

## Indian LGBTQ+ Youth: The ‘Invisible’ Orientations and Mental Health

Kanika Mohan<sup>1\*</sup>

### ABSTRACT

The past decade has seen an increase in the acceptance of LGBT members, especially in western societies. The impact of this movement has gradually reached eastern societies like India where the LGBTQ+ youth make up a substantial proportion of the population. However, the LGBT+ umbrella encompasses many identities which still do not receive adequate attention in media and literature, which are henceforth, referred to as the ‘invisible identities’. The stigma and discrimination faced specifically by them is discussed in this literature review. Research papers and news articles regarding the queer, asexual, intersex, non-binary and pansexual communities were used. Furthermore, certain therapeutic techniques which could be employed to help these individuals are also discussed. The main concerns of these identities found include; erasure, internalized homophobia, rejection from family, general community and even the LGBTQ+ community along with mental health concerns. Affirmative, art, narrative, drama, group and family therapy were found to be the most beneficial with these clients in addition to other mainstream techniques. The awareness and literature regarding these orientations and identities, particularly in the context of Indian youth is severely lacking, the paper thus aims to contribute to the growth of the same while encouraging future research.

**Keywords:** LGBTQ+, Stigma, Mental Health, Psychotherapy, India

### What is Social Stigma?

Social stigma has existed in our society for many years. The early advent of this concept can be traced back to Ancient Greece where the label of ‘stigma’ was given to slaves and criminals to mark them separate from others (Rössler, 2016).

The first formal definition of stigma was given by Irving Goffman in the year 1963. He defined it as an “attribute which is deeply discrediting.” He further defined three types of stigma that can be observed in general society: (Clair, 2018; Frost, 2011)

1. Tribal Stigma: Aimed towards certain groups with certain characteristics such as the stigma related to black people in America.
2. Stigma towards Physical Deformities: Aimed towards individuals who have certain physical conditions such as blindness, deafness, etc.

<sup>1</sup>Student, Amity University, India

\*Corresponding Author

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3. Stigma towards Blemishes of Character: Aimed towards certain characteristics of an individual such as stigma towards those with a mental illness, etc.

Further research into this phenomena revealed that stigma can be divided into three conceptual levels: (Baron & Branscombe, 2012)

- Cognitive Level – Consists of *Stereotypes* which refers to a generally negative and false overgeneralized belief one has towards an individual or group.
- Emotional Level – Consists of *Prejudice* which can also be defined as overgeneralizations one has towards an individual or group, however, it correlates more to the affective state of the person i.e. their feelings rather than what they think or their cognitive state.
- Behavioral Level – Consists of *Discriminatory Practices* i.e., harmful practices or behaviors exhibited towards an individual or group based on existing stereotypes and prejudice.

Majority of research done on social stigma reveals that certain groups are more vulnerable than others, these groups include: ethnic minorities, religious minorities, individuals with psychological disorders, women and those who belong to the LGBTQ+ community.

### ***What is the LGBT Community?***

Being 'Straight' or in more formal terms, being heterosexual is considered the norm in all societies. Heterosexuality refers to following conventional gender norms wherein a man or woman acts the way that is socially acceptable in the society, while also, having a sexual and/or romantic preference towards the opposite gender. The LGBT (*Lesbian, Gay, Bisexual and Transgender*) Community thus, includes those individuals whose psychological perception of gender (*Gender Identity*) and sexual preference (*Sexuality*) differs from heterosexuality.

In terms of sexuality, there are three broad categories of orientation: (Srivastava, 2014)

1. Heterosexuality: Attraction to the opposite gender i.e., men feeling an attraction towards women and vice-versa.
2. Homosexuality: Attraction to same gender i.e., men being attracted to men (Gay) or women being attracted to women (Lesbian)
3. Bisexuality: Attraction to both genders.

