational change, and parental influence, are the focus of this research. While college is an era of exploration and autonomy (Arnett, 2000), students are still heavily impacted by what their families desire. Serious mental health concerns can be created when self-identified bisexuality collides with identity invalidation experiences, and with mainstream family pressures.

Research Rationale

A large but often overlooked segment of sexual minority populations are bisexual individuals. Bisexuals report higher rates of mental health disparities, including higher rates of anxiety, depression, and suicidal thoughts, compared to heterosexuals and gay/lesbians (Bostwick, Boyd, Hughes, & McCabe, 2013; Ross et al., 2018). Bisexuality remains poorly researched despite these findings, particularly in non-Western nations such as India where societal, family, and cultural influences come together to present considerable challenges (Sanil, 2024). College students are at a critical developmental point that is often characterized by psychological growth, autonomy, and identity formation (Erikson, 1968; Arnett, 2000). At this stage, bisexual teens might need to cope with challenging internal conflicts between their emerging sense of self and social or family expectations. In accordance with a study in India, young sexual minority members often experience intense stress due to peer pressure, cultural marginalization, and heteronormative family pressures. These factors are compounded for bisexual individuals because they are relatively invisible and the way society misperceives their identity (Feinstein, Dyar, Bhatia, & Latack, 2019; McLean, 2018). Since college students' processes of identity formation, family negotiation, and mental health stresses are interconnected with academic contexts, social networks, and transition independence, special attention must be given to them. These factors create a unique environment in which the explicit observation and qualitative study of identity invalidation and family expectations are possible, gaining us an understanding of the lived experience of bisexual adolescents in India.

Bisexual individuals have been identified to be at higher risk of identity invalidation, which refers to the dismissal, denial, or misrepresentation of one's sexual orientation (Feinstein et al., 2019; Doan Van, Mereish, Woulfe, & Katz-Wise, 2019). Bisexual individuals, as opposed to other sexual minorities, are often subjected to two types of invisibility: exclusion by the majority heterosexual community and suspicion or exclusion by the homosexual and lesbian communities (McLean, 2018). Greater internalized

stigma, identity confusion, and emotional distress are a few of the actual-world outcomes of this invalidation on mental health (Chan, Mok, & Dish, 2019). In the Indian context, family expectations play an especially significant role in defining the trajectory of mental health. Indian families often highly prioritize heteronormative life courses, including early marriage, gendered responsibilities, and keeping family relationships intact, as per Babu, Gopal, and Thomas (2023). Bisexual students might be subjected to continuous stress and feelings of isolation due to these expectations coming in conflict with their sexuality. As per study, LGBTQ+ mental well-being is shielded by family acceptance, but invalidation or rejection heightens the risk of anxiety, hopelessness, and self-injury (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). This research addresses an important void as it explores identity invalidation and family expectations in conjunction. Past research has examined sexual minority mental health in general but none of them have examined how cultural and family dynamics intersect with bisexual identity in India. Developing effective support systems for this group depends on understanding such intersections. It is hoped that the study's findings will have significant implications for practice and policy in mental health. In the first instance, through the incorporation of understanding of identity invalidation and culturally responsive family dynamics, campus mental health interventions can be tailored to address the bisexual student's needs. Today, most mental health professionals in India receive no training on sexual minority issues, especially those that are bisexual-specific, and this reduces the effectiveness of counseling and psychosocial interventions (Gaur, Singh, & Arora, 2023; Sanil, 2024). Second, family interventions, including psychoeducational activities designed to reduce stigma, increase acceptance, and facilitate communication between parents and sexual minority youth, can be improved by an understanding of bisexual students' lived experiences. Such therapies may provide a more supportive environment for identity formation and reduce the negative impact of invalidating family processes on mental health (Babu et al., 2023; Ryan et al., 2010). Finally, this research has broader policy implications. Results have the potential to further the agenda of LGBTQ+-affirmative campus programs, comprehensive anti-discrimination legislation, and community services by highlighting the specific challenges faced by bisexual college students in India. Besides providing equal access to mental health care and education to bisexual students, the actions can promote visibility and reduce stigma.

Theoretical frameworks supporting the study

Minority Stress Theory (Meyer, 2003)

Greater psychological distress among bisexual individuals can be explained in terms of Minority Stress Theory (Meyer, 2003). Stigmatized minority members are exposed to socially derived (founded in stigma and prejudice systems), chronic (persistent over time), and unique (directly resulting from minority status) stressors, says this model. These stressors contribute to the increased incidence of mental health issues among sexual minorities relative to their heterosexual counterparts. Under this conceptualization, identity invalidation can be viewed as a distal stressor, an external event or situation in which an individual's bisexuality is denied, delegitimized, or rejected. Biphobia and bisexual erasure, both emanating from the heterosexual world and the gay/lesbian society, often augment such occurrences. Bisexuals can respond to these external pressures simultaneously by manifesting proximal stressors like internalized biphobia, concealing their orientation, or remaining hypervigilant against rejection. All these internal pressures increase the vulnerability to depression, anxiety, and other negative mental health effects as well as add to the psychological burden instigated by invalidation. In India, overt or subtle rejection of their sexual orientation is a prevalent distal stressor for bisexual students. Families can pressure students to conform

to heteronormative standards, such as heterosexual marriage, or invalidate bisexuality as confusing (Feinstein, Dyar, Bhatia, & Latack, 2019; McLean, 2018). Minority stress can be compounded by peers and institutional environments that exact invisibility or reinforce injurious stereotypes (Sanil, 2024). Internalized biphobia, rejection anxiety, and selective disclosure are some examples of proximal stresses. Stigma anxiety can lead students to conceal bisexuality from their family members or delay seeking assistance for mental health concerns, which can exacerbate anxiety, depression, and other mental disorders (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Ross, Salway, Tarasoff, MacKay, Hawkins, & Fehr, 2018). Therefore, minority stress theory provides a lens through which to understand how internal psychological mechanisms and external social forces combine to influence the mental well-being of Indian bisexual students. The Minority Stress Theory also highlights how safe factors like affirmation of identity and support from others can reduce the adverse impact of stresses on mental well-being. Since family traditions often regulate identity disclosure and control access to support networks, family acceptance or rejection has special meaning in the Indian context. Thus, a detailed framework for understanding how internalized stigma, external invalidation, and environmental supports intersect to influence psychological well-being is offered by using Minority Stress Theory to examine bisexual college students in India.

Bisexuality-specific scholarship: Erasure and unique stigma

Theory of scholarship on bisexual erasure and biphobia, premised on Minority Stress Theory, provides a more specific explanation of how bisexual individuals are stigmatized. Bisexual invisibility, as McLean (2018) defines it, is a structural phenomenon where bisexual identities are neglected or invalidated in a range of social institutions, including family arrangements, schools, hospitals, and even LGBTQ+ communities. Aside from explicit invalidation, such as claims that bisexuality is temporary or indecisiveness, this erasure may also be subtle, including assumptions that individuals are either "gay" or "straight." Biphobia, defined as negative assumptions and attitudes towards bisexual individuals, for example, that they are promiscuous, confused, or untrustworthy, is strongly related. Biphobia often appears both inwardly, when the bisexual individual adopts negative societal attitudes about their orientation, and outwardly, in terms of stigmatizing messages from others. Bisexuality erasure and biphobia complement each other in accounting for why bisexual individuals experience a special constellation of stresses that are not well captured by models that reflect only the stigma of sexual minorities more broadly. These theories indicate how social discrimination and structural invisibility intersect with cultural values, such as the premium placed upon heterosexual marriage or family honor, to produce specific forms of identity invalidation among bisexual college students in India. These concepts enrich Minority Stress Theory by illuminating the manner in which bisexuality is delegitimized, thus enriching knowledge of the psychological vulnerabilities and coping strategies of this population.

Family Systems Theory & Attachment Theory

A key background necessary for understanding how bisexual college students' psychological development is impacted by family dynamics is supplied in Family Systems Theory (Bowen, 1978). Here, the family exists as an unified emotional system where the behavior of every member impacts and is impacted by the manner in which the system operates as a whole. Within this context, identity expression can be constrained by patterns such as triangulation, entanglement, or rigid adherence to cultural norms. In India, bisexual youth might find self-concept, coping style, and heightened vulnerability to distress when their sexual orientation does not conform to the values of their families through family interaction that varies from overt rejection to subtle pressure to conform with heteronormative norms. Attachment Theory consolidates this perspective by suggesting that the quality of early caregiver-child relationships lays the

foundation for subsequent interpersonal and psychological stability. Secure attachment develops in response to supportive, accepting interactions, but feelings of safety and belonging can be disrupted by rejection, conditional acceptance, or emotional unavailability (Diamond et al., 2021). Bisexual teens can experience greater fear, depression, and difficulty establishing secure relationships through negative reactions from parents or other caregivers, including invalidation or coercive pressure to conceal their identity. Alternatively, a solid foundation is supported by parental validation and unconditional support, which promotes resilience and the establishment of a healthy identity. The mental health and lived experiences of bisexual college students are influenced by attachment relationships, expectations, and norms of the family, as described according to the integrated theories of family systems and attachment. These models highlight the importance of understanding not just the stressors that face bisexual youth, but also the relational processes that can either enhance or buffer them by situating individual outcomes in the broader family process.

