

# ‘Why is it so different now I’m bisexual?’: young bisexual people’s experiences of identity, belonging, self-injury, and COVID19

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## Abstract

Bisexual people demonstrate higher rates of Non-Suicidal Self-Injury (NSSI) in comparison to other groups. This study aimed to explore bisexual people’s experiences of sexuality, NSSI and the COVID19 pandemic. Fifteen bisexual people (16–25 years old) with experience of NSSI participated in online qualitative interviews. Thematic analysis was used. Preliminary findings were shared with a subset of participants for member-checking. Participants described experiences of falling between the binary worlds of heterosexuality and homosexuality and described discrimination and invalidation related to this. Lack of access to positive bisexual representation contributed to feelings of self-loathing, with NSSI used to manage emotions or self-punish. The effect of lockdown was not clear cut, depending on personal circumstances and meanings of social interaction for participants. There is a need for greater recognition of significant societal narratives around bisexuality within clinical formulations of mental health difficulties and NSSI within this population.

## Introduction

Non-suicidal self-injury (NSSI), defined as ‘the deliberate, self-inflicted damage of body tissue without suicidal intent and for purposes not socially or culturally sanctioned’ (International Society for the Study of Self-injury, 2018), is a prevalent concern within LGBTQ+ (Lesbian, Gay, Bisexual, Transgender and Queer+) communities (King et al., 2008). Sexual minority individuals have double the lifetime prevalence of NSSI compared to heterosexual people (Liu et al., 2019). Bisexual people seem particularly at risk. A recent meta-analysis found that bisexual people have up to four-and-a-half times the odds of engaging in NSSI compared to gay men (odds ratio = 4.57; Dunlop et al., 2020). NSSI is associated with individual distress (Byford et al., 2009), increased risk of suicide (Hawton et al., 2015), self-injury scarring (Gutridge et al., 2018), and increased healthcare costs (Sinclair et al., 2010). Symptoms of anxiety and depression have been found to be most commonly associated with NSSI for bisexual people and additional variables such as sexual/physical assault, bullying and intimate partner violence also have relationships to NSSI (Dunlop et al., 2020). More research into bisexual-specific NSSI risk factors is needed, as bisexual people are seldom researched independent of other sexual minorities (Taylor, 2018).

The COVID19 pandemic has been disruptive to people’s lives and livelihoods on a worldwide scale. Within the UK, the infectious nature of COVID19 led to a gradual increase in restrictions of movement in March 2020 resulting in a national lockdown (United Kingdom Parliament, 2020). People were encouraged to work from home if possible. A widespread closure of retail, hospitality and leisure industries, educational establishments and non-essential services followed. For several months UK citizens were advised to not leave their home unless for essential food/medical supplies, to exercise once per day, or receive medical care. Restrictions on daily life eased in June 2020, and in October 2020 a ‘three-tier’ alert system was introduced, with varying levels of restrictions. The UK returned to a version of national ‘lockdown’ from November – December 2020, and such measures may return if deemed necessary by the UK government. These experiences have the potential to interact with challenges faced by individuals who self-injure.

It is thought that the effects of COVID19 and associated public health measures may lead to an increase in mental health difficulties (Holmes et al., 2020). For those experiencing pre-existing mental health difficulties, the emotional impact of the pandemic and subsequent worldwide lockdowns may exacerbate such difficulties (Rajkumar, 2020; Yao et al., 2020) and mental health consequences are likely to remain for longer than the pandemic itself (Gunnell et al., 2020). However, remaining at home and other changes as a result of lockdown may be beneficial for some. For example, Widnall et al. (2020) reported an overall decrease in anxiety levels for young people when compared with baseline measures pre-COVID19. In addition, increased community connections during lockdown have brought benefits to some groups (Tiratelli & Kaye, 2020).