In terms of gender identity, there are individuals who are labeled as 'Transgender'. Transgendered individuals are those, whose biological sex does not correspond with their psychologically perceived gender. In India this community is referred to as the '*Hijra*' community. (Mandal, et al. 2011)

According to the 2011 Indian Census Report, the country has a LGBT population of around 1210 million citizens, out of which 4,87,803 people are transgender (Kealy-Bateman, 2018). Despite such a staggering population, these individuals aren't easily accepted and supported in the country, as what they indulge in is considered 'unnatural'. This mindset is further justified with the pretext that these individuals deviate from conventional religious, social and traditional norms. They deal with various stereotypes, stigma and discrimination such as not being allowed in hotels, restaurants, clubs and other public places. Ultimately this takes a toll on their general wellbeing and mental health (Country of Origin Information Report, 2012).

### *Invisible Identities*

Efforts to bring awareness related to the Lesbian, Gay, Bisexual and Transgender community has brought about quite a positive change, especially in Western Countries where there is now a considerate acceptance of individuals in society, though there is still a long way to go for full acceptance. The LGBT community however, encompasses many identities and orientation (Thus, the longer abbreviation of LGBTQIAP+), which over the course of the past few years haven't gained enough recognition even within discussions related to the LGBT.

These 'invisible' identities are now trying to gain the limelight to educate, normalize and bring awareness in society about their existence. These identities include:

### *Queer*

The term 'Queer' in itself is an 'umbrella' term i.e. a term which covers a broad variety of concepts and identities which fall into this category. More specifically this term denotes a spectrum of identities and orientations for those individuals who believe they don't fall into the conventional categories of 'Gay', 'Lesbian', 'Bisexual' or any other. (Brito, 2019)

Not much literature is available on the Indian Queer population; however, a study conducted by Goldberg, et al. (2020) saw that more, younger adults (18 to 25 years) in the US perceived themselves as Queer (7.1%) as compared to those in the age range of 34 to 41 years (6.0%) and even those from 52 to 59 years (1.0%).

### *Intersex*

Intersex refers to those individuals who are born with ambiguous genitals. These individuals' reproductive or sexual anatomy cannot be concretely attributed to the biological sexes of 'male' or 'female'. It is believed that every 1-2 people out of a 100 in the US are Intersex. Globally, 1.7% of the population is Intersex (Gangulay & Knight, 2020). Many individuals who are intersex, undergo medical procedures to match their preferred gender.

### *Asexuality*

Conventionally Asexual (also commonly referred to as 'ace') individuals are those who feel little to no sexual attraction, however, it is now believed that asexuality in itself, is also a spectrum which encompasses varying identities. This spectrum highlights individuals' varying levels of sexual and romantic attraction. Many individuals can be 'sex-favorable', 'sex-indifferent' or even 'sex-repulsed'. Some of the broad classifications include: (Barell, 2019)

- Aromantic: These individuals experience little to no romantic attraction, i.e. they show varying levels of preference towards wanting a romantic relationship with a significant other. While this was considered to be a part of the asexuality spectrum initially, it is now considered as a separate label.
- Demisexual/Demiromantic: These individuals only feel romantic or sexual attraction after they have formed a close emotional bond with a person.
- Graysexual/Grayromantic: These individuals perceive themselves to lie somewhat in the middle of sexuality and asexuality. It can thus, include people who:
  - Feel romantic or sexual attraction sometimes.
  - Have a low sex drive but do feel sexual attraction at times
  - Can enjoy sexual and romantic activities but only under specific circumstances, which varies from individual to individual

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Globally, 1% of the population identifies as asexual, while it is believed that 7 to 8% of the Indian population is asexual (Overdorf, et al., 2017).

### *Non-Binary*

Like the term queer, 'Non-Binary' is also an umbrella term, wherein, gender identity is believed to be a continuum. It encompasses those who do not believe themselves to fall within the traditional binary system of gender (i.e., male or female). Many non-binary individuals also identify as transgender; however, this is not always the case. Not much research has been done on non-binary individuals exclusively, however it has been seen that within the transgendered community, 25 to 35% individuals identify as non-binary (Webb, et al., 2015).

