

**PSYCHOLOGICAL VULNERABILITIES DUE TO SOCIAL EXCLUSION AMONG
TRANSGENDERS IN SOUTH KRALA.**

Dissertation submitted to Kerala University

In partial fulfilment of the requirements for the award of the Degree of

M. Sc. Counselling Psychology

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CERTIFICATE



This is to certify that the Dissertation entitled “**Psychological vulnerabilities due to social exclusion among transgenders in south Kerala**” is an authentic work carried out by Gopika S M, Reg. No. 60421115010 under the guidance of Dr. Pramod S K during the fourth semester of M.Sc. Counselling Psychology programme in the academic year 2021- 2023.

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I, Gopika S M, do hereby declare that the dissertation titled “**Psychological vulnerabilities due to social exclusion among transgenders in south Kerala**”, submitted to the Department of Counselling Psychology, Loyola College of Social Sciences, Sreekariyam, under the supervision of Dr Pramod S K, Assistant professor of the Department of Counselling Psychology, for the award of the degree of Master’s in Science of Counselling Psychology, is a bonafide work carried out by me and no part thereof has been submitted for the award of any other degree in any University.

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ABSTRACT

This study investigates the psychological vulnerabilities arising from social exclusion among transgender individuals. The research is centred in southern Kerala and involves five participants, consisting of three transmen and two transwomen. Through in-depth interviews and thematic analysis, the study explores the extent of social exclusion, its impact on mental well-being, and potential interventions. The findings reveal that transgender individuals encounter social exclusion at various life stages, primarily from family rejection and societal stigmatization. This exclusion leads to heightened psychological vulnerabilities, including anxiety, depression, distress, and suicidal thoughts. The study underscores the importance of inclusive attitudes, policies, and tailored mental health support for transgender individuals. It also highlights the role of education in dispelling misconceptions and fostering empathy, both in educational institutions and families. Ultimately, the study emphasizes the need for a compassionate and inclusive society that nurtures the mental well-being of all individuals, irrespective of their gender identity.

Key words: psychological vulnerabilities, social exclusion, transgenders

CHAPTER I

INTRODUCTION

Gender identities are various in nature. Some have a gender identity or gender expression that differs from the sex that they were assigned at birth. They are called transgenders. The language "assigned at birth" refers to the societal tendency to announce a baby's sex/gender when they are born and to classify and categorize them with that sex/gender before they have a chance to self-identify. Central to this language is a rejection of the notion of biological essentialism which is the idea that certain biological traits such as chromosomes, genitalia, or secondary aesthetic traits define a person's gender. Because gender and sex both are social constructions created with the intention to categorize individuals (Girshick 2008). Even within the greater transgender community there are a diversity of gender experiences (Weiss 2008); one must look at the defining characteristics between "assigned male at birth", "assigned female at birth", and indigenous identities (Harrison2011). Within these groups there is a tremendous amount of diversity that spans the binary understanding of gender (transgender women and transgender men), exists within the binary (genderfluid, neutrois, bigender, etc.) and exists completely outside the binary (agender, genderqueer, etc.) (Girshick 2008; Rothblum, & Factor 2008). Likewise, the differences inherent within those identities compound as one adds more axes of diversity, looking at the impacts of race, religion, class, and age in order to understand how they interact with that person's experience (Grant 2011). The transgender experience is larger than the impact of healthcare or the sexualities of transgender people. Because their identities are often very visible, they are prone to experience violence, issues with housing, issues with governmental assistance, and often issues within the workplace. Over 40% of transgender adults have attempted suicide in their lifetimes (Haas 2014). Unfortunately, the percentage of transgender people in the United States of America who are unemployed is double that of cisgender individuals, an overwhelming majority (90%)

experience harassment, mistreatment or discrimination at work, 47% are fired, not hired or denied a promotion and more than 25% lose their job due to being transgender (Grant 2011). Non-binary transgender people face near-constant erasure as they're forced to misgender themselves as either male or female on various forms of documentation both by government documents such as birth certificate, passport, and driver's license, as well as within the healthcare system and the academy itself that either ignores their existence entirely or requires them to identify as monolithic group with no distinctions for their unique experiences (Merryfeather, Bruce 2014). Indian culture considered being transgender as mental disorder. The supreme court of India recognised transgenders as a third sex in 2014, but not much has changed for the community (Journal of health, population and nutrition).

