



The Interplay Between Mental Health and Identity: Understanding the Psychological Impact on LGBTQ+ Individuals

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Abstract

This article delves into the intricate psychological landscape of LGBTQ+ individuals in the context of India, highlighting the unique challenges they encounter amidst cultural, legal, and social dynamics. Drawing upon factors such as cultural stigma, familial dynamics, religious influences, and legal ambiguities, it explores the multifaceted experiences of LGBTQ+ individuals and the impact on their mental well-being. Additionally, the abstract discusses healthcare disparities, intersectionality, and the resilience demonstrated by LGBTQ+ communities in India. By shedding light on these complexities, the article advocates for greater understanding, inclusivity, and advocacy to create a society where LGBTQ+ individuals are fully embraced and celebrated for their diversity.

Keywords: Psychology Well-being, Harassment, Homosexual, Gender Discrimination, LGBTQAI+

Introduction:

In the vibrant tapestry of Indian society, the experiences of LGBTQ+ individuals are woven with threads of tradition, cultural norms, and legal frameworks that shape their journey in distinct ways. Within this rich mosaic, the psychological terrain of LGBTQ+ individuals unfolds against a backdrop of complex dynamics, where societal expectations, familial pressures, and religious influences intersect with personal identities and aspirations. Understanding the unique challenges faced by LGBTQ+ individuals in India is essential for fostering empathy, promoting inclusivity, and advocating for meaningful change.

This introduction sets the stage for an exploration into the psychological landscape of LGBTQ+ individuals in India, delving into the factors that influence their mental well-being and social integration. From cultural stigma and familial dynamics to legal ambiguities and healthcare disparities, each aspect contributes to the intricate tapestry of experiences that define the lives of LGBTQ+ individuals in India. By examining these factors through a lens of intersectionality and

resilience, we gain deeper insights into the complexities of LGBTQ+ identities and the path towards greater acceptance and equality in Indian society.

Psychology of LGBTQ+

In ancient India, Hinduism provided extensive knowledge related to LGBTQ+ through literature and artistic forms¹. The Khajuraho temple is the best example where we can see the same gender people embracing each other and even in Buddhism, homosexuality was seen positively.² In the Mughal or Medieval period, many poetry and artworks acknowledge homoeroticism.³ It is not wrong to say that homosexuality was very much celebrated in ancient India before foreign (British Era) invasion. The British Empire did not acknowledge homosexuality and labelled the act as against the order of nature.

The Indian Penal Code was introduced in British Rule in 1860 in which Section 377 classified the homosexuality act as a cognizable offence⁴. For many years these LGBTQ people lived in fear of legal prosecution. They always felt discrimination either in regard of job opportunities or other spheres of life. On 6 Sep 2018, in the case of [Navtej Singh Johar v. Union of India](#) the Supreme Court of India struck down the part of Section 377 which criminalised consensual homosexual activities⁵ and granted them a life of dignity. Similarly, in [National Legal Services Authority v. Union of India](#), the Supreme Court held that discrimination on the basis of [gender identity](#) is constitutionally prohibited.⁶

Article 15 of the [Constitution of India](#) states that:⁷

15. Prohibition of discrimination on grounds of religion, race, caste, sex or place of birth

- (1) The State shall not discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them
- (2) No citizen shall, on grounds only of religion, race, caste, sex, place of birth or any of them, be subject to any disability, liability, restriction or condition with regard to
 - (a) access to shops, public restaurants, hotels and places of public entertainment; or
 - (b) the use of wells, tanks, bathing ghats, roads and places of public resort maintained wholly or partly out of State funds or dedicated to the use of the general public

Identity Development and Mental Health: The process of understanding and accepting one's LGBTQ+ identity can significantly impact mental health outcomes. Individuals who struggle with acceptance or face rejection from family members or peers may experience heightened levels of stress, anxiety, and depression. Internalised homophobia or transphobia can also contribute to feelings of shame and self-loathing, further exacerbating mental health challenges.