The commonly mentioned identities seen on the spectrum include: (Boskey, 2020)

- Agender: These individuals do not identify with any gender. They are considered to be gender-neutral or genderless.
- Bigender: These individuals have two distinct gender identities which could be simultaneous or alternating depending on the person.
- Genderfluid: These individuals do not have one gender identity and fluctuate between two or more identities.

### *Pansexuality*

Also referred to as 'Omnisexuality' at times, individuals who identify with this label feel sexual or romantic attraction regardless of gender (Gould, 2021)

This term coincides with bisexuality and though there are many similarities, people still hail it as a separate identity. The main difference between the two is that while bisexuals show a preference towards specific genders, pansexuals might not have any specific preference for some genders but are attracted to all genders (Kandola, 2020).

### ***Stigma Associated with Invisible Labels***

The movement to bring these labels to a more 'mainstream' platform for discussion is still underway. The literature for the same is thus, quite scarce globally and more specifically in the Indian context. However, some of the identified stigmas these individuals have to face include:

### *Erasure*

Glaad (2016), a renowned LGBTQ+ organization defines erasure as "the purposeful denial and questioning about the legitimacy and existence of certain labels especially within the LGBTQ+ community."

For the asexual community erasure is considered to be the primary form of discrimination faced. The reason identified includes the need to preserve the concept of sex as a distinguishing human trait, the need to preserve certain norms of relationships and monogamy, particularly in the case of those who identify as Aromantic. Within the community it may be to preserve the stability of the various sexual orientations, mainly since asexuality is the lack of any sexual attraction (Jack, 2019).

Asexuality within psychological and medical practice has been considered for the longest time a condition or disorder. DSM-IV-TR (2000) characterized the lack or absence of sexual

attraction as a criterion of abnormal behavior and a symptom of sexual dysfunction. The current edition of the DSM-V (2013) has revised this criterion in light of the growing asexuality movement, though barely. Many psychologists still see this lack of attraction as 'inhuman' and abnormal. Asexual individuals within the scare media portrayal are shown to be either mechanical or animalistic, adding to the stereotypical view of these individuals (Stacey, 2018).

Within the pansexual community, these individuals are considered 'too gay' by the heterosexual community, but apparently 'less gay' by the Lesbian and Gay communities in particular. Women who identify as pansexual are labeled as 'attention-seekers', on the other hand, men who identify as pansexual are considered to be 'confused' or too afraid to admit that they are in fact gay. These individuals are perceived to be lying about their identities or going through a 'phase' after which they will be able to settle on one or a monosexual identity. Pansexuality and Queer as labels are consequently ignored, thus, not getting representation in LGBTQ+ discussions (Gorg, 2020).

For non-binary individuals being referred to their correct gender/lack of gender is very important. However, many languages and professional fields lack the required gender-neutral vocabulary. This problem is quite evident in the legal field, where they are unable to get proper documentation regarding important facets of life. Socially many people mislabel them, as they feel that diverging from the binary gender system makes no sense (Shearer, 2019). Research conducted by Ballou (2015) shows that because of this erasure, 43% non-binary individuals in the US attempt suicide, around 31% have to face police harassment, 21% deal with various forms of discrimination in workplaces such as lower salaries as compared to other coworkers. 32% have been physically assaulted, while 15% have been sexually assaulted.

### ***Challenges Faced by Intersex Community***

Individuals who are intersex are now considered to be a part of the LGBTQ+, the problems they face however, are different from what other members have to deal with. The main aim of the LGBTQ+ movement is to gain visibility, equality and acceptance in general society, for intersex individuals on the other hand their main priority is to gain basic rights.

These individuals are perceived to be 'biological anomalies' that need to be fixed, so that they can lie within the biological convention of male or female. In order to do so they are forced to undergo painful, unnecessary, irreversible and harmful surgeries. This is considered to be a major human rights violation (Guy, 2016).