Although transgender persons are now recognised by the Supreme Court, Indian culture is not yet ready to embrace their identity, people are blaming them for their birth. Due to this misconception, they are facing social exclusion. They are excluded from family, peer groups, school, etc. Social exclusion is the process in which individuals are blocked from various rights, opportunities, and resources that are normally available to members of a different group. There may be negative stigmas associated with gender identity, a lack of legal protection or recognition, restricted access to facilities, goods, and services, as well as physical and verbal assault. Trans persons frequently experience unjustified levels of poverty, poor health, and social isolation. Lack of family acceptance, workplace discrimination, and exclusion from health treatment frequently make these problems worse. Transgender individuals may also experience challenges in finding job, housing, healthcare, legal rights, and a good education. They may become even more marginalised as a result, which increases their susceptibility to prejudice and violence. The outcome of social exclusion is that affected individual or communities are prevented from participating fully in the economic, social, and political life of the society in which they live (Vanitha, 2017).

Psychological vulnerability is an extraneous belief, cognitive bias or pattern of thoughts that predisposes an individual to psychological problems. Psychological vulnerabilities make a person more prone to psychological distress. Significant stress, low self-esteem, and a lack of social support are a few examples of psychological vulnerabilities. High psychological vulnerability is associated with an increased risk of developing symptoms of anxiety, depression, aggression and other mental health issues. Additionally, these people could be more inclined to participate in negative behaviours like substance misuse. Increasing protective factors and resilience can assist to lessen the impacts of psychological vulnerability. Due to this misconception, they lack proper infrastructure. They lack transportation facilities. public have hesitation to allow them on public transport. and limited access to medical and health services. Most of them are financially unstable because there is limited access to capital and daily living standards are increasing day by day. People who identify as trans experience poor financial health. They have a high cost of living and little access to capital. House owners refuse to give them dwellings due of their prejudice. Transgender people experience economic disparities when compared to other genders. There aren't many educational options in this area. Access to higher education is limited or non-existent, and there are insufficient or non-existent school systems. High rates of poverty and unemployment are two additional significant issues transgender person's encounter. and restricted access to vital resources and services. The state of their community and economy is getting worse. Having few resources to create jobs is also causing problems in their life.

Trans history

In the Mediterranean region, archaeological findings from the Neolithic and Bronze Ages indicate the presence of individuals who displayed features of both sexes or non-gendered traits. These representations, such as figurines and artworks, suggest the existence of individuals with non-binary gender identities during these ancient times. In various cultures,

these depictions appeared in different contexts; for instance, dual-sex or non-gendered figurines were found in tombs in Neolithic Italy, while female depictions were found in residential settings. Similar patterns were observed in Neolithic Greece and Cyprus, and evidence of transgender individuals extends beyond figurines. In ancient Greece, references to individuals like the Enarei, Scythian priests and healers who performed tasks associated with both genders, can be found in historical accounts. The Scythians were nomadic horse warriors with androgynous characteristics. Additionally, historical records from the Roman Empire describe transgender-like figures, such as the emperor Elagabalus, who sought gender transition through various means, including surgery. Other instances include stories of individuals like Anastasia, who lived as men in medieval times and later became recognized as saints, despite societal norms and religious prohibitions. As history progressed, instances of individuals living as genders other than their assigned ones continued to be documented. Notable examples include Even Bohan's poem expressing dissatisfaction with assigned gender, Rolandino Roncaglia's shift to cross-dressing following his wife's death, and Alvar Nunez Cabeza de Vaca's accounts of gender expression within Native American communities. In more recent history, individuals like Theophane Thompson, who testified against sexual assault despite facing discrimination and imprisonment, exemplify the challenges faced by transgender people. The Hijra community in South Asia, with its historical roots and cultural practices, also showcases the complex experiences of individuals with non-binary gender identities. Efforts to organize and advocate for transgender rights began in the 19th century, with instances such as the establishment of the *cercle hermaphrodites* and potential formation of the first U.S. transgender organization, as claimed by Jennie June. As society progressed into the modern era, civil rights movements and increased social awareness paved the way for better understanding and recognition of transgender individuals and their experiences.