Intersectionality and Social Identity Theory

A critical framework for studying the multifaceted realities of Indian bisexual college students is Crenshaw's (1989) intersectionality framework. The intersectionality framework emphasizes how different social identities—such as gender, sexual orientation, caste, religion, and socioeconomic status—intersect to shape individuals' vulnerability to stigma, access to resources, and overall well-being instead of operating in isolation. This means that additional hierarchies embedded in Indian society limit experiences of identity affirmation or affirmation for bisexual students. For instance, students from lower socioeconomic backgrounds or suppressed castes might be subject to additional prejudice or fewer resources for defense, while bisexual women will endure patriarchal limits on female sexuality alongside biphobia and erasure. Similarly, religious identity can play a role in influencing acceptance or rejection of non-heterosexual identities within the family and community. Such intersecting identities influence how bisexual students navigate disclosure, family expectations, and access to mental health assistance, either compounding or mitigating the effects of minority stress.

Intersectionality deepens our understanding of the ways in which cultural norms and structural injustices affect the lived realities of bisexual college students in Indian contexts by illuminating the intersectional interplay between sexual orientation and other axes of identity. Researchers and practitioners are able to develop treatments and policies that account for the full complexity of students' social locations from this framework, and this encourages a nuanced analysis that surpasses single-axis accounts.

Bisexual identity

The capacity to be drawn to more than one gender romantically, emotionally, or sexually is bisexuality (American Psychological Association, 2021). Bisexuality has been stigmatized for a long time in mainstream culture and, ironically, in LGBTQ+ communities, even though it is a legitimate and well-accepted sexual orientation. Research indicates that bisexuals constitute the largest segment of LGBTQ+ individuals (Gates, 2011), yet they are commonly erased or minimized in the public eye (Yoshino, 2000; McLean, 2018). Bisexual erasure, a situation where bisexual identities are neglected, misrepresented, or subsumed under alternative sexual categories such as heterosexuality or homosexuality, refers to this process (Barker et al., 2012). This invisibility carries substantial social and psychological consequences for young bisexual individuals. Ross et al. (2018) aver that they may suffer from identity invalidation, wherein others deny or question the genuineness of their orientation and indicate that bisexuality is merely a "phase," "confusion," or reluctance to "choose" a side. Bisexual teenagers often find themselves doubted

or excluded, with their experiences dismissed as less "real" than their gay, lesbian, or straight counterparts, even in queer environments where inclusion and acceptance are typically expected (McLean, 2018). These relationships can exacerbate internalized stigma, limit access to peer networks that offer validation, and engender a sense of alienation. Bisexual youth are thus more prone to mental health issues, isolation, and poor self-esteem (Feinstein & Dyar, 2017). Thus, justice and happiness for this group can be attained by acknowledging and addressing bisexual invisibility.

Identity invalidation

Identity invalidation is defined as experiences that deny, dismiss, or delegitimize another's sexual orientation by others, as a way of undermining their feelings of authenticity and belonging (Feinstein et al., 2019). For bisexual individuals, this has taken the form of bisexual erasure—the denial or dismissal of bisexuality as a sexual orientation—and biphobia, which involves prejudicial stereotypes such as promiscuity, indecisiveness, or untrustworthiness (Brewster & Moradi, 2010). These invalidating communications come not only from the heterosexual communities but also from gay and lesbian communities themselves, leaving bisexuals in what has been referred to as a "double closet" where they are constantly having to explain or defend their orientation across multiple social spheres (Roberts et al., 2015).

From a minority stress theory point of view, identity invalidation is a distal stressor—an external, chronic stigma—that builds up over time and contributes to psychological tension, as opposed to being a series of discrete interpersonal insults (Meyer, 2003). Empirical evidence indicates that chronic invalidation can invite orientation concealment, interfere with integration of sexual identity into the larger self-concept, and undermine self-esteem, thus increasing vulnerability to anxiety, depressive symptoms, and other negative mental health consequences (Feinstein & Dyar, 2017; Salway et al., 2019). For bisexual college students, these forces are particularly pernicious, as they crosscut developmental tasks like identity exploration, relationship formation, and scholarship.

Negating identity is thus critical for fostering bisexual individuals' psychological health and resilience. Affirmative settings—families, peer groups, and schools alike—can overcome stigma through bisexual identity validation, dismantling negative stereotypes, and role models that normalize bisexuality as a valid and enduring orientation (Frost et al., 2023). Minority stress and identity-affirmation-based therapeutic models also value assisting bisexual clients to make sense of invalidating experiences, enhance self-acceptance, and develop coping strategies for mental health and flourishing.

Familial expectations

Families are at the center of identity construction in the Indian sociocultural environment, serving as a source of emotional support and guardians of extensively ingrained social norms at the same time (Verma & Collumbien, 2003; Babu et al., 2023). In most Indian societies, the notion of *izzat* (family honor) and reputation as a group is translated into filial responsibility, caste endogamy, and adherence to heterosexual marriage configurations (Fuller & Narasimhan, 2020). Violations of these gendered or sexual scripts are often taken as threats to family stability and social status (Rastogi & Therly, 2006). For bisexual adolescents—whose sexual orientation tends to be made invisible, dismissed as "a phase," or absorbed into heteronormative understandings—such pressures can be particularly intense (Feinstein et al., 2019). Empirical research in India points out that disclosure of a non-heterosexual orientation, or even discreet indicators of nonconformity from normative expectations, can lead to parental rejection, increased

monitoring, or coercive strategies for erasure or "curing" of perceived nonconformity (Chakrapani et al., 2017; Srivastava, 2021). Such measures may involve emotional blackmail, social restriction, or forced referral to religious or medical experts (Babu et al., 2023). The ensuing conflict between minority identity and familial responsibilities promotes identity concealment, internalized stigma, and ongoing intrapersonal struggle (Ryan et al., 2010).

For bisexual young adults attending college, such conflict is compounded by developmental tasks specific to emerging adulthood, including navigating independence, academic stress, and peer interactions (Arnett, 2015). The confrontation between identity invalidation and family expectations commonly generates long-term stress, erodes self-worth, and raises susceptibility to depression, anxiety, and suicidal behavior (Ross et al., 2018; Gaur et al., 2023). It is thus important to comprehend how these family relationships work in order to understand the processes through which bisexual students' mental health is undermined, and for the formulation of culturally appropriate interventions that mediate between respect for family ties and respect for sexual identity.

Mental health outcomes

Many psychological indicators that embody the emotional and intellectual functioning, overall well-being, and stress management potential of an individual are termed as mental health outcomes. Outcomes such as suicidality, anxiety disorders, depression symptoms, perceived stress, and self-esteem are significant markers often researched in empirical studies among sexual minority populations (Ross et al., 2018). Bisexuals tend to have poorer mental health outcomes than both their heterosexual and gay/lesbian peers, based on a consistent stream of evidence (Feinstein & Dyar, 2017; Salway et al., 2019). Referred to as the "bisexual mental health disparity," this phenomenon has been linked to several psychosocial factors, including stigma, social exclusion, and the devaluation of bisexual identities (Feinstein et al., 2019; McLean, 2018). Identity invalidation is a significant contributor to these outcomes. Bisexuals are often given feedback by peers, family, and society that their orientation is "less real," "just a phase," or "confusion" in contrast to monosexual identities (Doan Van et al., 2019). This type of invalidation harms one's self-concept and can lead to internalized stigma, which decreases one's self-esteem and renders one more vulnerable to anxiety and depression (Feinstein & Dyar, 2017). Bisexual youth might feel more stressed and isolated in school environments if they face biphobic remarks, erasure in the curriculum, or uncertainty regarding their identity (McLean, 2018). Bisexual students are especially at risk for psychological distress as a consequence of these encounters, which augment the typical developmental challenges of college life, including identity exploration, academic pressures, and the desire for autonomy. Cultural context also intermediates these risks. In India, sexual orientation discussions tend to be limited by heteronormative expectations and traditional norms (Chakrapani et al., 2023). For bisexual students, this may take the form of heterosexual marriage expectations, unwillingness to inform their family or educators about their orientation, and the weight of having to move between several cultural scripts around respectability and gender roles (Sanil, 2024). Family expectations—like conforming to traditional life courses or eluding "shame bringing"—can heighten guilt, secrecy, and internal struggle, particularly when families refute or pathologize bisexual identities (Babu et al., 2023; Ryan et al., 2010). Evidence suggests that low family acceptance is highly predictive of high risk for depression, anxiety, and suicidal ideation among LGBTQ+ youth (Ryan et al., 2010). Access to affirming and supportive mental health care is another outcome determinant. Research in India has pointed out that LGBTQ+ youth often face structural and interpersonal challenges when they seek psychological assistance, such as heteronormative

assumptions from providers, insufficient training in sexual diversity, and concerns about stigma or confidentiality violation (Gaur et al., 2023). These barriers may demotivate bisexual students from accessing timely help, postponing interventions for stress, self-esteem issues, or early signs of depression and anxiety. Even when services are accessible, bisexual-specific sources of stress—like erasure in LGBTQ+ communities or coercion to "pick a side"—are frequently ignored, making support systems ineffective (Feinstein et al., 2019).

From a theoretical point of view, minority stress theory (Meyer, 2003) is helpful in explaining the processes through which the stressors erode mental health. According to the theory, distal stressors (e.g., discrimination, stigma, invalidation) and proximal stressors (e.g., internalized biphobia, vigilance) build up and thus enhance psychological distress among sexual minorities. For Indian bisexual students, these stressors intersect with sociocultural factors—like patriarchal family systems, restricted campus protections, and cultural taboo—to produce an agglutinated minority stress (Frost et al., 2023). The lack of bisexual-affirmative space in higher education also amplifies invisibility and potentially denies students buffering resources like social support and role models.