These medically unnecessary surgeries can have devastating physical and psychological consequences on the person. Many children forced into this are assigned the wrong sex which could lead to emotional distress, scaring, loss of sexual feelings to name a few. In places such as Brazil, China, Eastern Africa and South Asia, children who are born with intersex characteristics are killed after birth. This discrimination can also be seen in general public spheres such as schools, workplaces, etc. They face difficulty in obtaining legal documentation due to ambiguity in biological sex. This poses problems in school admissions, employment opportunities and opening bank accounts (Wilson, 2013)

### ***Internalized Homophobia***

Not only faced by the invisible labels but also the whole community in general, internalized homophobia can be defined as the conscious or unconscious acceptance of homophobic

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thoughts, beliefs, biases and attitudes, which the individual further implies on themselves. Stemming from the belief that only heterosexuality is normal and valid this belief negatively impacts the experiences, needs and concerns of the LGBTQ+ community (Flebus & Montano, 2012).

Generally, this is manifested in the following forms: (Villines, 2021)

- Individuals are unable or unwilling to come to terms with their identity/orientation.
- Feeling of shame related to one's orientation/identity
- Expressing a fear of being a certain orientation or being labeled as an identity.
- Publicly degrading and showing dislike towards individuals who are open about their sexuality and orientation.
- Holding belief that there is a right and wrong way to express one's identity.
- Unwillingness to acknowledge their partners (especially same sex partners) in a public sphere.
- Holding same sex partners to unreasonable hetero-normative standards.
- Openly denying the oppression of LGBTQ+ community due to the same hetero-normative standards.

The reason behind the occurrence of internalized homophobia has been a major proponent of LGBTQ+ related research. A study conducted by Brown & Trevethan (2010) suggests that there is a correlation between internalized homophobia, shame and attachment style. When individuals do not get family support or live in homophobic or religious households, it contributes to feeling shameful, further making these individuals uncomfortable and distant to their families leading to the development of anxious attachment style. All of this leads to internalized homophobia. More recent research shows that the following components can contribute to the same: (Gillespie, 2020; Lyons, 2020)

- a. Fear of facing anti-gay or trans/bi/pan/ace/homophobic hate crimes.
- b. Growing up in a country, state, city, neighborhood or household which is hetero-normative and have homophobic beliefs.
- c. Fear of being labeled abnormal, like the community is often perceived.
- d. Fear of the discrimination, prejudice and ridicule one undergoes as a part of the community.
- e. Negative portrayal of LGBTQ+ characters in the media.

### ***Acceptance within LGBTQ+ Community***

Research shows that LGBTQ+ youth have a positive perception of LGBTQ+ based organizations, as well as formal and informal programs organized by the same. They perceive them to be safe places where they can be themselves without any judgment; they are also able to meet more experienced peers who act as mentors guiding and helping them come to terms with their orientations and identities. Furthermore, online support platforms for these individuals also act as a positive resource for them (Higa, et al., 2014).

However, despite fighting for the same principles of equality and acceptance within general society, many groups within the community have to deal with inequality and unacceptability from other members of the community itself. A common example of this is the debate on bisexuality and Pansexuality.

Many people in the community are not willing to accept Pansexuality as a separate group and label. These individuals deal with beliefs that their type of attraction isn't valid, which leads to them internalizing these beliefs making it difficult for them to come out, as they feel that

they will not be accepted by anyone (Wong, 2018). Overall Pansexuality has always been considered to lean more towards the transgender movement, while bisexuality has traditionally been considered to encompass attraction to two genders only (Bowerman, 2016). According to the bisexual community the pansexual movement has excluded bisexuality on the premise that it is favorable only towards those who are cis-gender (those who follow the binary gender system). Due to this, the perception towards bisexuality in the general population is that they are not inclusive to those who are transgendered, Agender, non-binary, intersex or any other gender orientation, despite this not being the case and further causing a rift between the two communities (Fredenburg, 2020).