A qualitative [research](#) investigation involving sexual minority women (non-heterosexual woman) revealed prevalent themes such as isolation, anxiety, elevated substance use, and contemplation of

¹ <http://www.virtualvinodh.com/writings/assorted/homosexuality-kamasutra>

² <https://openresearch-repository.anu.edu.au/bitstream/1885/41884/1/theravada.html>

³ https://link.springer.com/chapter/10.1057/9780230524156_9

⁴ The Indian Penal Code, 1860, Act No. 45, of 1860

⁵ <https://translaw.clpr.org.in/case-law/navtej-singh-johar-vs-union-of-india-section-377/#:~:text=Conclusion.same%2Dsex%20individuals%20or%20otherwise.>

⁶ Judgement, W.P. (C) 400/2012 NLSA vs. UOI [Wayback Machine \(archive.org\)](#)

⁷ [Article 15 in Constitution of India \(indiankanon.org\)](#)

suicide within their lived experiences.⁸ In another study, 277 MSM (men who have sex with men) respondents were surveyed, revealing that depression was prevalent in 58.84% of the participants,⁹ indicating a higher rate of depression compared to heterosexual men.¹⁰

A cross-sectional survey of 3,880 MSM (men who have sex with men) from three Indian states (Tamil Nadu, Maharashtra and Andhra Pradesh) found that almost 60% reported alcohol use. Among frequent users (40% of the sample), with daily or weekly alcohol consumption, 66% were aged 25 years and above.¹¹

A study conducted in Manipur included 32 participants, comprising 20 gay individuals and 12 lesbians. The findings revealed that 62.5% of participants were abusing alcohol, while 46.8% were abusing non-alcoholic substances. Additionally, 18.7% were diagnosed with anxiety spectrum disorders. Approximately 24.8% exhibited suicidal risk behaviour, with 15.6% reporting a history of previous suicidal attempts.¹²

Another [research](#) conducted in the Federal Republic of Germany reveals that LGBTQ+-identifying individuals exhibited higher rates of depressive symptoms, anxiety, and suicidal thoughts compared to those not identifying as LGBTQ+. 39.6% of identifying individuals reported moderate levels of depressive symptoms, 33.2% of moderate anxiety and 28.2% reported suicidal thoughts.¹³

Social Stigma and Discrimination: Society heavily stigmatized same-sex sexual behaviour.¹⁴ LGBTQ+ individuals frequently encounter stigma and discrimination in various facets of their lives, including employment, healthcare, and housing. The experience of being marginalised or invalidated based on sexual orientation or gender identity can take a toll on mental health, leading to increased rates of depression, anxiety and substance abuse. In addition, participants of the study stated that they experienced social rejection due to the lack of social acceptance towards same-sex sexual behaviour.¹⁵

⁸ Bowling J, Dodge B, Banik S, et al. (2016) Perceived health concerns among sexual minority women in Mumbai, India: an exploratory qualitative study. *Culture, Health & Sexuality*. 18(7). 1-15.

DOI:[10.1080/13691058.2015.1134812](https://doi.org/10.1080/13691058.2015.1134812)

⁹ Sampath, Harshavardhan & Soohinda, Geeta & Jaggi, Prabhleen & Dutta, Sanjiba. (2018). Depression and Its Correlates in Men Who Have Sex with Men (MSM) in India. *Indian Journal of Social Psychiatry*. 34. 10.4103/ijsp.ijsp_6_18.

¹⁰ De Santis, J. P., Colin, J. M., Provencio Vasquez, E., & McCain, G. C. (2008). The relationship of depressive symptoms, self-esteem, and sexual behaviors in a predominantly Hispanic sample of men who have sex with men. *American journal of men's health*, 2(4), 314–321. <https://doi.org/10.1177/1557988307312883>

¹¹ Yadav, D., Chakrapani, V., Goswami, P., Ramanathan, S., Ramakrishnan, L., George, B., Sen, S., Subramanian, T., Rachakulla, H., & Paranjape, R. S. (2014). Association between alcohol use and HIV-related sexual risk behaviors among men who have sex with men (MSM): findings from a multi-site bio-behavioral survey in India. *AIDS and behavior*, 18(7), 1330–1338. <https://doi.org/10.1007/s10461-014-0699-x>

¹² Hebbar, YR & Majumder, Udayan & Singh, Rajkumar. (2018). A Study on Homosexuals and Their Psychiatric Morbidities in a Northeastern State of India, Manipur. *Indian journal of social psychiatry*. 34. 245. DOI: [10.4103/ijsp.ijsp_111_17](https://doi.org/10.4103/ijsp.ijsp_111_17)

¹³ Firk, C., Großheinrich, N., Scherbaum, N. et al. The impact of social connectedness on mental health in LGBTQ+ identifying individuals during the COVID-19 pandemic in Germany. *BMC Psychol* 11, 252 (2023). <https://doi.org/10.1186/s40359-023-01265-5>