In relation to NSSI, COVID19 and lockdown may vary in its impact. Greater isolation, anxiety and loss of routine could potentially contribute to exacerbation in NSSI (Holmes et al., 2020). A longitudinal cohort investigation of mental health outcomes in Chinese young people showed an increase in NSSI from 31.8% when schools closed due to COVID19, to 42% when school re-opened (adjusted odds ratio = 1.35; Zhang et al., 2020). There are also potential benefits to lockdowns such as less exposure to stressful work or school environments (Widnall et al., 2020). A ‘living systematic review’ is in progress, and will continually document and update the impact of COVID19 on suicide and self-harm behaviour (John et al.,

2020).

Those with existing mental health difficulties and people from marginalised groups (including the LGBTQ+ community) have been identified as vulnerable groups requiring particular research attention during the pandemic (Holmes et al., 2020). There are specific considerations and stressors for LGBTQ+ people. Returning to live with discriminatory/abusive others, and lack of opportunity to access LGBTQ+ safe spaces (such as youth groups), are specific risks faced by this population (LGBT Foundation, 2020). During lockdown, some LGBTQ+ people have been feeling isolated, do not feel safe where they are residing, and are concerned about alcohol/ substance misuse relapse (LGBT Foundation, 2020). Despite an overall decrease in anxiety for young LGBTQ+ people, higher anxiety and depression scores and reduced wellbeing were still apparent during COVID19 (Widnall et al., 2020).

It is known that bisexual people face additional difficulties, such as biphobia from within and outside of the LGBTQ+ community (Herek, 2002; McLean, 2008). In the period from 23/03/2020–12/04/2020, when the UK first went into lockdown, one UK charity saw a 450% increase in calls about biphobia (LGBT Foundation, 2020). The impact that COVID19 has had on bisexual people and their experiences of NSSI may be significantly different to other sexual minorities and warrants urgent investigation. This is especially pertinent as increased risk of NSSI is now well established within this group (Batejan et al., 2015; Dunlop et al., 2020).

At the time of writing, this is the first known qualitative study focusing on NSSI for bisexual people, and the first to explore the impact of COVID19 on this group. This article aims to explore the experiences of young bisexual people who have engaged in NSSI and recently experienced the UK COVID19 lockdown. In particular, the focus is on understanding the relationships between bisexuality, self-injury and lockdown.

## Materials and methods

### *Design and procedure*

This is a qualitative study involving online semi-structured interviews with SIBL (The Self-Injury in young Bisexual people: a Longitudinal investigation) participants. We adopted a critical realist epistemological perspective, acknowledging the theory-laden nature of the research process and product (Fletcher, 2017). This study was pre-registered (<https://www.maudsleybrc.nihr.ac.uk/research/covid-19-studies-project-details?id=9064>). A topic guide (Appendix A) was developed based on an extensive meta-analysis and narrative synthesis on bisexuality (Dunlop et al., 2020), with questions relating to experiences of the COVID19 pandemic and lockdown.

Participants were recruited from a larger, online survey study called SIBL. The SIBL study was pre-registered: [www.osf.io/skrq8](http://www.osf.io/skrq8). Participants in the SIBL study had to be aged 16–25 years, identify as bisexual and/or attracted to more than one gender, and have experienced NSSI thoughts/feelings/ behaviours within the preceding six months. Participants were recruited into the SIBL study through social media posts, LGBTQ+ youth groups, posters around a northern UK University campus and advertisement via internal University emails. Participation was open to people around the world.

SIBL participants were eligible to take part in qualitative interviews if they were based in the UK, were involved in SIBL at the point when UK lockdown began (from 23/03/2020), had experienced NSSI at some point in their lives, and had consented to further contact with the research team. People were invited via email to take part in a qualitative interview of their

experiences of NSSI, bisexuality, COVID19 and subsequent lockdown. All participants provided written informed consent. Interview participants received a £10 voucher for their participation.