Another group which isn't widely accepted within the community is those who identify as asexual. These individuals have often been ridiculed by those who belong to the LGBTQ+ community due to their lack of sexual or romantic attraction. Asexuality and Aromanticism are considered to be a fictional identities created on the internet by some. The fact that they haven't undergone a history of prejudice, discrimination and violence acts as a reason why the other groups in the community don't consider them to be valid members of the community. Another reason for this inclusion is that their lack of sexual and/or romantic attraction insinuates that asexuality is in fact not a valid label (Masbergen, 2013; Sharma, 2019).

Within the asexual community people who identify with certain sub-labels such as demisexuality or graysexuality aren't fully considered to be a part of the group. Similarly, those who identify as having hetero-romantic attraction are discriminated against on the premise that, they do not have to undergo any discrimination, purely based on the belief that these individuals have the advantage of showing affection or preference without having to fully come out and deal with certain stigma that other individuals have to face (Stacey, 2018). Asexuals on the other hand debate that their reason to be a part of the LGBTQ+ community is the lack of understanding among the general population and the need to clear certain misconceptions like the ones elucidated above.

They argue that being a part of the LGBTQ+ community will help them deconstruct the existing stereotypical beliefs and assumptions regarding the spectrum, this will help them identify specific areas that need to be properly addressed to ultimately change these negative beliefs and allow acceptance of asexuals in the society (Olivia-Farrell, 2018).

### ***Family and Community Acceptance***

Literature on the importance of family acceptance amongst LGBT youth shows positive health outcomes the same can have on them. In terms of psychological disorders, it reduces the risk of depressive disorders, substance abuse and suicidal ideation or attempt. It also plays a role in increasing the person's self-esteem, general physical health and future sexual or romantic relationships of an individual (Ryan, et al., 2010). Furthermore, being shown proper recognition, respect, care and support from family and peers can act as an important psychological resource in a person's life (Hackimer & Proctor, 2015). However, Katz-Wise, et al. (2016) found that only one-third of the LGBT population generally get family acceptance, the other third has to deal with rejection, while the remaining third aren't comfortable coming out to their family specifically their parents, even after they become adults.

Similarly, community and peer support is also crucial for these individuals. Baumeister and Leary put forward the 'Belongingness Hypothesis' in 1995 which states that, humans have a

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basic need to form meaningful interpersonal relationships no matter how adverse the situation they may be in. The reasons for the same could be (a) to engage in positive experiences (b) to have emotional support and (c) have someone to compare oneself to (Seager, 2014).

The overall benefits of having community and peer support for LGBTQ+ individuals include:

- Helping the individual gain strong emotional support and having the sense of having a 'chosen family'.
- Connecting to others with similar experiences and finding commonality.
- Gaining knowledge, skills and important information regarding the community
- Reducing risk-behaviors and encouraging safe alternatives.
- Bridging the gap between members of the community and the general public

Overall, LGBTQ+ members have a general positive attitude towards peer networks. They see them as a source of information and help. This could range from family members, siblings, teachers, classmate, principals, etc. Unfortunately, many members have to deal with negative experiences with their peers in the form of rejection, homophobic discrimination and inability to understand different identities and orientations (Higa, et al., 2014).

The community-based stigma faced by members according to Frost (2014), can be manifested in the form of acute and/or chronic discrimination, caused by external social factors or internalized stigma i.e. stigma one has regarding their own sexual/gender identity.

The most prevalent form of stigmatization faced by these individuals is referred to as '*Homophobia*'. This can be defined as the hostility, fear or negative attitude certain people have towards those who do not follow hetero-normative behaviors, identities or relationships. Homophobia is commonly manifested in the form of discrimination in social setups such as schools, colleges and workplaces, negative and stereotypical jokes and media portrayal of LGBT characters and even physical attacks. Homophobic behavior creates a sense of exclusion from general society in these individuals which manifests itself in them dropping out of school, leaving their unsupportive families, inaccessibility to basic services and rights and migration to other countries (Kumar, 2019). This homophobia can also be directed to a specific group such as biphobia for bisexual individuals, panphobia for pansexuals, acephobia for asexuals and transphobia for transgendered individuals.