With these overlapping challenges, dismantling mental health disparities in bisexual college students necessitates an integrated, multi-level intervention. Institutions of higher education can, on the institutional level, foster inclusion by having clear anti-discrimination policies, sexual diversity faculty training, and establishing resource groups for bisexual and other LGBTQ+ students (Boston Consulting Group & Pride Circle Foundation, 2021). At the family level, psychoeducation activities that promote parental knowledge and acceptance of bisexuality can minimize rejection and create helpful home contexts (Babu et al., 2023). At the social level, awareness campaigns and positive media portrayals can counteract bisexual stereotypes and make bisexual identities more mainstream, thus reducing stigma and invisibility (Ipsos, 2023). Clinicians who work with bisexual students ought to use culturally sensitive interventions, like attachment-based family therapy or affirmative cognitive-behavioral treatment, to manage the distinctive intersections of identity, family life, and sociocultural stressors (Diamond et al., 2021).

Ultimately, mental health outcomes for Indian bisexual students can only be understood outside the broader matrix of identity invalidation, family expectations, and structural inequities. Identifying these connections is critical to the creation of effective support systems that defend psychological well-being, enhance resilience, and allow bisexual youth to do well academically and personally.

Conceptual Linkages Between the Variables

A complex, interactive relationship exists between the mental health of bisexual college students, family expectations, and identity invalidation. Bisexual individuals who experience identity invalidation—when their sex is denied, dismissed, or made light of—have been consistently associated with higher risks for suicidal ideation, unhappiness, anxiety, and low self-esteem (Feinstein et al., 2019; Roberts et al., 2015). Bisexual students are at greater risk of psychological distress because such invalidation prevents identity integration and amplifies minority stress. Such challenges are typically worsened within the Indian sociocultural context by the dense impact that families exert on identity definition and behavior regulation. Conventional traditions are often maintained by families, which impose a significant emphasis on caste endogamy, heterosexual marriage, and preserving family honor. The damage inflicted by invalidation is compounded when bisexual children deviate from these assumptions since they can be rejected, pressured to conceal their orientation, or subjected to coercive efforts to impose conformity (Babu et al., 2023).

However, it has been proven that good and supportive family relationships act as an essential protective shield against the negative psychological effects of stigma. It has been proven through research that LGBTQ+ individuals who are supported by their families have lower levels of suicidality, anxiety, and depression and greater resilience and higher self-esteem compared to individuals who are hostilely or rejected by their families (Ryan et al., 2010). This means that family support is able to enhance overall wellbeing and reduce the adverse effects of invalidation.

Finally, there can be a self-reinforcing loop between invalidation and mental health. Bisexual students can keep their sexual identity hidden to avoid further stigma or confrontation if they are in bad mental health, characterized by high levels of anxiety, depressive tendencies, or low self-esteem. Hiding, nonetheless, can form a self-reinforcing loop through the sustenance of misery, heightened possibility of further invalidation, and bisexual invisibility reinforcement (Meyer, 2003). In order to know how invalidation of identity, family expectation, and mental health are interconnected and in order to identify intervention points to help bisexual college students in India, it is essential to understand these interconnected pathways.

Problem Statement

Increasing amounts of research have characterized that bisexuals experience unique challenges separate from both homosexual and heterosexual peers. The most prevalent of these is invalidation of identity, which encompasses experiences where others reject, minimize, deny, or mislabel a person's bisexual orientation (Feinstein, Dyar, Bhatia, & Latack, 2019). In a qualitative analysis of 52 bisexual and non-monosexual adults, Feinstein et al. (2019) note that about 85% of respondents had faced some type of identity invalidation; typical reasons included others assuming the individual was "just confused," the gender of one's partner fitting poorly with bisexual stereotypes, or religious opposition (Feinstein et al., 2019). Relationship issues, emotional distress, identity disturbances (such as confusion and instability), and a reduced feeling of belonging are all consequences of these experiences of invalidation (Feinstein et al., 2019; Doan Van, Mereish, Woulfe, & Katz-Wise, 2019).

The belief that one is gay or straight depending on the gender of the current partner, or that bisexuality is a phase or indecision, is called bisexual erasure or monosexism. Such invalidation can take place covertly as well as overtly (Perceived Discrimination, Coping Mechanisms, and Effects on Health in Bisexual and Other Non-Monosexual Adults, 2019; Feinstein et al., 2019).

In addition, invalidation of identity is linked to mental health consequences, identity valence (the extent to which one evaluates one's bisexual identity positively), and identity integration (the extent to which one integrates one's bisexual identity into the self-concept). For example, for bisexual individuals, lower identity integration has been linked to greater levels of depressive symptoms (Doan Van et al., 2019; Salway, Ross, Tarasoff, MacKay, Hawkins, & Fehr, 2019).

Aside from their invalidation, bisexual individuals also undergo extensive pressure from family and society, especially in collectivist or more traditional cultural orientations, to marry opposite-sex individuals, to steer clear of behaviors or identities that transgress gender norms, to deny any semblance of non-heterosexual attraction, and to be heteronormative. These are often transmitted via social institutions such as family, school, and community, as well as via implicit or explicit standards, religious beliefs, and cultural norms (Feinstein et al., 2019; Sanil, S., 2024).

Bisexuals are further affected by invalidation or double-discrimination (i.e., from both heterosexual and sometimes from gay/lesbian communities) (Doan Van et al., 2019; Ross et al., 2018). Studies have

consistently shown that rejection from the family or lack of family support is a risk factor for worse mental health for LGBTQ+ youth globally (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Risk is heightened when identity invalidation and family expectations intersect. Bisexual individuals have less space to negotiate their identities, come out in a safe manner, or be accepted when heterosexual conformity is demanded and strict family expectations are required. Anxiety, depression, and other adverse mental health consequences are associated with identity concealment, self-silencing, internalized stigma, and isolation, which may be caused by the fear of letting down family, social stigma, and causing shame or dishonor (Meyer, 2003; Perceived Discrimination, Coping Mechanisms, and Effects on Health in Bisexual and Other Non-Monosexual Adults, 2019). Less empirical research has investigated bisexual students within Indian contexts, even though comparable phenomena have been well researched within Western settings. There is considerable mental health burden linked with stigma, discrimination, rejection by family, absence of support, and limited access to mental healthcare, as per some studies of India's larger LGBTQI+ population (Chakrapani et al., 2023; Sanil, 2024; Mohan, 2022). For instance, a southern Indian qualitative study (Srilakshmi Sanil, 2024) studied stigma and mental health care access among LGBTQIA+, such as bisexuals, aged 18 to 26. Parental support, self-stigma, economic instability, fear of confidentiality breaches, and religiosity were some of the themes that emerged; they collaborated to make accessing treatment more challenging and increase distress. Sample size was small, however, and did not address specifically invalidation of bisexual identities or the distinct interactions between invalidation, family expectations, and mental health outcomes within student populations. Indian college students function within two spheres: the residual conservative norms of caste, religion, family, and community, and increasing exposure to liberal thought and peer communities. In 2021, a national survey of over 1,700 LGBTQ+ Indian college students found that about 64% of them reported being prejudiced or ridiculed at school, and 36% of them said they did not "come out" because they believed other students were not welcoming to LGBTQ individuals. This means that the academic environment is often unwelcoming, even if it is inclusive of all LGBTQ+ people, rather than just bisexuals (Boston Consulting Group & Pride Circle Foundation, 2021). College can be one of the only areas where bisexual people are able to try out their identities and yet also where pressure and invalidation remain.

Objectives of the Study

- to investigate the ways in which identity invalidation affects bisexual college students in institutional, familial, and personal settings.
- to investigate how family expectations affect students' disclosure and expression of their sexual identities.
- should look at the psychological effects of family pressure and identity suppression, paying special emphasis to markers like stress, anxiety, despair, and self-esteem.
- to determine the coping techniques and tactics used by bisexual college students to deal with stress and resolve demands that conflict due to family norms and invalidation.

Significance of the study

The aim of this research is to make a notable contribution to academic understanding regarding bisexual identity, family expectations, and mental health of Indian university students. While LGBTQ+ issues are increasingly coming to be recognized on a wider scale, there exists limited research on bisexuality, and that especially in non-Western societies. Lesbian and gay communities are often the target of most sexual

minority mental health research, excluding the unique experiences of bisexual individuals, who endure internalized marginalization as well as external stigma (Ross et al., 2018; Feinstein, Dyar, Bhatia, & Latack, 2019). This research completes an important gap in the literature by focusing on identity invalidation, a phenomenon where an individual's sexual orientation is ignored, doubted, or erased. Not many empirical studies have investigated such experiences in the Indian sociocultural context, although bisexual identity invalidation has already been shown to elevate mental health dangers, including depression, anxiety, and self-harm (Doan Van, Mereish, Woulfe, & Katz-Wise, 2019; McLean, 2018). Further, this research also investigates how social expectations and family dynamics interact with identity in its various guises through the integration of theoretical perspectives such as Family Systems Theory, Bisexual Identity Development Models, and Minority Stress Theory. In addition to generating academic debate, such an integration of theory provides an advanced framework through which the psychological struggles faced by bisexual university students within collectivist societies such as India can be understood. (Meyer, 2003; Fassinger, 1998; Bowen, 1978). By recording bisexual students' lived experiences in qualitative accounts, the research provides detailed evidence of coping mechanisms, family negotiation, and resilience strategies and therefore makes contributions to both sexuality studies and mental health research. The study's findings were expected to enhance extant theory by considering culturally specific pressures such as social invisibility, heteronormative family pressures, and intersectional identity tensions.