The early 20th century witnessed significant developments in the understanding and recognition of transgender experiences. Notably, Karl M. Baer underwent sex reassignment surgery in 1906, contributing to the emergence of transgender visibility. Scholarly inquiries by sexologists like Havelock Ellis and Magnus Hirschfeld led to a more nuanced comprehension of gender diversity. Hirschfeld's Institute of Sexual Science in Berlin conducted pioneering research on gender identity and expression, coining the term "transvestite" to describe those who dressed as another gender. However, political shifts, including Nazi influence, disrupted this progress. Transgender activism gained momentum in the later 20th century, partly due to the LGBTQ+ rights movement ignited by the Stonewall Riots in 1969. This movement prompted legislative changes globally to safeguard transgender rights, with improved representation in media.

In the Indian context, historical traditions encompass transgender individuals like the hijra community, rooted in Hindu mythology. These identities challenged conventional gender roles and were significant in societal contexts, although facing marginalization during colonial rule. Modern India has witnessed a growing recognition of transgender rights, with legal reforms such as the Transgender Persons (Protection of Rights) Act in 2019. Nonetheless, social prejudices and limited access to opportunities persist, necessitating continued advocacy for inclusivity and equality.

Transgender-welcoming films have contributed from the Indian film industry. It is very beneficial for their acceptability and for increasing societal awareness. *Ardhanari* (2016), *Ardhanari*, starring Arjun Yajath in the title role, is a fascinating story of a guy who battles injustice in his community by disguising himself as a transgender person. This Banushankar Chowdary-directed film may not be about the transgender community, but it does a good job of giving the community's members the much-needed representation.

Daayaraa (1996), This story is one of the most lauded films in the world because it so clearly depicts the social and sexual lives of a transgender person. The central relationship in the movie is between a transvestite dancer and a kidnapped woman who is forced to dress as a male. This film, directed by Amol Palekar and starring Nirmal Pandey and Sonali Kulkarni, was made.

Super deluxe (2019), One of the most well-liked recent Tamil films, Super Delux, touches on many various facets of international society, including the transgender community. Vijay Sethupathi did a fantastic job portraying the life of a transgender woman in India while playing the aforementioned character. The movie's director is Thaigarajan.

The 2018 Malayalam film Njan Marykutty received high marks from reviewers and viewers alike for its gripping narrative. The hardships a transgender lady named Marykutty faces are central to the story. You can better understand the difficulties a transgender person faces in trying to alter their gender by watching this movie. The LGBTQ community praised the film Njan Marykutty, which starred Jayasurya as the lead role. Ranjith Sankar, the film's director, received high accolades for his work.

Thamanna (1997), a film directed by Mahesh Bhatt with Paresh Rawal, Sharad Kapoor, and Pooja Bhatt in the lead roles, is one of the most intriguing transgender-themed productions ever done in India. Playing the transgender woman Tickky is actor Paresh Rawal. This movie's plot received appreciation from both critics and the general public since it is so compelling. The protagonist of Tamanna's story is Tikky, who raises an abandoned girl child as her own despite opposition from Indian society. Many viewers were moved by the film's wonderful story, which is still relevant in this nation.

A transgender person's life has never been simple, especially in the areas of education and job. They have greater access to medical services and it has been urged that schools should

openly address LGBTQ concerns. It has also been demonstrated that transgender individuals who turn to prostitution or survival sex due to financial distress are more likely to contract HIV. NGOs have a huge impact in the quality of life of Third genders by providing social security to them and providing periodic medical exams that include HIV testing. It was discovered that transgender people frequently experience emotional trauma, which can result in substance abuse. It is therefore important that future doctors specialise in transgender health (Poonguzhali, Kirubakaran, 2023).