In the context of Indian society, research has shown the overall acceptance rate within the country is quite poor. According to Budgett (2014) when Indians who identified as heterosexuals were asked whether they believed homosexuality is justified, 64% responded that it wasn't justified. Furthermore, when asked if they would prefer a homosexual or transgender neighbor, 41% of the respondents said no. This negative attitude impacts the sexuality of the individuals. One such study found that culture plays a major role in how sexuality is experienced by the individual. India has a restrictive culture with a deep rooted hetero-normative orientation which results in gender related and sexual identity related specific stigmas in the society (Bowling, et al., 2018).

### ***Stigma and Mental Health***

Meyer in 1997, proposed the 'Minority Stress Theory' which stated that individuals who belong to minorities regardless of it being ethnic, religious, gender or sexuality based, experience distinct chronic stress which stems from their negatively perceived identity, discrimination, victimization within society and prejudice. These stressors can originate from three identified sources: (Russell & Fish, 2016)

- External Stressors: Refers to institutional or structural discrimination faced.



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- **Over-Vigilance:** Refers to when one starts to constantly expect to become a victim, expect only rejection in certain circumstances.
- **Internalized Homophobia:** Refers to internalizing the negative social attitude of people.

A study conducted by Hajeez, et al. (2017) found that LGBT youth tend to be at a high risk for cardiovascular diseases, cancers, anxiety, depression, obesity, STDs and suicidal ideation. Dealing with stressors such as childhood physical and/or sexual abuse, homelessness or peer victimization increases their risk for indulging in substance abuse, developing depression and possibly committing suicide. Similarly, research on the Indian LGBT youth found stressors such as stigma increased the risk for challenge abuse, depression, suicidal ideation, increased vulnerability and decreased self-esteem and self-efficacy, Stressors like victimization and violence increase risk for alcohol use and dependence along with depression (Wandrekar & Nigudkar, 2020).

Likewise, the above-mentioned sources of stigma also negatively impact the mental health of these individuals.

Internalized homophobia, according to research has the following impact on health: (Frost & Meyer, 2009; Totenhagen, et al., 2018; Xu, et al., 2017)

- **Poor Relationships:** Due to their inability to come to terms with their identity and the shame that they feel, these individuals find it difficult to open up with others and even push away their partners at times. They end up being a part of toxic and less meaningful relationships which in turn affects their health and well-being.
- **Chronic Stress:** The feeling of shame and guilt associated with their identity and orientation causes, severe stress amongst these individuals, further leading to psychological distress, physical ailments and other complications like anxiety, depression, etc.
- **Risk Behaviors:** Forcing themselves to indulge in heterosexual behavior can lead to them developing unsafe and unhealthy practices which can affect their health and well-being. These individuals are commonly seen to abuse substances such as alcohol and drugs.
- **Concealment of Identity:** Deep-rooted hetero-normativity leads to these individuals being uncomfortable and fearful to come out and accept their orientations. Pretending to be 'straight' or heterosexual seems like the better alternative in this case, but contributes tremendously to the stress these individuals face.

Similarly, Srivastava & Singh (2015) discussed the major role family members play in the same. If the individual doesn't get support from the family, it is perceived as an extreme form of social rejection. The engrained value of respecting one's family in Indian culture results in the inability of the individuals to talk freely about their sexuality creating a suffocating and restrictive environment for them. This has a heavy toll on the mental health of the individual. The added pressure some have to pretend to be heterosexual further decreases general wellbeing and detriment of psychological health.