### *Data collection*

Interviews were conducted by BJD, MS or SEC via a video conference platform (e.g. Zoom/Skype). Participants were informed that they could stop or pause the interview at any time. Interviews ranged from 25–50 minutes. Interviews were audio-recorded with participant permission and transcribed verbatim. All participants provided informed consent. This study received ethical approval from the University of Manchester Research Ethics Committee Panel 3 (2019–7445–11947).

### *Research team*

The research team consisted of psychologists and academics. None of the researchers identified as bisexual or pansexual, though the lead author was gay. Several of the researchers have previously conducted research into self-injury and suicidality, and some had personal experiences of self-injury and other mental health difficulties. Several of the researchers have also engaged in and led LGBTQ+ research, including a meta-analysis and narrative synthesis focussed on bisexuality and NSSI.

### *Analysis*

We adopted thematic analysis as the analytic approach due to its theoretical and interpretive flexibility (Braun & Clarke, 2006). We sought to read the data with attention to individual/intrap- sychic, relational/social, and wider societal and cultural levels of interpretation, and thematic analysis allowed for this approach.

A coding framework was developed inductively from initial analysis of five transcripts and then tentatively applied to the full dataset and further revised through this analysis.

As little research has been conducted into the intersection of bisexuality and self-injury from participants' perspectives, we started our analysis inductively, with one researcher (CH) analysing the first five transcripts, initially coding them comprehensively and closely to the participants' words and meanings. From this, a preliminary coding framework was developed and shared with BJD, MS and

**Table 1.** Participant characteristics.

Characteristic	N
<u>Gender</u>	
Cisgender woman	8
Non-Binary/Third gender	4
Cisgender man	2
Transgender man	1
<u>Sexual Orientation</u>	
Bisexual	10
Pansexual	2
‘Mostly homosexual’	1
<i>“Bisexual, but attracted to male, female and other”</i> <sup>a</sup>	1
<i>“Bisexual, but mostly attracted to women”</i> <sup>a</sup>	1
<u>Ethnicity</u>	
White British	12
White Other	2
Black African	1
<u>Method of NSSI<sup>b</sup></u>	
Cutting/carving skin	12
Burning skin	8
Scraping skin to draw blood	6
Picking skin to draw blood	5
Hitting	5
Other	7
<u>NSSI Frequency</u>	
	<i>M (range)</i>
Past year	38 (0–200)
Past month	6 (0–35)
Past week	2 (0–10)

<sup>a</sup>Participant self-defined orientation

<sup>b</sup>Participants could endorse multiple methods

SEC, BJD, MS, SEC and CH then coded remaining transcripts whilst noting gaps or queries about codes, their definitions, or other salient aspects from their individual readings. Each team member kept notes on their process and reflections as a reflexive audit trail (Seale, 1999). The wider team (BJD, MS, SEC, CH, SH and PJT) then discussed the whole dataset in the context of the research aims and developed the framework into broader themes and sub-themes. Data were related to relevant psychological and sociological theory. Through systematically coding each transcript and team discussion, we felt confident that thematic saturation was reached for the purpose of the research (i.e. all salient meanings and ideas across the dataset were represented within our thematic structure; Green & Thorogood, 2004). BJD then compiled the revised set of themes and sub-themes.

All participants were invited to take part in an online discussion of the results, allowing for member-checking (Creswell & Miller, 2000). Three participants took part. Preliminary themes and sub-themes were tentatively presented and participant views were invited during discussion, asking for reflections from their own perspective on the validity or otherwise of presented themes. Feedback from participants were used to further refine, merge and rename themes and subthemes. Participants were given a voucher for their participation.

## Results

### *Participant characteristics*

Fifteen participants were recruited. [Table 1](#) details participant characteristics. All but two had engaged in past month NSSI.