Transgender issues are a global concern that vary in their extent and impact depending on the country and region. some key issues faced by transgender individuals globally:

Discrimination and stigma: Transgender individuals often face discrimination and stigma in many aspects of their lives, including education, employment, healthcare, housing, and social relationships. This can lead to exclusion, marginalization, and limited opportunities.

Legal recognition: Many countries lack legal frameworks that recognize and protect the rights of transgender individuals. This can result in difficulties obtaining official identification documents that reflect their gender identity and can lead to challenges in accessing healthcare, employment, and other rights.

Healthcare access: Transgender individuals often face barriers to accessing appropriate healthcare, including hormone replacement therapy (HRT) and gender-affirming surgeries. This can negatively impact their physical and mental well-being.

Violence and hate crimes: Transgender individuals are disproportionately affected by violence and hate crimes worldwide. They are often targeted due to their gender identity, leading to physical assaults, sexual violence, and even murder.

Intersectional discrimination: Transgender individuals who belong to marginalized communities, such as transgender people of colour, face compounded discrimination due to various intersecting factors like racism, xenophobia, and classism.

Transgender lives matter because all human lives have inherent value and deserve equal recognition, respect, and protection. Transgender individuals face unique challenges and discrimination in many aspects of their lives, including healthcare, employment, education, housing, and public accommodations. They are often subjected to higher rates of violence, harassment, and societal prejudice. Advocating for transgender lives means fighting for their rights, visibility, and basic human dignity. It involves promoting legal protections against discrimination, ensuring access to healthcare, advocating for inclusive education and workplaces, and combatting harmful stereotypes and biases. By acknowledging and supporting transgender lives, we are building a more inclusive and equitable society for everyone.

Need and significance of the problem

Research based on transgender individuals is crucial for several reasons. Transgender people often face unique healthcare needs and challenges, which can be better addressed through evidence-based research. It can help improve the quality of care, develop appropriate protocols, and guide medical interventions such as hormone therapy or gender-affirming surgeries. Transgender individuals are more likely to experience mental health issues like depression, anxiety, and suicidal ideation. Research can help identify the underlying causes, risk factors, and effective interventions, ultimately improving mental health outcomes in this population. Transgender people frequently face discrimination, prejudice, and social marginalization, which can have adverse effects on their well-being. Research can shed light on the biases and structural barriers they encounter, leading to the development of policies and interventions aimed at reducing discrimination and promoting inclusion. Understanding the

experiences of transgender individuals, their journey of self-discovery, and identity development can contribute to greater acceptance and support from society. Research can also inform educational programs and resources that facilitate self-acceptance, self-esteem, and resilience within the transgender community.

Statement of the problem

Transgender individuals continue to face significant challenges in contemporary society, with social exclusion emerging as a prominent concern. Despite growing awareness and advocacy efforts, transgender individuals frequently experience marginalization and discrimination, leading to their exclusion from social networks and community structures. This systematic social exclusion has the potential to precipitate a range of psychological vulnerabilities within this population. The central problem addressed in this study pertains to the examination of the relationship between social exclusion and the subsequent emergence of psychological vulnerabilities among transgender individuals. Through a comprehensive investigation of the mechanisms underlying this phenomenon, this research aims to provide a deeper understanding of the intricate interplay between social dynamics and psychological well-being within the transgender community. By identifying and analysing the psychological consequences of social exclusion, this study seeks to contribute empirical evidence that could inform interventions, policies, and support systems aimed at enhancing the overall mental health and resilience of transgender individuals in the face of social exclusion.

Operational definitions of key terms

Social exclusion

Exclusion faced in different social settings such as home, school and other social gatherings by transgenders.

Psychological vulnerability

Psychological vulnerabilities, such as depression, anxiety, suicidal thoughts, and distress due to social exclusion among transgenders.

Research questions

Central research question

- Are there any psychological vulnerabilities due to social exclusion among transgenders?

Specific research question

- Do transgender people experience social exclusion? To what extent?
- What are the psychological vulnerabilities due to social exclusion?
- What are the consequences that arise from psychological vulnerabilities due to social exclusion?

CHAPTER II

REVIEW OF LITERATURE

The present chapter provides an overview of a number of published studies on transgender people's psychological vulnerability as a result of social isolation. The objective is to critically assess the research gap and present an overview of the data derived from the literature that has previously been published.