Erasure of pansexual members has a major implication on the mental health of these individuals. Research on the same saw that 50% bisexual and pansexual individuals who contacted a mental health helpline were reported to contemplate suicide. (Jones, 2019)

### ***Role of Mental Health Institutions***

Mental health professionals and organizations now, understand the importance of providing adequate services to these individuals. Even in India, many psychotherapists, clinical psychologists, psychiatrists, are becoming more aware of the challenges and needs of these clients. While traditional methods such as Cognitive Behavioral Therapy (CBT) and psychoanalysis are quite commonly used for the same, more novel techniques and approaches are also being considered. This section of the paper focuses on certain therapeutic techniques and approaches which can be beneficial for these invisible labels, benefits for the LGBTQ+ youth and specific techniques and suggestions which can further be incorporated in these approaches.

### ***Affirmative Therapy***

Affirmative therapy is a relatively new form of therapy, specifically developed for LGBTQ+ clients. Within this approach, a psychologist holds an overall positive view of the different identities and orientations within the community. They are expected to be accepting of all individuals and to primarily address the consequences of homo/bi/trans/pan/acephobia, faced by the clients.

#### ***Benefits:***

- Helps the individual understand the impact the homo/bi/trans/acephobia and other negative experiences have had on them.
  - Develops a sense of self-acceptance in these individuals.
  - Helps them effectively balance the challenges of the world.
- (McGeorge & Carlson, 2011; Rock, et al., 2010)

**Suggestions/Techniques:** Lytle, et al (2014) proposed a model 3 pillar model rooted in a similar positive psychological approach. The model states that LGBTQ+ individuals generally deal with two types of events on a day-to-day basis which contributes in the development of minority stress. These events are; 'Distal Events' which includes factors such as prejudice, and 'Proximal Events' which includes concealment of identity, societal and familial expectations, internalized homophobia, etc. In order to cope with these, the psychotherapist had to firstly inculcate, *Individual Level Strength* which means strengthening character strengths of the individual and in turn increasing positive subjective experiences. Secondly, *Community Level Strength* in the form of positive, accepting and affirming social institutions are required.

### ***Art Therapy***

This form of therapy uses art and craft techniques to highlight certain problems and coping mechanisms of an individual. It has recently gained more popularity among therapists as a treatment for LGBTQ+ youth.

#### ***Benefits:***

- Important issues and themes in the individual's life are easily highlighted.
- The emotional wellness of the client can easily be determined.
- Facilitates therapeutic process, especially when the individual isn't comfortable talking about or sharing their experiences.

**Suggestions:** Two crucial elements that a psychologist should keep in mind while using this approach on a LGBTQ+ client includes (a) the psychotherapist should be aware of certain symbols and signs related to the community and should be able to identify them in the client's artwork if present; (b) two specific forms of artwork have proved to be effective with

these individuals which includes collage making and self-portrait. Self-portrait is especially effective with transgendered and non-binary individuals as it allows them to express themselves and their identities more clearly. (Wiggins, 2018)

### ***Narrative Therapy***

The main principle behind this therapy is that people can gain more insight about themselves and their experiences by narrating it in the form of a story.

#### ***Benefits***

- Helps the individual gain a more knowledge regarding their identity.
- Gain better understanding of one's experience and behavior in the world.
- Helps those who are transgender or non-binary accept their identities.

*Suggestions:* The psychotherapist should identify homophobic and heterosexist experiences through externalizing and scrutinizing the individual's cultural, familial background as well as their perception of self, in the narrative. After identifying the problematic area, the process of *re-authoring* helps the individual work upon their strengths to facilitate coping and resilience building. (Wilson, 2011a)

### ***Drama Therapy***

This form of therapy isn't as widely used by psychotherapists for LGBTQ+; however, it still poses certain benefits for them. Drama Therapy employs a systematic use of common theatre and drama related technique to facilitate psychological growth.

#### ***Benefits***

- Increases overall self-esteem of the individual.
- Facilitates the process of identity development.
- Development of skills that can help with daily challenges.

*Suggestions:* Role play is the most commonly used technique of this approach. It allows these individuals to accept their orientations while acting out and in turn developing skills that would be beneficial to them in the long run. (Wilson, 2011b)

### ***Family Therapy***

Family therapy is a form of psychotherapy generally employed by psychotherapists to address problems concerning the family as a whole unit to ensure proper family dynamics and functioning (Morales-Brown, 2010).