### **Theme 1: coping with a heteronormative and binary-focused world**

Participants framed being bisexual as a form of deficit, expecting societal rejection and non-acceptance as a result of this identity. Stories of bisexual people as homophobic, indecisive or immoral (e.g. likely to cheat) made this an undesirable identity to claim. Binary-focused interactions and the lack of stories or visible representation of bisexual people in participants' lives made bisexuality hard to understand and embrace as an identity. When participants had not experienced as much negativity as expected, they considered themselves 'lucky'. Whilst all four themes in this article are distinct, this theme seemed to permeate and provide context for other themes.

When participants had access to non-judgemental and positive narratives of bi/pansexuality, this contributed to self-acceptance, and participants reported not feeling as distressed and confused.

### *Expecting rejection*

Participants described struggles with fitting in to a world that was not only heteronormative, but binary-focused. Particularly, participants described not fitting into the LGBTQ+ or heterosexual community, due to comments by others invalidating their sexuality. Participants often described experiences of being rejected because their bisexual identity did not neatly fit either side of the hetero/homosexual binary, and came to expect rejection:

*especially from the gay community, I've heard more like . . . I'm not really part of that community . . . 'cos you know I can choose to be with a man . . . I can pass as straight (P10, cisgender woman)*

One participant described being explicitly told to 'choose' their sexuality, reflective of the assumed binary between being straight and being gay/lesbian:

*I did have people telling me like make a choice, choose a side . . . if you're gonna accept me for being gay why is it so different now I'm bisexual? (P12, non-binary/third gender person)*

### *Living with prejudice*

Participants described particular prejudices around sexuality, which influenced their experience of others and themselves. For instance, heterosexual women were perceived to be able to have varied sexual experiences, yet still able to have their heterosexuality affirmed by themselves and others. Being a bisexual woman was sometimes viewed as an extension, or part of, female heterosexuality and not itself an identity. In contrast, bisexual men were perceived by many as being on a 'journey' to coming out as gay. The experience of biersure (when the existence or legitimacy of bisexuality is questioned or outright denied; GLAAD, 2021) was prominent: according to others, individuals could not be seen to occupy multiple spheres and had to

instead slot into a binary existence. To resist doing so was sometimes construed as homophobic’:

*I've seen like, groups that have been tried to be set up, like, LGT groups, that just completely miss out the B . . . there are some members of the gay community that think that bi people are just closeted and, and it's homophobic of them not to just come out as gay (P7, cisgender woman)*

### *Living with a sense of threat*

Living within a heteronormative and binary-focussed world created a sense of threat, where people were at risk of being rejected or judged by others. This necessitated continual appraisal of safety in the context of social relationships, with some avoiding situations and others taking a more direct approach to protect themselves:

*I'm very loud about my sexuality when I meet new people so that I can gauge how they're going to react to me and then decide how to pursue the friendship from there (P15, non-binary/third gender person)*

### *Considering yourself 'lucky'*

Perhaps because of this sense of threat, multiple participants spoke of how ‘lucky’ they felt that their negative experiences were not as bad as others, or as they had feared:

*I definitely think that I've been very lucky in how like I came out to my parents and they were very accepting . . . I definitely think that I've been very fortunate in my situation (P5, cisgender woman)*

## **Theme 2: relationship between bisexuality and NSSI**

Self-injury served the function of helping participants manage distress, self-loathing and confusion that they felt as a result of negative social narratives of bisexuality. It was not bisexuality, per se, that people struggled with. Instead, self-injury was used to manage the feelings and prejudices that they encountered when trying to understand themselves. Finding like-minded people to connect with and claiming a bisexual identity were described as being hugely beneficial and protective of people’s mental health. This gave them purpose and allowed them to feel like they belonged.