¹⁴ Mimiaga, Matthew & Closson, Elizabeth & Thomas, Beena & Mayer, Kenneth & Betancourt, Theresa & Menon, Sunil & Safren, Steven. (2014). Garnering an In-depth Understanding of Men Who Have Sex with Men in Chennai, India: A Qualitative Analysis of Sexual Minority Status and Psychological Distress. *Archives of sexual behavior*. <https://doi.org/10.1007/s10508-014-0369-0>

¹⁵ See *supra* note 13

Another study indicates that the prevalence of generalized anxiety disorder in the sample was 6.2%. Approximately 3.1% of individuals were found to have panic disorders, while 9.3% exhibited symptoms of social phobia.¹⁶

Sexual minority stigma, particularly against homosexuality, is prevalent, while bisexual individuals often encounter bi-negativity, indicating targeted discrimination.¹⁷ In a study, three-fourths of the respondents felt compelled to keep their identity a secret.¹⁸

Satisfaction with social support was linked to a reduced likelihood of anxiety, depression, and suicidal thoughts.¹⁹ Resilient coping strategies and social support have demonstrated different protective advantages for men who have sex with men (MSM) and transgender women.²⁰

Family and Community Support: Feeling stigmatized by society, the majority of participants reported that their parents, siblings, and relatives also grappled with accepting their sexual minority status.

The study revealed that 79% of sexual minority youth had disclosed their sexual orientation to at least one parent, and two-thirds of the youth had disclosed their orientation to at least one sibling and one extended family member.²¹ In another study participants tended to disclose their sexual orientation more frequently to their mothers than to their fathers, with disclosures typically occurring around the age of 19 in face-to-face interactions.²²

The expectation of marriage and procreation is a central and defining social norm in Indian culture, allowing individuals to engage in same-sex sexual relations without challenging their masculine sense of self.²³

A qualitative research study was conducted in China, wherein six LGBTQ teenagers from conservative families were interviewed. Of these, five reported that their parents were in some stage of denial and believed that their self-identified sexuality was temporary or influenced by external factors.²⁴

¹⁶ *Supra* note 12

¹⁷ Bowling J, Dodge B, Banik S, et al. (2016) Perceived health concerns among sexual minority women in Mumbai, India: an exploratory qualitative study. *Culture, Health & Sexuality*. 18(7). 1-15.

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¹⁹ Sivasubramanian, M., Mimiaga, M. J., Mayer, K. H., Anand, V. R., Johnson, C. V., Prabhugate, P., & Safren, S. A. (2011). Suicidality, clinical depression, and anxiety disorders are highly prevalent in men who have sex with men in Mumbai, India: Findings from a community-recruited sample. *Psychology, Health & Medicine*, 16(4), 450–462. <https://doi.org/10.1080/13548506.2011.554645>

²⁰ Tomori, C., McFall, A. M., Srikrishnan, A. K., Mehta, S. H., Solomon, S. S., Anand, S., Vasudevan, C. K., Solomon, S., & Celentano, D. D. (2016). Diverse Rates of Depression Among Men Who Have Sex with Men (MSM) Across India: Insights from a Multi-site Mixed Method Study. *AIDS and behavior*, 20(2), 304–316. <https://doi.org/10.1007/s10461-015-1201-0>

²¹ Rosario, M., Schrimshaw, E. W., & Hunter, J. (2009). Disclosure of sexual orientation and subsequent substance use and abuse among lesbian, gay, and bisexual youths: critical role of disclosure reactions. *Psychology of addictive behaviors : journal of the Society of Psychologists in Addictive Behaviors*, 23(1), 175–184. <https://doi.org/10.1037/a0014284>

²² Katz-Wise, S. L., Rosario, M., & Tsappis, M. (2016). Lesbian, Gay, Bisexual, and Transgender Youth and Family Acceptance. *Pediatric clinics of North America*, 63(6), 1011–1025. <https://doi.org/10.1016/j.pcl.2016.07.005>

²³ Asthana, S., & Oostvogels, R. (2001). The social construction of male 'homosexuality' in India: Implications for HIV transmission and prevention. *Social Science and Medicine*, 52, 707–721. [10.1016/s0277-9536\(00\)00167-2](https://doi.org/10.1016/s0277-9536(00)00167-2)

²⁴ Han-Rui Li (2023), Psychological Effects of Conservative Families on LGBTQ+ Teenagers in China, *SHS Web of Conferences* 157, 01019, DOI: <https://doi.org/10.1051/shsconf/202315701019>

In a study conducted in the USA, it was found that 71% of sexual minorities experienced homelessness for the first time as adults, while 20% experienced homelessness before reaching the age of 18.²⁵

Positive relationships with family members, friends, and LGBTQ+ communities can serve as protective factors for mental health. Supportive environments where individuals feel accepted and valued for who they are can buffer against the negative effects of stigma and discrimination. However, the lack of familial support or rejection from loved ones can contribute to feelings of loneliness, alienation, and psychological distress.