The research has significant social implications, particularly for making bisexual individuals more visible and accepted within school settings. As a result of monosexist assumptions, bisexual students often face "double discrimination," excluded by both their straight peers as well as the broader LGBTQ+ community (McLean, 2018; Chan, Mok, & Dish, 2019). By centering their stories, this research offers a stage for their voices, helping to counteract societal erasure and break down stereotypes. It is critical to comprehend the link between family expectations and bisexual identity in the Indian context, since the lives of young adults are largely influenced by social norms and familial pressure. The findings of the study can be used for campus programs promoting diversity and reducing stigma, peer support groups, and campaigns. For instance, bisexual erasure can be handled, affirming behavior can be encouraged, and safer learning spaces can be created through seminars of sensitization among staff and students (Babu, Gopal, & Thomas, 2023; Sanil, 2024).

The research also examines strategies—such as selective disclosure, peer support, and community involvement—that students employ to cope with familial pressures and invalidation. Knowledge of these strategies could potentially inform social interventions to improve bisexual students' coping capacities and resilience, which would allow them to maintain their mental health and academic performance in the face of familial and societal influences (Feinstein et al., 2019). The findings of the study have important implications for policymaking and mental health interventions. Universities can facilitate inclusive mental health treatment that is tailored to the specific needs of bisexual students at an institutional level. To ensure safe learning environments, this can include training counselors on bisexual identity-based issues, establishing private support groups, and implementing anti-discrimination legislation (Gaur, Singh, & Arora, 2023; Ross et al., 2018).

Psychoeducational interventions can enhance communication between bisexual students and their families, promote acceptance, and reduce stigma at the family and community levels. Research has shown that family rejection increases the risk of anxiety, depression, and suicidal ideation among LGBTQ+ youth,

while family acceptance significantly reduces negative mental health outcomes (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Babu et al., 2023).

Additionally, policy initiatives drawn from this work can encourage government and non-governmental organizations to establish targeted programs that advance inclusive counseling services, anti-bullying initiatives, and bisexual visibility. Along with advancing workplace diversity and broader societal participation, these actions can help counteract the cultural and systematic biases that underlie identity invalidation.

Review of Literature

Feinstein, Franco, Henderson, Collins, and Davari (2019) point out that bisexual persons face qualitatively different stressors than other sexual minority groups. These arise not only due to extrinsic prejudice but also from the invalidation of bisexuality itself, in which others deny, dismiss, or question the genuineness of their orientation. Although common, the process of identity invalidation has been comparatively understudied empirically in bisexuality research. This supervision renders key gaps in knowing how such experiences influence mental health, self-concept, and interpersonal relationships. Cognizant of this, Feinstein et al. (2019) conducted a qualitative study to investigate the numerous ways bisexual identity invalidation can manifest. Their research also aimed to capture the impact of such experience on the health of bisexual individuals, as well as the mechanisms by which invalidation inhibits identity formation and incorporation of sexual orientation into a healthy sense of self. Another area of focus was on the relational sphere, examining how invalidation can interfere with partnerships, friendships, and family relationships. By framing participants' stories, the research found that invalidation is not an individual, solitary incident but a process of rejecting or contradicting messages from the heterosexual and gay/lesbian communities. These messages undermine self-worth, make identity stability more difficult, and stress personal relationships. Feinstein et al. (2019) therefore present a strong argument for increased research on bisexual identity invalidation as an ongoing stressor with powerful implications for psychological resilience and social support. The findings of their study offer a necessary basis for explorations of bisexual college students' experiences, particularly in settings—like India—where family pressures and cultural norms heighten the risk of identity visibility.

Researches on bisexuality showed that bisexual people encounter stressors that are distinct from those experienced by heterosexual, gay, or lesbian individuals. Expanding on this, Flanders et al. (2019) investigated the negative identification experiences of non-monosexual people, including bisexuals. They used a constructivist grounded theory approach and a 28-day daily diary design to arrange participants' accounts of upsetting encounters using a social ecology framework. The majority of occurrences happened on an interpersonal level, indicating that rejection and stigma from partners, family, and friends can be particularly damaging. Because of their possible link to negative mental health outcomes, their findings highlight the need of include bisexual-specific stressors in minority stress studies. Among the most significant of these, as noted was identity invalidation—the experience of having one's bisexual identity dismissed, questioned, or denied by others. Although this form of stress has important implications for how bisexual individuals understand themselves and navigate their social worlds, systematic investigation into it remains limited. Seeking to address this gap, Feinstein et al. conducted a qualitative study that examined the varied ways identity invalidation is expressed, its consequences for psychological wellbeing and self-concept, and the influence it exerts on interpersonal connections.

Maimon and colleagues (2021) further expanded on the topic the negative impact of social rejection by

analyzing the health effects of identity denial and beliefs about the illegitimacy of bisexuality. They contended that when bisexual people's sexual orientation is questioned or disregarded, they frequently face risks to their sense of belonging, which exacerbates health inequalities and causes psychological suffering to them. Their findings suggest that when other people question or dismiss bisexual people's sexual orientation, it threatens their sense of belonging, contributing to psychological distress and widening existing health disparities. Consistent with this, bisexual individuals often report poorer mental health outcomes than their gay and lesbian peers, underscoring the importance of understanding how social invalidation shapes their overall wellbeing.

While bisexual students remain significantly underrepresented, more recent studies of LGBTQIA+ mental health in India highlighted the significance of family response, social stigma, and structural barriers in shaping psychological outcomes. Family acceptance is a robust protective factor, as indicated by many studies. Babu et al. (2024) found that while rejection was predictive of internalized stigma and high-risk coping behaviors, parental support responses were linked to higher self-esteem and lower suicide ideation in LGBTQIA+ children. Similarly, Tripathi and Talwar (2022) found that in urban India, parental acceptance of sexual minority youth often arises over time; delays or blatant rejection intensify emotional distress, anxiety, and identity suppression.

Intersectionality as a notion is new. It was argued by Pinch et al. (2024) that disclosure and concealment strategies were constructed by complex cultural expectations, given that LGBT men and women in Mumbai had to navigate sexuality with caste and religious responsibilities. By examining parents' identity work in bringing up sexually minority children, Kolhe (2024) built upon this perspective and demonstrated how intergenerational honor, respectability, and marriage expectations can lead to implicit or explicit invalidation. These discoveries confirm that bisexuals experience "double discrimination," with heteronormative family members and some LGBTQIA+ community members marginalizing them in turn. The ways that heteronormative standards influence the formation and disclosure of sexual minority identities are the subject of another line of inquiry. Stronger adherence to heteronormative standards was associated with higher levels of internalized homonegativity and greater stigma surrounding one's sexual identity, according to a cross-cultural study conducted by Torres and Rodrigues (2021) on Portuguese and Turkish men who identified as sexual minorities. These trends differed depending on the cultural context: indirect pathways were more noticeable in Portugal, whereas the relationship between internalization and stigma was stronger in Turkey. Lower levels of internalized homonegativity and less social uneasiness are significant predictors of coming out to friends and family, according to their findings, which emphasize how socialization processes and cultural context affect disclosure decisions.

The coming out process for LGBTQ+ children and adolescents has been the focus of recent research. Sahoo, Venkatesan, and Chakravarty (2023) reviewed articles published between 2012 and 2022 and contrasted work from Western nations with research done in Indian contexts. According to their findings, disclosure frequently has conflicting effects. While it might promote self-acceptance and a feeling of individual autonomy, it can also expose young people to stigma, discrimination, and emotional stress, especially in situations that are collectivist or socially conservative. The assessment highlighted a lack of culturally sensitive research, pointing out that only a small percentage of studies were conducted in Eastern settings. It also highlighted how social media is increasingly being used as a platform for coming out, providing connection and affirmation while simultaneously putting teenagers at danger for online animosity and public exposure.

The family relations are also clarified through studies on sexual minorities' suffering and resilience during crises. Das and Govindappa (2023) have documented that the LGBTIQ community in Kerala felt greater levels of anxiety and desperation during the COVID-19 crisis, but the adverse impacts were alleviated by powerful social and family support. Structurally, Goitiandia et al. (2024) argued that institutional neglect and societal prejudice continue to threaten LGBTQ+ mental well-being in India despite constructive legal reforms.

Finally, phenomenological and narrative research provides rich qualitative insights into how individuals navigate their identity and welfare on a daily basis. How LGBTQIA+ Indians manage disclosure, family pressure, and resilience in heteronormative contexts was the focus of a recent qualitative study by SAGE (2024). But as noted across these sources, bisexual voices, particularly those of students in college, remain unexplored (Chakrapani et al., 2023). Through examining bisexual students' experiences of identity invalidation and family expectations and the ways these processes affect their psychological adjustment, this study bridges this gap.

Bostwick and Harrison (2020) offered a systematic review of empirical literature on mental health outcomes in bisexual women and men. Their chapter summarizes evidence of persistently higher levels of depression, anxiety, substance use, and suicidality among bisexual individuals relative to heterosexual and gay/lesbian communities. The authors identified methodological limitations—such as small bisexual subsamples and the monolithic treatment of sexual orientation—that have previously masked bisexual-specific phenomena. They talked about explanatory models, such as minority stress and identity invalidation, and requested intersectional and longitudinal research to explain mechanisms behind disparities (Bostwick & Harrison, 2020).

The effect of social identification, feelings of belonging or alienation, and monosexism on collective action was explored in a 2024 study of identity experiences of bisexual individuals. The findings indicated that through the breakdown of social connectedness and feelings of belonging, marginalization and identity invalidation experiences can contribute to heightened levels of stress and negative impacts on mental health (Identity Experiences, Group Consciousness, and Collective Action Among Bisexual Individuals, 2024).