### *Sexuality as part of a wider context for self-injury*

Participants described their sexuality as being one of many contributory factors relating to their self-injury, and viewed as part of a larger set of reasons and experiences:

*one extra little piece in this kind of jigsaw of emotion (P10, cisgender woman)*

*I think it adds to the feelings that make me self-harm . . . it's a little bit but it's not the main*

reason (P8, cisgender woman)

### *Self-injury as a means of coping with identity*

Self-injury was considered by some to be a strategy used to cope with negative judgements attached to their bi/pansexual identity. Self-injury sometimes had a self-punishing function, connected to feeling that being bisexual was wrong:

*I think, there have been one or two instances where it was kind of indirectly related to a kind of punishing behaviour . . . feeling like I was being seen as, someone who'd be kind of up for a threesome . . . feeling of . . . just kind of ickiness and dirtiness (P11, cisgender woman)*

### *Navigating intersecting marginalised identities*

Importantly, some participants spoke of difficulties experienced navigating intersecting marginalised identities. There was recognition that whilst challenges came with bisexuality, experiences of discrimination and threat could be related to more than one identity, and societal responses to these. People experienced challenges around different identities, e.g. feelings of not belonging due to sexuality and also feelings of threat connected to being Black during lockdown:

*it may not be that the police do have more power, but it definitely seems that way, and that's scary to me. [asked whether sexuality-related] . . . more to do with me being black I think . . . I don't like the idea of the police having more power . . . it's just sort of made, the world a little less stable for me (P9, non-binary/third gender person)*

Intersecting identities within the LGBTQ+ community was noted in the context of belonging; some identities could allow people to substantially belong to some parts of the community, but not others:

*[asked if they think they belong to the LGBTQ+ community] Yeah, but I think it's more because of my gender identity than my sexuality. I've got other, trans friends which is great and I feel like I belong to that very close knit community, but I think in terms of sexuality it's kind of like a bit wish-washy, I'm not sure where my group is (P6, transgender man)*

### *Learning to accept sexuality*

Acceptance of sexuality was expressed by participants to be a process, and one which was not necessarily complete. A distinct sense of not feeling 'queer/bi enough', was frequently described. This process was especially difficult in the context of a heterosexual relationship; having only had sexual involvement with one gender was felt to call into question the validity of their identity, as if the 'bisexual label' could only be applied if the participant had had involvement with multiple genders:

*I've not had much experience with them [women] and so I feel, kind of not bi enough and so I feel almost guilty for labelling myself as bisexual sometimes, and then I'm not out to my family, again because I don't feel bisexual enough (P11, cisgender woman)*



Participants described their process of acceptance as being aided by knowledge that other queer people existed and had similar experiences, and were living happy lives:

*When I started to meet more queer people, and see that people could live happy lives and be queer, more specifically live happy lives and be bisexual, that like helped me to sort of come to terms with the fact that . . . it was OK if I dated a girl, it was OK if I pursued that side of myself (P15, non-binary/third gender person)*

Arriving at a position of acceptance was described as having a positive impact on mental health:

*I believe my mental health's gone a lot better that, now that I've discovered myself more. When I was confused it's kind of, I was blaming myself or feeling a certain way . . . I believe I was doing it for not understanding myself fully . . . and now it's changed, I feel a lot better, I feel a lot happier (Participant 1, cisgender man)*

### *Positive aspects of a bisexual identity*

As part of the journey towards acceptance, some participants described positive aspects of their bisexual identity. This included a desire for activism, and how this can cultivate positive connections with others. An increase in compassion for others was also described. The lived experience of bisexuality, and its associated difficulties, had allowed some to recognise the struggles of those in their community, when they otherwise may not have done:

*it's made me think about, you know, people's struggles with being bisexual and stuff, and I suppose if I was never bisexual, if I was straight, then I wouldn't have thought about it, and, wouldn't talk to people about it (P14, cisgender man)*

### **Theme 3: experiences of lockdown**

Lockdown affected participants in different ways. Some participants described negative emotional consequences; others welcomed this break from social interaction. Self-injurious behaviour tended to increase, mainly because other positive coping strategies could not be used, such as seeing loved ones or leaving the house. Adjusting to changes in daily living due to lockdown was difficult for participants. Most experiences of lockdown did not seem to be directly linked to bisexuality.