Access to Affirming Healthcare: Accessing competent and affirming healthcare is essential for the mental health and well-being of LGBTQ+ individuals. Unfortunately, many LGBTQ+ individuals face barriers to care, including discrimination from healthcare providers, lack of culturally competent services, and inadequate insurance coverage for gender-affirming treatments. These barriers can prevent individuals from seeking necessary mental health support and accessing gender-affirming care, exacerbating existing mental health challenges.

Bisexual and lesbian women are more likely than straight women to experience intimate partner violence (IPV) in their lifetime, with rates at 61% and 44% respectively, compared to 35% for straight women. Among men, 37.3% of bisexual men and 26% of gay men reported IPV, compared to 29% of heterosexual men.²⁶

Transgender adults and men who have sex with men (MSM) often refrain from using free government healthcare services due to discrimination stemming from social stigma. Instead, they opt to self-medicate or seek private healthcare alternatives.²⁷ Experienced psychiatrists have been observed to discriminate against LGBTQ individuals, influenced by traditional gender stereotypes, thereby limiting their access to high-quality healthcare services.²⁸

Blood banks are under scrutiny for discouraging or "banning" blood donation by LGBTQ individuals in accordance with the Central government's guidelines for Blood Donor Selection.²⁹

²⁵ Bianca D.M. Wilson, Soon Kyu Choi et.al, (2020) Homelessness among LGBT Adults in the U.S, UCLA, school of Law, Williams Institute <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Homelessness-May-2020.pdf>

²⁶ Human Rights Campaign, Sexual Assault and the LGBT Community, (2022) HRC Foundation, <https://www.hrc.org/resources/understanding-intimate-partner-violence-in-the-lgbtq-community>

²⁷ Patel, V. V., Mayer, K. H., & Makadon, H. J. (2012). Men who have sex with men in India: a diverse population in need of medical attention. *The Indian journal of medical research*, 136(4), 563–570. [PMC3516023](https://pubmed.ncbi.nlm.nih.gov/23516023/)

²⁸ Chakrapani, V., Newman, P. A., Shunmugam, M., & Dubrow, R. (2011). Barriers to free antiretroviral treatment access among kothi-identified men who have sex with men and aravanis (transgender women) in Chennai, India. *AIDS care*, 23(12), 1687–1694. <https://doi.org/10.1080/09540121.2011.582076>

²⁹ Hindustan Times (2021). *Bar on transgender persons, others from donating blood: SC seeks govt's response*. Available online at: <https://www.hindustantimes.com/india-news/sc-seeks-centre-response-on-barring-transgenders-gay-people-from-donating-blood-101614936356466.html>

CONCLUSION

The psychological landscape of LGBTQ+ individuals in India is deeply intertwined with cultural, legal, and social dynamics that shape their experiences and well-being. From the historical acceptance in ancient civilizations to the colonial-era criminalization and subsequent legal strides towards equality, LGBTQ+ individuals in India have navigated a complex journey of acceptance and adversity.

Research underscores that the mental health of LGBTQ+ individuals is significantly influenced by societal attitudes, familial acceptance, and access to affirming healthcare. Stigma and discrimination remain pervasive, contributing to higher rates of anxiety, depression, substance abuse, and suicidal thoughts among sexual minorities. However, resilient coping strategies, social support networks, and legal advancements like the decriminalization of consensual homosexual acts have provided avenues for resilience and empowerment within the community.

Moving forward, fostering greater understanding, inclusivity, and advocacy is crucial for creating a society where LGBTQ+ individuals can thrive without fear of discrimination or marginalization. This necessitates ongoing efforts to promote acceptance, support mental health initiatives tailored to LGBTQ+ needs, and ensure equitable access to healthcare and social services.

By addressing these challenges and celebrating the diversity within the LGBTQ+ community, India can continue to progress towards a more inclusive and compassionate society where every individual, regardless of sexual orientation or gender identity, is valued, respected, and afforded equal rights and opportunities.

In conclusion, embracing diversity and supporting the mental well-being of LGBTQ+ individuals is not only a matter of human rights but also a cornerstone of a just and equitable society for all.



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