Marzetti et al. (2024) carried forward this discussion by suggesting an international public-health model for LGBTQ+ suicide prevention. They suggested co-production of research with impacted communities, cross-national partnerships, and the inclusion of LGBTQ+ populations—transgender individuals in particular—as priority groups in national suicide-prevention plans. The authors also highlighted the importance of enhanced mortality data collection, culturally relevant interventions, and responsible media reporting. Taking an intersectional approach, they countered with the argument to move the research agenda away from developing resilience in people towards changing the cis-heteronormative social environment that erodes LGBTQ+ well-being (Marzetti et al., 2024).

Lesbian, queer, and bisexual women in the education sector participated in a qualitative study in South Africa in 2025. Poor mental well-being was shown to be influenced by feelings of homophobia, discrimination, internalized stigma, and lack of support. Mental Health and Its Determinants in Lesbian, Bisexual, and Queer-Identifying Women at a South African University (2025) also documented the intervention of coping strategies, resilience, and support systems in counteracting these effects, in common with social and domestic stress experienced by bisexual women in India. Li (2024) built on this emphasis by integrating literature on mental health disparities in sexual minority teens. The article cited widespread family, school, and community discrimination accompanied by institutional insupport. Such conditions

are detrimental to academic achievement, general well-being, and psychological functioning, enhancing the risk of stress-related disorders and suicidality.

Li outlined a package of protective strategies: system reforms to combat prejudice, targeted interventions for at-risk youth, and policies promoting acceptance and inclusion. The author highlighted fostering supportive environments as a necessary condition for enduring improvements in sexual-minority mental health (Li, 2024).

Systematic analysis of the intersectional challenges faced by LGBTQ individuals in India was conducted by Gupta and Shahi (2025, in press). Their study established how various axes of marginalization, including caste, class, religion, and geographical differences, intensify stresses like social stigma, legal invisibility, discrimination in healthcare, and rejection by family. The research provides an essential sociocultural model for understanding the limitations of identity invalidation and family expectations, although it is not exclusively concerned with bisexual identities.

This research (BMC Public Health) investigates the association of internalized homonegativity in LGB individuals, such as bisexuals, with both familial sexual stigma and support. It considers moderators and mediators like gender and disruption of self-identity. It directly considers internalization, mental health impact, and familial expectations among LGB individuals, but not solely college students.

Kanth et al. (2024) offered a parallel analysis of Indian marital and dating culture in the context of globalization. Although conventional norms—caste endogamy, obedience to parents, and resistance to pre-marital intimacy—continue to be relevant, younger generations increasingly seek romance independence through dating, "love-cum-arranged" marriage, and choice of partner on the basis of personal compatibility. This cultural transformation nonetheless co-exists with parental authority and potential social sanction (e.g., forced marriage, honor-based violence). The writers maintained that crossing these hybrid scripts involves balancing aspirations with embedded expectations, making identity revelation for sexual-minority youth whose decisions already subvert heteronormative presumption more complex (Kanth et al., 2024).

A single-case qualitative study of a bisexual Indian woman was presented by Varma (2022), who followed her emotional process and experiences of social exclusion, family estrangement, and stigmatization. Her psychological distress was accounted for by the study through minority stress theory, which highlights how identity invalidation interacts with family and cultural demands to shape mental health outcomes.

Although cultural histories are important, structural and familial forces also influence the terrain of sexual identity expression. Ford et al. (2025) contend that the majority of research on coercive marriage practices overlooks the role of structural drivers and rarely takes into account queer individuals. Their invocation for family scientists to examine how limiting norms stifle autonomy is echoed in the case of bisexual students in India, who might face parental expectations and heteronormative values as identity policing.

Likewise, Dalin, Yusoff, and Abdullah's (2024) investigation into bisexual men in Malaysia demonstrates how cultural and religious forces, most notably within marriage, enforce hiding of sexual identity. This hiding, while aiming at maintaining family harmony, generates guilt, alienation, and mental tension. These results are consistent with the "double closet" that has been reported in Western literature (Roberts et al., 2015), implying that bisexuals in any cultural context deeply struggle with balancing authenticity and social conformity.

Empirical studies on minority stress further illuminate how these pressures jeopardize mental health. Paveltchuk, Borsa, and Damásio (2021) reveal that social support and resilience can moderate the association between victimization and psychopathology among lesbian and bisexual women, underscoring

the buffering effect of affirming interpersonal environments. This aligns with broader evidence on sexual minority mental health (Meyer & Frost, n.d.; Sexual Minority Mental Health, 2022), which attributes disparities not to identity itself but to chronic stigma-related stressors. For bisexual students, repeated invalidation—from family, peers, or institutional cultures—may thus accumulate as a specific form of minority stress, undermining well-being and disrupting identity integration.

The focus has also been on the function of schools in countering such harms. LGBTQIA+ youth mental health literature (Sexual Minority Mental Health, 2022) recommends that a multitiered system of supports (MTSS) be used to create affirming school and college environments. Through the integration of prevention, early intervention, and intensive care into campus systems, teachers can respond to the pervasiveness of distress and suicidality among sexual and gender minority students. In the Indian context, such models propose realistic steps for universities to integrate policy change, faculty sensitization, peer counseling, and counseling specific to bisexual students' experiences.

Sanil (2024) records that LGBTQ+ people, including bisexual participants, continue to face stigma, limited parental support, and institutional barriers to proper mental health care in India. These barriers frequently limit bisexual young people from accessing timely assistance, thus adding to distress. These findings conform to studies conducted by Gaur et al. (2023), which describe that teens and young LGBTQ+ individuals on the Indian subcontinent experience increased stress, depression, and anxiety when family rejection and cultural prejudice intersect. The evidence from these studies supports that mental health among bisexual students cannot be disentangled from the larger social environment where they seek endorsement and support.

The barriers that have been discussed are both structural and personal. According to Gaur et al. (2023), hospitals, schools, and higher education institutions usually lack LGBTQ+ inclusive policies, which puts bisexual youths and young adults at a heightened risk. Without these institutional safeguards, the majority must conceal their identities to survive in daily life, which increases the risk of negative mental health consequences. This lack of exposure is not a coincidence; rather, it is a reflection of broader cultural norms in India that suppress bisexuality and value heteronormativity. As a result, the majority of bisexual students still face stigma, inequalities, and barriers to mental health care.

Chakrapani et al. (2022), in their scoping review on LGBTQI+ health among Indians, point to a glaring omission: a meager 4% of studies focus exclusively on bisexual women. This figure paints the picture of systemic exclusion of bisexuality from Indian scholarship, even in the presence of unique psychosocial stressors that face bisexual communities. The lack of bisexual-specific research translates to their distinctive experiences—especially regarding invalidation of identity and family expectations—not being fully explored or conflated within more general LGBTQ+ categories. Closing this gap in research is imperative, as it creates avenues for creating sophisticated interventions that engage explicitly with bisexual realities instead of absorbing them within lesbian or gay paradigms.

The research "Sexual Minorities Students in Educational Institutions: Identity and Other Challenges Faced by LGBTQ Individuals" conducted by Kumar, Gill, and Verma (2023) centers on students in Indian colleges. It discusses the negative consequences of heteronormativity and family/institutional expectations and peer and teacher attitudes, anxiety, depression, and loss of confidence (Kumar, Gill, & Verma, 2023). Bisexual students are part of the statistics, which is what points to the ways peers, family, and schooling all play a role in invalidating identity and mental health stresses, even though this is inclusive of the broader LGBTQ community.

Global research extends these findings by placing bisexual challenges in an international context. A qualitative evidence synthesis of bisexual psychosocial needs (2020) presents consistent patterns of identity erasure, dual stigma between the heterosexual and gay/lesbian communities, and significant obstacles to services. These problems replicate challenges described in Indian research, indicating that bisexuality is uniquely saddled with invisibility and invalidation across cultures. By bringing together Indian and international outlooks, it can be seen that bisexual people experience a multifaceted set of stressors that are not simply subsumable under general LGBTQ+ experiences. This intersection highlights the necessity of research—like this dissertation—that specifically focuses on bisexual identity, familial expectations, and mental health.

In spite of invalidation and family pressure, most bisexual students use adaptive coping. Peer support and "chosen family," involvement in queer student organizations, and internet forums offer validation and buffer minority stress (Parwani & Talukdar, 2023). Coping self-efficacy — the sense of being able to cope with stressors — has been found to mediate stigma-mental health relationship in Indian LGBTQ+ samples. Selective disclosure and boundary management enable students to safeguard themselves in unhelpful contexts and to pursue authenticity in safer contexts (Feinstein et al., 2019). New Indian developments, including queer-affirmative CBT groups (e.g., SAAHAS in Mumbai), demonstrate how behaviourally structured interventions can support resilience and offer utilitarian coping skills (Wandrekar & Nigudkar, 2020).

In addition to coping at an individual level, certain bisexual college students practice meaning-making in the form of advocacy, art, or education within communities. Evidence with Indian and international LGBTQ+ youth indicates that involvement with activism or creative activities (e.g., poetry slams, campus pride, peer mentoring) can switch distress into a feeling of purpose and empowerment, enhancing psychological resilience (Singh & McKleroy, 2011; McDermott et al., 2021). These activities offer affirmative validation, assist in challenging internalized stigma, and foster hope for social change.

Multiple studies highlight that bisexual and other sexual-minority students resort to mindfulness practices, yoga, prayer, or other spiritual practice as sources of coping with minority stress (Kumar et al., 2022; Sherry et al., 2010). Participating in meditation, journaling, or body-oriented practices (e.g., dance, exercise) assists with regulating affect, lessening anxiety, and promoting self-acceptance. Framed constructively instead of as "corrective," such practices sustain identity integration and cushion the psychological cost of invalidation and family pressure.