### *Emotional impact*

Lockdown had a significant emotional impact for participants, with some describing the impact that loss of contact with loved ones had on their mental health and wellbeing:

*the lockdown has definitely taken a toll on my mental health. My whole home situation isn't great, so, going to see my friends, and even going to school were kind of like my only escape mechanisms (P5, cisgender woman)*

Others described relief from the reduction in social interaction, especially if the participant had experienced prejudice from others:

*. . . now I don't have to do that many social interactions, [lockdown] helped me a little bit, having*

*to not like, like to deal with random people at school, like coming up to me and just like saying stuff . . . talking to people that I don't know is very stressful for me so, not having that, I guess has helped me (P3, non-binary/third gender person)*

Some people who spoke of their anxiety reducing during lockdown attributed this to not having to come into contact with potentially judgemental or abusive others.

### *Changes in self-injury*

During lockdown changes in self-injury were described by participants. Generally, self-injury increased due to the removal of other coping strategies or the significant disruption to every-day routines. For one participant, self-injury had become a default response to difficulties:

*I used to get out of the house a lot . . . I try not to stay in my room unless I have something to do, and I always work at the university . . . not having that environment, always being stuck in the same place, and this is where I self-harm as well, kind of made it worse, and it definitely made it like more prevalent (P12, non-binary/third gender person)*

For some, however, self-injurious behaviour had decreased, to the point that this was now better than pre-lockdown:

*I've not been doing it [self-injury] as much as I would have been, so, that's definitely a benefit . . . I'd say it's been better, er than before, which is kind of weird (P14, cisgender man)*

### *Changes to daily life*

Changes to participant's daily lives and routines were reported, and sometimes these were additionally linked to changes in self-injury:

*I've found it a lot harder to stay on top of taking my medication throughout the lockdown period, lacking that routine . . . I know that that has had an impact on my general wellbeing and then on self-injury (P11, cisgender woman)*

The absence of work-life separation was noted as difficult, given that the same space was being used for relaxation and work. Working from home was preferable for one participant:

*I've enjoyed working from home, I'm, I'm a bit of a workaholic so I can get on with a lot more work and I like that  
(P10, cisgender woman)*

## **Theme 4: meaning and consequences of NSSI**

Self-injury did not have a singular function for participants; rather there were numerous functions and meanings associated with this behaviour. The 'spectrum' of self-injury was considered to be broader than just injuries to skin. Like others that engage in self-injurious behaviour, negative consequences of this were reported. Where self-injury had once been a strategy or coping mechanism, the visible effects of this (such as scarring) could create unintended consequences that perpetuated people's distress.

### *Self-injury as a broad spectrum*

Self-injury was not appraised by all participants as just external damage to the skin. Rather, a broader range of self-defeating behaviours was described, such as excess alcohol use or eating disordered behaviour:

*my friends have discouraged me from, you know, not eating, they encouraged me to end that relationship that was very harmful to myself, so, yeah, I definitely feel like it's helped (P3, non-binary/third gender person)*

One participant during member-checking reflected that this idea of a spectrum of self-injury was very valid to them, reporting that ‘*there's a huge psychological aspect*’ to self-injury, with psychological damage sometimes more functional than physical damage (sex as a form of self-injury was used to highlight this).

### *Numerous and multiple functions of self-injury*

Functions of self-injury differed amongst participants. For some, self-injury was a strategy to regulate emotion, and for others it had a self-punishing function, to abate feelings of self-loathing. Others described self-injury as a means of managing experiences of marginalisation and rejection:

*just like when people dismissing it or people, like, making jokes about it, can make you feel uncomfortable and then, in return you just take that feeling and take it out on yourself later on (P13, cisgender woman)*

### *Negative consequences of self-injury*

The experience of self-injury, or the effects of this behaviour (e.g. scars and other people's reactions) was described as sometimes creating, perpetuating or exacerbating distress. Although potentially helpful in the moment, longer term consequences were affecting mental health in unintended ways:

*It definitely affected my body image, because obviously like scarring . . . but I've also got a tattoo to cover up some of the scars (P15, non-binary/third gender person)*

Negative consequences of self-injury was pertinent for participants in member-checking discussions, especially the notion that self-injury became the problem when it started as the solution.