#### ***Benefits***

- Aid in the process of coming out to the family in a safe environment.
- Help parents come to terms with their child's identity and orientation.
- Helping the family transition through the difficult phase.
- Ensure effective communication among the family members.

*Suggestions:* Research has shown that two techniques used in family therapy primarily used with LGBTQ+ clients, which are particularly beneficial: (LaSala, 2013)

- Reframing – Parents are generally quite confused and concerned when their child comes out to them. This confusion and concern leads to them reacting quite aggressively (verbally) and saying things in a way which seem hostile, unsupportive. They may also emotionally shutdown. Through reframing, the interaction between the

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child and parents is reframed in a way that it becomes more positive and effective in letting each party lay out their true feelings.

- Enactment – In this technique the therapist encourages the family to interact as they normally do. The therapist observes this interaction and finds any problematic areas after evaluating the quality of interaction. On the basis of this, certain suggestions are then given to improve communication amongst the family members to make it more effective.

### ***Group Therapy***

Group therapy is generally employed when people who have a specific problem or disorder come together for emotional support, psychoeducation about the problem in hand or training and development of certain communicative skills (Rosenberg & Kosslyn, 2014).

#### *Benefits:*

- Normalizing the exploration of different identities and orientation that the individual seems fit for them.
- Gaining a more positive perception of themselves while working through their issues.
- Opportunity to talk to others who are a part of the community and learn from their experiences.
- Learn to cope with minority stress.
- Become engaged in LGBTQ+ community related resources and programs.

*Suggestion:* For LGBT youth it was seen that the following types of groups were commonly employed under this approach – (Eske, 2020)

- Psycho-education Groups – In this form of therapy, members of the group are educated on the common problems they share. The focus is then placed on coping strategies and certain techniques which can help these individuals. These groups play an important role when the client is confused about their orientation and identity or when they want to gain more knowledge about the community.
- Support Groups – Support groups play an important role when an individual is going through a significantly difficult period in their life. Coming out and facing rejection is a common example of issues members deal with. Thus, these groups help these individuals by proving unconditional support, acceptance and the provision of meeting and forming connections with those who have undergone a similar experience.

Some other suggestions include: (Lefevor & Williams, 2021)

- Maintaining a closed, private environment in these sessions and conducting the same in reserved places can be beneficial. Many members of the LGBTQ+ community have to deal with violence related to homophobic attitudes; thus being seen in a public gathering with other members might not be a good option for them.
- It can further have two forms of setup: (a) Open Setup and (b) Closed Setup. Open setups allow clients to have a long lasting resource available to them which they can fall back on whenever they need support or help. Closed setups maintain stability and privacy within the group sessions. This is particularly beneficial for those individuals who prefer to main a certain level of anonymity or aren't open about their identity and orientation. The therapist according to their professional opinion can decide which one they feel is more suitable.

## CONCLUSION

The LGBTQ+ youth make up a substantial part of our society and though the country has made some stride in accepting this population, there is still a long way before this minority can gain complete recognition and respect from society. While we are making this attempt to understand and come to terms with the Lesbian, Gay, Bisexual and Transgender identities, it is important that we do not exclude the other labels which also fall into the community. Homophobia, erasure, rejection from family, the general society and even at times the LGBTQ+ community itself poses many mental health challenges on these individuals, which needs to be addressed and understood by practicing mental health professionals. The first step to do so would be to gain a more insightful understanding of what individuals who identify as anyone of the above-mentioned identities and orientations specifically face. There is however, scarce literature available on Indian youth who identify as asexual, pansexual, intersex, queer and non-binary and the specific challenges they face. This poses a crucial need for research pertaining to sexual minorities to focus on these members of the community as well, to develop more specific approaches to deal with their problems.

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## Indian LGBTQ+ Youth: The 'Invisible' Orientations and Mental Health

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