An exploratory qualitative study of the psychological experiences of LGBTQ individuals in Delhi NCR, India, was undertaken by Mishra (2022). Through in-depth interviews, the author found that harassment, discrimination, and lack of acceptance from families were frequent themes. All these contributed to higher levels of anxiety, depressive symptoms, and feelings of social alienation. The results demonstrate how the absence of family support and broader social stigma together contribute to poor mental health among sexual minority individuals in Indian educational and societal contexts, although they are not aimed at bisexual college students (Mishra, 2022).

Methodology

Research Design

This research used a qualitative, exploratory design to examine the complex experiences of bisexual college students in India regarding identity invalidation, family expectations, and mental health. Qualitative research was considered appropriate because these events are subjective, culturally embedded,

and under documented within Indian scholarship. By favoring meaning, context, and lived experience, this method allowed participants to speak for themselves in their own voice—insights that could not be easily attained using standardized quantitative assessments.

The research design was guided by phenomenological and constructivist philosophies. A phenomenological framing permitted the study to concentrate on participants' lived experience and the nature of how they experience identity suppression, family norms, and psychological well-being in their daily lives. Constructivism highlighted the collaborative construction of knowledge by researcher and participants, recognizing that knowledge is constructed through conversation and interpretation as opposed to being extracted as objective "facts." This epistemological approach invited sensitivity to how participants constructed meaning in relationship to cultural scripts, heteronormative expectations, and their own emergent sexual identities.

A flexible and emergent approach was taken to be sensitive to cultural nuances, linguistic leanings, and power relations of research on sexual orientation in a heteronormative culture. This adaptability allowed for the study to be able to engage thoughtfully with participants' varied realities concerning variations in gender, caste, religion, or geographic background while also safeguarding psychological safety on their part for discussing possibly traumatic information.

Semi-structured interviews were chosen as the main data collection method. This format allowed a balance of consistency and openness: it ensured that central domains—e.g., episodes of identity invalidation, coping mechanisms, and family responses—were covered, but this left room for participants to elaborate on themes most significant to them. The interview schedule was used as an outline for guidance instead of a strict script, which created fluid conversation and helped the participants tell in-depth, rich stories. In accordance with an emergent qualitative approach, interview probes were adjusted in an iterative manner as data collection continued, enabling new themes and unexpected topics to be addressed in the following sessions. This flexibility also facilitated ethical responsiveness, allowing the researcher to modify questions or break off if participants were showing signs of discomfort or fatigue.

Overall, this design centered participants' lives and voices, promoted reflexivity in the research process, and facilitated the emergence of a rich understanding of how bisexual college students in India navigate identity, family expectations, and mental health.

Sampling Strategy

1 Technique

A mix of purposive and snowball sampling was used to reach the participants whose backgrounds matched the aims of the study.

Purposive sampling was used initially to systematically choose participants who met the primary inclusion criteria: self-identified bisexual college students between 18 and 25 years of age, presently enrolled in urban Indian universities. By doing this, every participant was directly pertinent to the research interest in identity invalidation, family expectations, and mental health among bisexual youth.

To supplement this, snowball sampling was used to extend the reach to potential participants who could otherwise be hidden because of sexual orientation stigma. Following the initial contacts who were recruited, they were then invited—voluntarily—to pass on details about the study to their peers who would otherwise qualify for inclusion. This served to extend the study's reach to individuals belonging to informal or covert networks, especially those publicly unaffiliated with LGBTQIA+ organisations.

Recruitment venues were:

Queer student groups and campus support networks.

Online discussion boards, forums, and invite-only social-media groups focused on LGBTQIA+ youth.

Personal networks of the researcher and of initial participants, employed with sensitivity and respect for privacy.

This two-track approach allowed inclusion of participants with diverse gender expressions, academic fields, and socio-cultural backgrounds with practical feasibility. It also met ethical requirements by upholding confidentiality, maintaining voluntary participation, and recognizing that sexual identity disclosure can pose risks in conservative or hostile settings.

2 Sample Size

The study targeted 10–15 participants, with the final number determined by thematic saturation—the point at which additional interviews produced no substantially new codes or insights. This range is consistent with recommendations for in-depth qualitative studies exploring relatively homogenous populations.

Participant Criteria

1 Inclusion

- Self-identified bisexual individuals.
- Aged 18–25 years.
- Currently enrolled in an Indian college or university (undergraduate or postgraduate).
- Willing to engage in a personal interview regarding sexuality, family expectations, and mental health.

2 Exclusion

- Individuals currently diagnosed with severe psychiatric conditions such as psychosis, bipolar disorder in acute phase, or major neurocognitive disorder.

Rationale: to ensure that emotional distress discussed relates mainly to identity-related challenges rather than severe clinical symptomatology.

Data Collection

1) Semi-Structured Interview Rationale

Semi-structured interviews were selected because they:

- Enable participants to describe lived experiences in their own words.
- Offer flexibility to explore new or emergent areas while addressing important research objectives.
- Encourage rapport in sensitive research, allowing participants to control the pace.

2) Developing Interview Guides

Drawn from Minority Stress Theory, literature on bisexual identity development, and previous qualitative research on sexual minorities in South Asia.

Questions shifted from general to specific to establish comfort:

"Can you tell me a little bit about yourself and your life on campus?"

"How do you normally explain your sexual orientation?"

"Have you ever had people question or doubt your bisexuality?"

"What messages do you get from family regarding relationships or expectations?"

"How have these experiences impacted your feelings or well-being?"

"What helps you get through or feel supported?"

3) Interview Procedure

Arrange interview at time and mode of participant's choice (Zoom, Google Meet, or secure in-person location).

Start with relaxed chat to establish trust.

Read through consent, confidentiality, and rights; confirm desire to continue.

Carry out the interview (60–90 minutes), with breaks for consideration or feeling.

End by recapping main points, thanking participant, and distributing resource list.

4) Recording, Transcription, and Data Security

Audio recording only after clear permission.

Literal transcription retained colloquialisms, pauses, or laughter in order to preserve meaning.

Encrypted files were stored in distinct folders from consent forms (to avoid linkage of identities).

5) Researcher Reflexivity

As a student of MSc Clinical Psychology, I understood my role and background influenced how I undertook this research on bisexual college students' experiences of identity invalidation, familial expectations, and mental health. I am a cisgender heterosexual woman who belongs to an urban, middle-class Indian family, and I am both an ally to LGBTQIA+ groups and a learner within this field. As such, I had a strong responsibility to provide a safe and respectful environment for participants. Sometimes during interviews, I felt empathetic when students described rejection or the pressure of juggling family expectations, which resonated with my own experiences of navigating scholarly and cultural demands. I was also sensitive to a power imbalance, since I held positions of both researcher and mental health trainee, which might have impacted participants' answers. Following every session, I kept reflexive memos to record my feelings (e.g., sympathy, admiration, or moments of discomfort), observations of rapport and power relations, and initial analytic observations (e.g., the buffering effect of peer support against minority stress). Employing this constant reflexive practice enabled me to observe my assumptions, stay vigilant to participants' voices, and boost the credibility and confirmability of the thematic analysis (Braun & Clarke, 2006; Nowell et al., 2017).

This process assisted with confirmability and kept researcher biases out in the open.

Rapport & Ethics

Building rapport was crucial, given the personal and potentially sensitive nature of the topic. The interviewer adopted an affirming stance, used inclusive language, and offered participants the option to choose their pronouns and pseudonyms. Prior to the session, participants received an information sheet explaining the aims, confidentiality safeguards, and voluntary nature of participation. Written or digital informed consent was obtained.

To minimise discomfort, participants could skip questions or terminate the interview at any point without penalty. A resource list of LGBTQIA+ friendly mental-health services and helplines was provided after each session.

3 Recording & Transcription

With consent, interviews were audio-recorded. Recordings were stored on password-protected devices accessible only to the researcher. They were transcribed verbatim, including pauses, laughter, or emotional expressions to preserve meaning. Any identifiable information was removed or replaced with pseudonyms during transcription.

Data Analysis

Analysis was conducted on the dataset utilizing Braun and Clarke's (2006) six-stage Thematic Analysis,

chosen for its methodological rigour and its systematic yet iterative approach to meaning identification and interpretation in qualitative data. Thematic analysis was specifically well-suited as it can handle both experiential accounts and social constructions, with it providing a way to examine how bisexual college students in India conceptualize and navigate identity invalidation, familial expectations, and their own mental health. This approach is also facilitated by reflexivity, enabling the researcher to critically analyze how individual assumptions, cultural position, and relationships with participants influence the generated knowledge.

Phase 1: Familiarisation With the Data:

In order to completely submerge herself in the data, the researcher carefully read transcripts several times and listened to audio recordings as soon as each interview was completed. Reading and listening simultaneously allowed participants to notice tone, pauses, and contextual information, like whether they spoke softly when explaining same-gender desire or nervously laughed when explaining family pressure. Following each session, short reflective memoranda were drafted to record early thoughts, impressions, and areas of probable further research (e.g., noting that many students equated "family honor" with scholastic success). This phase ensured that respectful, intimate interaction came before analysis and not premature categorization.

Phase 2: Generating Initial Codes

After line-by-line reading of the transcripts, the codes were initially crafted to mark noteworthy pieces of data. Hand coding was performed with color-highlighted marks and, where beneficial, NVivo software to easily arrange excerpts. Both implicit meanings (e.g., "fear of being disowned," "looking for belonging within queer communities," and "parents anticipate heterosexual marriage" and "teachers steer clear of LGBTQ issues") and overt information comprised the codes. At this stage, coding was intentionally inclusive to avoid losing the richness and diversity of participant accounts by rushing them into abstract categories.