Additional participant quotes for all themes is available in [Appendix B](#).

## **Discussion**

To our knowledge, this study is the first qualitative exploration of the general experiences of young bisexual people with regards to NSSI, and the first to document the impact of the COVID19 pandemic and lockdown for bisexual people specifically.

The experience of epistemic injustice, the notion that individuals or groups can be ‘wronged’ or ‘silenced’ in their capacity as knowers (Fricker, 2007) permeated participant narratives. Participants had a sense of their sexuality as ‘not fitting’ with ideas and narratives provided to them in a binary

world. Bisexuality was appraised as a deficient or immoral identity in prominent narratives from LGBTQ+ and heterosexual communities. When participants spoke with others about their identity, this was often received with dismissal or disbelief. Fricker (2007) describes this experience of not being taken seriously in the capacity of the 'knowledge giver' as testimonial injustice. Because of this, and as previously found by McDermott et al. (2015), NSSI was therefore not described by participants as a way of managing *bisexuality*. Rather, it was a strategy used to manage the negative societal constructs and unwanted prejudicial reactions, narratives, appraisals and social consequences associated with bisexuality. Self-loathing and associated self-punishment was a widely described driver for self-injurious behaviour (Xavier et al., 2016), as participants had internalised negative societal narratives about bisexuality. Rejection and marginalisation from others was prominent, alongside feelings of disconnect and reduced belonging ('thwarted belongingness': Joiner, 2005; Van Orden et al., 2012). Such experiences have been found to be associated with NSSI for bisexual people (Dunlop et al., 2020).

Where participants could access positive or nuanced stories of bi/pansexuality (e.g. some used internet forums such as Reddit, or TV shows like *Sex Education*, or in bisexual-specific social circles), this enabled them to come to accept and embrace their internal experience of sexuality. This sometimes led to feeling connected to others and a desire for activism; positive aspects of bisexuality highlighted by Rostosky et al. (2010). Without access to those narratives, or when surrounded by biphobic narratives, participants felt shut out of both sides of the 'binary world' and shut out of a way of understanding and naming their experiences and knowledges of a stigma-free self. The exclusion from both sides of the binary reduced the capacity for participants to shape and influence their own narratives and identity: another form of epistemic injustice described as hermeneutical injustice (Fricker, 2007). Identity denial described by participants is a common biphobic experience (Garr-Schultz & Gardner, 2019; Israel & Mohr, 2004). Experiences free from the stigma and distress associated with bisexuality led participants to feel 'lucky', highlighting the prevalent narrative that bisexuality and acceptance were not readily compatible. The compounded experience of marginalisation of being shut out of both sides of the binary seemed to characterise participant struggles, supporting Meyer's (2003) Minority Stress Theory that sexual minority status is an inherently stressful experience, because of this double stigma and marginalisation (Herek, 2002; McLean, 2008; Stonewall, 2020).

With regards to experiences of self-injury during lockdown, a mixed picture was described. For some, self-injury had increased, supporting findings from Zhang et al. (2020). An inability to access other coping strategies, that were not self-injurious in nature, resulted in increased NSSI. An awareness of the constant occupation of the same space for 'working, sleeping and self-harming' exacerbated distress for some. Some behaviours that participants had characterised as self-injurious in function, such as alcohol use, increased during lockdown. Others, however, noticed a decrease. The lockdown had removed the likelihood of face-to-face interactions, and the potential for accompanying discrimination and stigma, contributing to improved wellbeing. Some participants highlighted the emotional toll that lockdown had on them, and described self-injury as a way of managing these emotional experiences.