Gender is one of the most important categories that people use to describe their connections with others, therefore people routinely and unconsciously categorise other people based on their gender, according to Maccobby. When considering trans individuals in antiquity, the idea of gender, individual identity, and how gender functioned may have been a little more confusing. The definition of the term "transgender" according to Dentice and Dietert is "an umbrella term describing individuals whose identity and/or gender expression doesn't reflect the societal gender norms associated with the sex assigned at birth."

Transgender individuals are confronted with enduring discrimination for extended periods. Research by Lombardi, Wilchins, Priesing, and Malouf (2001) reveals that transgender individuals face a nearly fivefold higher risk of experiencing physical assault due to their gender identity, compared to those who are not transgender. This discrimination extends even to their own families, leading to longstanding prejudice. Despite legal protections, studies indicate that many transgender individuals are not consistently accepted by their families. Even when they are the primary breadwinners, they often encounter rejection and exclusion from family gatherings. This hostile environment exacerbates aggression, neglect, and emotional trauma, leaving them feeling frightened and unsupported by their own kin. Furthermore, these negative experiences impact their educational opportunities.

Theoretical review

Social exclusion

The concept of social exclusion has been a subject of significant interest and concern in various fields, including sociology, psychology, anthropology, and social policy.

Structural holes theory:

This theory posits that social exclusion occurs when individuals or groups lack access to resources and opportunities due to their position in a social network. Structural holes exist in social networks when there is a lack of a direct contact or tie between two or more entities (Labun, A., & Wittek, R. 2014). The theory of structural holes was developed to explain how to benefit from competition in social networks and their intersecting. The theory can be applied to the relationships between individuals, organizations, or other entities, that occupy social networks.

Social capital theory:

This theory argues that social exclusion occurs when individuals or groups lack the social connections, networks, and norms of trust that enable access to resources and opportunities. (Putnam, 2000). explores the concept of social capital and its impact on the fabric of society. Putnam's theory examines the decline in social connectedness and civic engagement within communities, particularly in the United States, and discusses the consequences of this decline for the functioning of democratic societies and the overall well-being of individuals.

Labelling theory:

This theory suggests that social exclusion occurs when individuals or groups are labelled and stigmatized based on their perceived deviance or differences from societal norms (Petrunik, M. 1980). Labelling Theory, introduced by Howard Becker in 1963, is a sociological

perspective that focuses on how individuals and groups are labelled or categorized by society, and how these labels influence their behavior and identity. Becker emphasized that the process of labelling someone as deviant or criminal can lead to a self-fulfilling prophecy, where the individual internalizes and acts according to the label they have been given, potentially perpetuating a cycle of deviance. The theory highlights the significance of societal reactions and interactions in shaping an individual's perception of themselves and their subsequent actions. It critiques traditional notions of deviance and criminality, suggesting that these labels are socially constructed rather than objective realities.

Intersectionality theory:

This theory posits that social exclusion occurs when individuals or groups experience intersecting forms of discrimination and oppression based on their race, gender, class, sexuality, and other social identities (Crenshaw, 1989). It is a framework that examines how different social identities (such as race, gender, class, and sexuality) intersect and interact to create unique experiences of privilege and oppression. It highlights that traditional approaches to analysing these identities often overlook the ways in which they intersect and compound, leading to more complex and nuanced forms of discrimination and inequality. Intersectionality aims to address the overlapping and interlocking systems of power and oppression that individuals may face due to multiple aspects of their identity. This theory has been influential in advancing social justice and advocating for more inclusive and comprehensive approaches to understanding and addressing various forms of discrimination and marginalization.

The capability approach:

The capability approach, proposed by economist and philosopher Amartya Sen in 1985, is a framework that evaluates well-being and development by focusing on individuals'

capabilities to lead valuable lives rather than merely assessing their material resources or income. Sen argues that people's well-being should be assessed based on their freedom to achieve various valuable functioning, or activities they can undertake, such as being healthy, educated, having social interactions, and participating in economic activities. The approach emphasizes the importance of enhancing individuals' capabilities and opportunities to lead lives they value, rather than solely concentrating on economic indicators.