Phase 3: Searching for Themes

In a bid to capture more general patterns of meaning, the researcher coded the whole dataset and then synthesized similar codes into tentative themes. For example, achievement, respectability, and sexual confidentiality rules were all grouped under the candidate theme Negotiating Family Honour. Emotional Costs of Concealment, Resilient Identity Management, and Erasure From Peers were some of the other clusters. Visual aids in the form of thematic tables, mind-maps, and wall-mounted sticky notes were employed to chart connections between codes and examine how they constructed a shared narrative of participants' experiences.

Phase 4: Reviewing Themes

The internal consistency of each candidate theme's data and the general fit of each theme to the overall dataset were then evaluated. Themes were split, combined, or refined to render analysis more understandable. For example, a working subject titled "Peer Invalidation" was further broken down into two sub-themes: "from heterosexual peers" and "within LGBTQIA+ communities" because of the range of dynamics participants underscored. Here, the researcher read through the transcripts to ensure that no important information was excluded or manipulated.

Phase 5: Defining and Naming Themes

Defining each theme's boundaries and scope as well as articulating its essence were the next steps. Each topic had comprehensive analytical notes that outlined how each topic related to the research aims and how each illuminated the participants' experiences. Sub-themes were established in order to highlight

more nuanced differences. For example, the sub-themes Academic Success as Respectability and Compulsory Heterosexual Marriage encapsulated varied yet interrelated tensions under the broad theme of Familial Expectations. Themes were assigned brief, memorable labels in an attempt to translate their core arguments in respect for the participants' language.

Phase 6: Producing the Report

The final stage was to construct an analytic narrative using participant quotes verbatim, interpretive discussion, and relevant theoretical perspectives (e.g., minority stress theory and bisexual identity development models). Quotations were used to bring the voices of the participants forward and draw attention to the variety of their experiences by revealing both common and distinct experiences. Reflective memos were considered throughout the writing process to reflect on how the researcher's viewpoint—having been a hetero-ally student, for example—might have influenced identifying specific themes or interpretations. To maintain the participants' agency and resilience, effort was made to situate the results within broader cultural standards (like heteronormativity and family honor).

Trustworthiness

To enhance rigour, multiple strategies were used:

- **Credibility:** prolonged engagement with transcripts, peer debriefing, and participant validation of summary interpretations.
- **Transferability:** thick descriptions of settings and participant demographics enable readers to judge applicability to similar contexts.
- **Dependability:** an audit trail documenting recruitment, coding, and theme development was maintained.
- **Confirmability:** reflexive journaling captured researcher assumptions and emotional responses, helping to bracket biases.

Ethical Considerations

Research into sexual orientation and mental health in young adulthood involves intensified regard for the safety, privacy, and dignity of participants. Ethical processes in this research were constructed to satisfy international standards (APA, BPS, Indian Council of Social Science Research) and to attend to the vulnerability of sexual-minority students.

1) Informed Consent

- Participants received a plain-language information sheet outlining:
 - Study aims and relevance
 - Voluntary nature of participation
 - What the interview entailed, including approximate length and sensitive issues
 - Potential risks (emotional distress) and benefits (telling one's story, advancing understanding)
 - Rights to withdraw at any time without penalty
 - Written or e-consent was provided prior to arranging the interview.

2) Confidentiality and Anonymity

- Pseudonyms were given at the beginning; actual names were never attached to transcripts.
- Any information that might identify a participant (particular campus clubs, hometown, etc.) was generalized or removed from transcripts and publications.

- Audio recordings and transcripts were kept in encrypted files on password-protected devices only accessible by the researcher.

3) Managing Psychological Distress

- Since talk may bring up painful memories of rejection or invalidation, the researcher:
- Taken an affirmative, non-judgmental approach.
- Verbally checked in if a participant expressed signs of distress ("Would you like to pause for a moment?").
- Provided referrals to LGBTQIA+-friendly counsellors and helplines (e.g., iCall, The Humsafar Trust).
- Reminded participants that they could opt out of any question or terminate the interview.

4) Power Dynamics and Cultural Sensitivity

- Considering the possible stigma of bisexuality in India, linguistic sensitivity, pronouns, and socio-cultural awareness were of greatest importance.
- The interviewer revealed their status as a student researcher, rather than a counsellor, to prevent unrealistic therapy expectations.
- The researcher routinely thought about positionality (sex/ gender identity, caste/class, sexuality) and recorded this in a reflexive journal.

5) Ethical Approval

Before initiating recruitment, the researcher had submitted a detailed protocol to the host university's Institutional Ethics Committee (IEC) for review and approval. The submission had been accompanied by a detailed research proposal describing the objectives, theoretical foundations, and significance of exploring identity invalidation, family expectations, and mental well-being among bisexual college students in India. The IEC reviewed the semi-structured interview guide to check that the wording and order of questions were respectful and would not be harmful, and reviewed the informed consent form detailing the voluntary participation, right to withdraw, and confidentiality measures. A distress-management protocol was also offered, detailing procedures to take if a participant felt uncomfortable or reported self-harm ideation, such as stopping the interview, providing grounding techniques, and referring them to LGBTQIA+-affirming helplines or counsellors. Secure data handling procedures—such as storing recordings and transcripts in encrypted folders and keeping consent forms on a separate folder—were outlined, as well as anonymity-maintenance strategies through pseudonyms and removal of identifying information. The committee's oversight was geared towards safeguarding a vulnerable population engaging in possibly sensitive conversations. Following slight clarifications and adjustments, the IEC provided formal written authorization (Reference No. [insert number]), and recruitment and data collection started afterwards, with all phases of the study maintained at institutional, national, and international ethical standards.

DATA INTERPRETATION AND THEMATIC ANALYSIS

Introduction

This chapter presents the thematic analysis of the qualitative data collected from twelve bisexual college students across various disciplines in India. The study aimed to explore the experiences of identity invalidation, familial expectations, and mental health, and how participants navigate these experiences through coping mechanisms.

The data were analyzed using Braun and Clarke's (2006) six-phase model of thematic analysis, which involves familiarization with data, coding, theme development, review, definition, and reporting. The an-

alysis yielded five overarching themes:

1. Experiences of Identity Invalidation and Erasure
2. Familial Silence and Heteronormative Pressures
3. Psychological Distress and Internalized Doubt
4. Selective Disclosure as Emotional Survival
5. Creative Expression and Community as Resilience

These themes capture the complex psychological processes of bisexual identity navigation within an Indian socio-cultural context.

Phase 1: Familiarization with the Data

All twelve interview transcripts were repeatedly read to gain an in-depth understanding of the participants' lived experiences. Preliminary observations revealed recurrent patterns of social misunderstanding, concealment, and resilience. The narratives reflected the ongoing negotiation between authentic identity expression and social conformity, shaped by family, peers, and institutional environments.

The process of familiarization enabled the identification of emotional undercurrents such as fear, frustration, self-doubt, and empowerment, setting the foundation for subsequent coding and theme development.

Phase 2: Generating Initial Codes

Initial codes were developed inductively from the data to represent recurring ideas, experiences, and emotions. Key codes included:

- Identity Invalidation: "Bisexuality is a phase," "confused," "not taken seriously," "greedy or experimenting," "people don't believe me."
- Familial Expectations: "Marriage pressure," "avoidance of topic," "traditional beliefs," "fear of disapproval," "double life."
- Psychological Impact: "Anxiety," "loneliness," "frustration," "emotional exhaustion," "feeling misunderstood."
- Coping Mechanisms: "Writing and art," "theatre and activism," "online LGBTQ+ spaces," "selective disclosure," "supportive friendships."

Phase 3: Searching for Themes

The codes were collated into broader conceptual patterns to capture the essence of participants' shared experiences. Five interconnected yet distinct themes were identified:

1. Experiences of Invalidation and Erasure
2. Familial Silence and Heteronormative Pressures
3. Psychological Distress and Internalized Doubt
4. Selective Disclosure as Emotional Survival
5. Creative Expression and Community as Resilience

Phase 4 and 5: Reviewing, Defining, and Naming Themes

Theme 1: Experiences of Identity Invalidation and Erasure

A recurrent experience among participants was the dismissal and misunderstanding of bisexuality. Many reported being told that bisexuality was a temporary "phase" or "confusion." Others described instances where their identity was sexualized or trivialized, even within LGBTQ+ spaces.

"People say bisexuality doesn't exist. It's either you're straight or you're gay." (Participant 1)
"Even in queer circles, I've been called confused or indecisive." (Participant 11)

Such experiences fostered self-doubt and emotional exhaustion, reflecting the distal stressors identified in *Minority Stress Theory* (Meyer, 2003). The continuous need to justify or explain their identity reinforced a sense of invisibility and erasure, common among bisexual individuals (Weinberg et al., 1994).

Theme 2: Familial Silence and Heteronormative Pressures

Most participants described growing up in traditional, heteronormative families where topics surrounding gender and sexuality were avoided or dismissed. Heterosexual marriage and conventional gender roles were presented as default expectations.

“My family avoids the topic altogether. They expect me to marry a man and settle down.” (Participant 12)

“Every time they talk about my future husband, it feels suffocating.” (Participant 11)

This familial silence created an environment of concealment and conformity, forcing participants to compartmentalize their authentic selves. The dissonance between family expectations and individual identity emerged as a significant source of emotional strain and self-censorship.