Some unique emotional experiences were highlighted in the context of intersectional identities (Crenshaw, 1991). For example, in the wake of recent police violence towards Black folk, one Black African participant had experienced poorer mental health due to increased police presence that accompanied COVID19 restrictions and Black Lives Matter protests. The systemic injustice of being non-binary, Black and bisexual created numerous difficulties, with self-injury used to manage subsequent emotional reactions.

It is well established that self-injury can serve an emotional regulation function for many

groups (Taylor et al., 2018), including bisexual people (Dunlop et al., 2020). Whilst NSSI as a strategy to manage overwhelming emotion is not unique to this group, the consequences of living with a bisexual identity in a heteronormative and binary-focused world can generate stressors that lead to emotional dysregulation. The driver of emotional dysregulation for this group is likely to result from proximal and/or distal epistemic injustice, as demonstrated by bisexual exclusion from LGBTQ+ and heterosexual communities, and biphobic discrimination from both groups.

Participants in the member-checking discussion stated that the four themes were ‘bang on’ (i.e. very well-captured) and representative of their experiences; suggesting that findings may be naturalistically generalisable (Smith, 2018). Furthermore, because findings and themes in this article have relevance to, and support concepts of, widely established theories (Epistemic Injustice: Fricker, 2007; Minority Stress Theory: Meyer, 2003), this article also reflects analytical generalisation (Chenail, 2010; Smith, 2018). That is, results can be generalised and understood within already relevant established theory.

### *Limitations*

This study represents a subsample of a larger project which recruited people predominantly via social media and a university. It is possible that some groups were less likely to be reached by these methods or may have been excluded from participation due to the study’s online nature. Notably, participants were also predominantly White British/Other. Given our results suggest that navigating multiple marginalised identities presents different and unique challenges, research should aim to further explore experiences of bisexuality and self-injury for those marginalised in other ways (e.g. through disability or from ethnic minorities in the UK). Furthermore, because interviews had to be conducted remotely due to COVID19, some people may not have been able to participate whose views would be important to consider, e.g. people living with homo/biphobic others, people living without privacy from others, those who are digitally excluded/disadvantaged.

### *Implications and future directions*

Further qualitative and quantitative research in the field of bisexuality and NSSI is needed. The intersection between bisexuality and other identities (race/ethnicity and gender, including trans- gender experience) and NSSI warrants more work.

There are several implications that follow from our results. Firstly, clinicians and those that work with bisexual people can further their knowledge about bisexuality and bisexual identities. Our findings further suggest that clinicians and mental health services should acknowledge societal narratives and discourses that exist around bisexuality when helping their bi/pansexual clients with mental health difficulties, including NSSI. To ignore these has the potential to contribute towards testimonial and hermeneutical injustice (Fricker, 2007). Asking about sexual orientation within assessments, recognising and acknowledging the influence of social and systemic factors and considering how these interact with other difficulties like NSSI as part of shared clinical formulation, is highly recommended. Evidence-based interventions for self-injury, including Cognitive Behavioural Therapy (Hawton et al., 2016), Dialectical Behaviour Therapy (Turner et al., 2014) and emotion-regulation group therapy (Turner et al., 2014) tend to focus on intrapersonal processes, and it is vital that wider systemic influences on NSSI are also considered in therapeutic work with people with marginalised identities, such as bisexuality.

There is evidence that LGBTQ+ individuals may be less willing to engage with mainstream mental health services (McDermott et al., 2018). Hence, the development of more focused support and outreach to young bisexual people using collaborative approaches may be beneficial. In addition, these research findings highlight that it is vital that systemic discrimination within both LGBTQ+ and heterosexual communities is tackled. Tackling heteronormativity and binary- focused positions is not likely to be easy. Bi/pansexual representation across all aspects of society is one way of challenging these positions, as is naming and addressing individual and systemic biphobia when propagated within services and the media. Importantly, creating space for bisexual people to own and shape their own narratives, without questioning the validity of their identity/ reality, is essential for challenging the current status quo.

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