Theme 3: Psychological Distress and Internalized Doubt

The combined effects of social invalidation and familial expectations led to psychological distress manifesting as anxiety, loneliness, and emotional fatigue. Several participants spoke about feeling “invisible” or “misunderstood,” resulting in decreased self-esteem and increased vulnerability to internalized stigma.

“It’s mentally draining. I feel anxious and frustrated because I can’t express who I am.” (Participant 12)

“Sometimes I wonder if I’m the problem for feeling this way.” (Participant 8)

This theme aligns with *Minority Stress Theory*’s concept of proximal stressors—internalized stigma and concealment—which exacerbate mental health challenges among sexual minorities. Participants’ internal conflicts also reflect the identity validation struggle described in bisexual identity development research.

Theme 4: Selective Disclosure as Emotional Survival

Participants frequently described engaging in selective disclosure—revealing their sexual identity only in contexts where safety and understanding were perceived. Disclosure decisions were based on assessing others’ attitudes, emotional climate, and risk of harm.

“I share my truth only where I feel it will be respected.” (Participant 11)

“Safety is my first priority. I don’t want to risk hostility.” (Participant 12)

This strategic concealment served as a protective mechanism, enabling participants to preserve emotional security in unsupportive environments. However, it also resulted in a fragmented sense of self, as authenticity was sacrificed for survival.

Selective disclosure demonstrates both adaptation and constraint—a delicate balance between authenticity and self-protection.

Theme 5: Creative Expression and Community as Resilience

Despite the challenges of invalidation and concealment, participants displayed notable resilience through creativity, peer connection, and online communities. Art, journaling, theatre, and writing were frequently described as safe outlets for self-expression.

“Writing poetry helps me make sense of everything and feel seen.” (Participant 3)

“Theatre helps me express parts of myself I can’t show otherwise.” (Participant 10)

“Online queer spaces remind me that I’m not alone.” (Participant 5)

Such creative engagement and social connection fostered self-acceptance and empowerment, counteracting the negative effects of societal stigma. This theme underscores the importance of representation and belonging as critical sources of psychological strength.

4.6 Phase 6: Producing the Report (Interpretive Summary)

The thematic analysis demonstrates that bisexual college students in India face systemic invalidation, familial silencing, and psychological strain arising from heteronormative social structures. However, they simultaneously demonstrate adaptive resilience through self-expression, selective disclosure, and community engagement.

These findings align closely with Minority Stress Theory (Meyer, 2003), highlighting how external prejudice (distal stressors) and internalized stigma (proximal stressors) jointly contribute to mental health difficulties among sexual minorities. At the same time, resilience factors—such as creativity, supportive friendships, and online LGBTQ+ spaces—serve as protective buffers.

The data also parallel Bisexual Identity Development Models (Weinberg et al., 1994), which describe stages of confusion, acceptance, and integration. Participants’ narratives reflect an ongoing negotiation between these stages, shaped by sociocultural and familial contexts.

Summary Table of Themes

Theme	Sub-Themes	Psychological Implications
1. Experiences of Identity Invalidation and Erasure	Stereotypes, erasure, disbelief,	Internalized stigma, self-doubt
2. Familial Silence and Heteronormative Pressures	Marriage norms, cultural silence	Concealment, emotional conflict
3. Psychological Distress and Internalized Doubt	Anxiety, invisibility, loneliness,	Identity confusion, mental fatigue
4. Selective Disclosure as Emotional Risk Survival	assessment, boundary-setting	Safety-driven concealment, self-protection
5. Creative Expression and Community as Resilience	Art, writing, peer support	Empowerment, self-affirmation, belonging

Interpretive Summary

The findings reveal that bisexual students experience a continuous tension between visibility and safety. Social and familial invalidation contribute to chronic emotional strain, yet participants employ adaptive strategies that highlight agency and resilience.

While family acceptance remains the most desired and transformative form of validation, creative expression and community support emerge as powerful tools for self-affirmation and psychological healing.

This suggests that interventions supporting bisexual individuals should not only address stigma but also cultivate spaces of representation, creativity, and dialogue, where identity can be both expressed and affirmed.

DISCUSSION

The current research explored experiences among bisexual college-going students in India. It primarily targeted the phenomenon of identity violation, family anticipation, mental anguish, and resilience. Based on the thematic analysis of twelve interviews, there emerged five prominent themes. This chapter will discuss these observations with due consideration given to previously conducted research and theories,

primarily taking into account concepts like Minority Stress Theory and research on bisexual identity. The implications from these findings are quite clear, as they show that identity invalidation and erasure are still pervasive within the participants' societal contexts. A large number suggested that bisexuality was seen as a stage, a sign of confusion, or a period of exploration, reflecting research around the world indicating that bisexuality leads people squarely into stereotypes and incredulity among either straight or gay people. Again, reflecting research on bisexuality, it corresponds with what might be described as “erasure” amongst non-monosexual identities. Notably, participants also suggested that these feelings of invalidation existed even among alternative groups within society, with participants' identities sometimes reduced to trivial or sexualized status. Again, as Meyer suggests, these distal stressors also increase an at-risk possibility within mental ill-health.

The Second Theme “Familial Silence and Heteronormativity”, This theme encapsulates the prominent role that the family structure within India plays within an individual’s display of identity. The participants were clear about having been brought up within a family structure that avoided discussion on either gender or sexual matters. Nonetheless, these matters were dominated and overshadowed by discussions about conventional marriage. Marriage as an inevitability and a necessary life stage mirrors societal standards within India. Within these cultures, societal honor and conventions receive more importance. Silence on matters pertaining to sexuality not only represents ignorance but also becomes a device with which control is maintained. It ends up masking and suppressing any open exploration about discovering identities that are unconventional within society.

This becomes an area of tension for bi-curious individuals because it becomes necessary for these people to suppress and mask their own identities due to ambient pressure. There have been reports indicating that people within collectivist societies maintain more importance on family obligations and pressures as compared to personal needs and identities.

The third theme, “psychological distress and internalized doubt,” addresses the mental impact of invalidation and silence. Participants spoke about feelings of anxiety, loneliness, frustration, and feelings of invisibility. The coexistence of external invalidation and internal conflict can be seen as an amplification of what Minority Stress Theory identifies as “proximal stressors,” such as internalized stigma and identity concealment. Participants questioned the validity of their own identities and wondered if they were “the problem” themselves, reflecting internalized BI negativity—society's marginalized stereotypes being incorporated into personal identity. It is well documented that depression, anxiety, and feelings of confusion about one’s identity are more common among bisexuals compared to heterosexuals and gays/lesbians. The current research, with its focus on India and its own unique understanding of sexual ignorance and traditional values, adds an additional layer of cultural meaning to these mental health issues. The fourth theme, selective disclosure, as a coping mechanism, came out as an important strategy. Participants talked about making deliberate disclosures about their identities at specific times and places with specific people. These would be made depending on perceptions about safety and emotional fallout. The practice aligns with global literature on ‘strategic outness’ as it proposes that ‘concealment can be and often is a pragmatic and protective response to homophobic and transphobic environments that prioritize survival, safety, and well-being.’ India, as a global phenomenon, places young people who are dependent on family members for financial and emotional needs, in a vulnerable position because of the implications associated with disclosure. As a result, it acts as a ‘mechanism of survival’ as participants have been able to safeguard themselves among un-supporting contexts and yet look for authenticity. Nonetheless, as a

coping strategy, responsibilities associated with multiple identities also result in mental anguish and fragmentation associated with identities.

Despite these sources of stress, the final theme, creative expression and community as resilience, emphasizes the strength and resilience of bisexual students. Several participants engaged with creative expressions like writing, art, theatre, and music as an expression and affirmation of their identities. These were sources of stress relief and helped participants express and integrate various emotions. Furthermore, online communities and friendships were identified as vital sources of validation and belonging for several participants. These are consistent with various theories suggesting that an expression and sense of belonging within a community can mitigate sources of stress associated with minority status. It becomes quite evident that resilience among bisexual university students requires more than just coping with stress but implies creating an environment within which identities can be articulated and celebrated. Integrating the findings with theoretical concepts, it reinforces the relevance of applying Minority Stress Theory on homosexual experiences in India. There were distal as well as proximal sources of stress. Distal sources included external invalidation and heteroromantic ideologies, and on the proximal side, internalized uncertainty and concealment were seen. Again, exploring the linkages with theoretical concepts, it embraces various stages associated with Bisexual Identity Development Models: confusion, negotiation, acceptance, and integration. But it should be noted that these processes get hampered because of factors associated with India, involving family norms, societal silence, and demands for compliance with mainstream norms associated with being heterosexual. This research contributes to the very limited qualitative literature on bisexuality in India. It accentuates the dualism of bisexual life: on the one hand, experiences of invisibility, silence, and mental suffering, and on the other, experiences and sources of creativity and selective disclosure. It also stresses the importance of networking. These implications have serious relevance for mental health professionals, educators, and those who formulate policy. Mental health professionals need to be trained and equipped with knowledge about specific stigma experiences and methods against accompanying them. Educational institutions can offer support services to bi-students. These may include bi collectives and peer groups, as well as supportive and accessible mental health facilities. At a policy level, bi-inclusive ideologies and discussions about bi identities within comprehensive sex/sexuality education are imperative. Conclusion

The research clearly establishes that bisexual college students within India exist within a very complex society with experiences and challenges associated with invisibility, societal norms, and mental stress. At the same time, resilience and efforts at asserting identities within these societies showcase very clearly the complexities involved within the meaning-making and mental well-being experiences associated with identities and developments among bisexuals.

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