Structural functionalism:

Émile Durkheim (1858-1917), a foundational figure in sociology, introduced key concepts that shape our understanding of society. His structural functionalist perspective highlights the significance of social solidarity, the division of labour's impact on societal cohesion, and the concept of anomie when norms break down. Durkheim emphasized studying objective "social facts" that influence behavior, explored religion's role in reinforcing collective consciousness, and introduced the notion of a shared collective conscience that binds individuals and maintains societal unity.

Conflict theory:

Conflict theory, formulated by Karl Marx and Friedrich Engels, is a sociological perspective emphasizing societal conflict, notably class conflict, as a catalyst for social evolution. In "The Communist Manifesto" (1848), they underscored class struggle's historical recurrence, where dominant bourgeoisie exploit proletariat for profit. Capitalism was criticized for sustaining exploitation, with economic disparity breeding tension. Control over means of production was seen as pivotal, determining class standing and resource access. Alienation in capitalism led to worker detachment from labour, products, and self, fuelling discontent. The Manifesto culminated in a call for proletariat uprising, envisioning the overthrow of capitalism and the establishment of a classless society through revolution. This framework scrutinizes

power imbalances, economic inequalities, and the role of conflict in moulding societies, spotlighting the dynamics that drive change.

Social reproduction theory:

Social reproduction theory, developed by Pierre Bourdieu and Jean-Claude Passeron (1977), unveils how social inequalities persist across generations. It spotlights cultural capital—non-financial assets like knowledge and skills—which advantages higher social classes in navigating institutions like schools. The theory reveals that educational systems reinforce social hierarchies by transmitting cultural capital, perpetuating advantages. "Habitus," the internalized attitudes shaped by social backgrounds, influences how people interact and sustains inequality. "Symbolic violence" imposes dominant norms subtly, and "cultural reproduction" maintains inequalities through passing down cultural capital and practices. This theory underscores that social disparities aren't just economic but deeply rooted in cultural and educational systems, perpetuating class advantages over time and calling for critical scrutiny of education and culture's role in inequality.

Psychological vulnerability

Psychological vulnerabilities refer to the susceptibility of individuals to experience mental health issues. Several risk factors can contribute to the development of psychological vulnerabilities.

The diathesis-stress model

The diathesis-stress model (Kessler et al., (2005) is a psychological theory that suggests that mental disorders result from a combination of a person's predisposition (diathesis) and exposure to stressful events (stress). The model posits that individuals have varying levels of vulnerability or susceptibility to developing a mental disorder, and this vulnerability interacts with environmental stressors to trigger the onset of the disorder. Their research supported the

notion that the combination of genetic vulnerability and environmental stress plays a crucial role in the development of mental disorders. The diathesis-stress model has been influential in understanding the complex interplay between genetics and environmental factors in mental health outcomes. Kessler et al. (2005) conducted a study that demonstrated the diathesis-stress model in the context of major depressive disorder (MDD). The researchers found that individuals with a genetic predisposition (diathesis) for depression, as indicated by a specific genetic variation (short allele of the serotonin transporter gene), were more likely to develop MDD following exposure to stressful life events (stress).

The vulnerability-stress-coping model

The vulnerability-stress-coping model, proposed by Folkman and Lazarus in 1984, is a psychological framework that helps explain how individuals respond to stressful situations and the factors that influence their ability to cope effectively. The model highlights the interplay between personal vulnerabilities, external stressors, and coping mechanisms.

Vulnerability: This refers to individual characteristics or predispositions that can make a person more susceptible to stress. Vulnerabilities can be biological, psychological, or social in nature. Examples include personality traits, genetic factors, or past experiences that shape how a person perceives and reacts to stress.

Stressors: Stressors are external events, circumstances, or demands that challenge an individual's resources and adaptive capacities. These stressors can be major life events, daily hassles, or ongoing difficulties. The impact of a stressor is determined by its intensity, duration, and the individual's perception of it.

Coping: Coping refers to the strategies and efforts individuals employ to manage and adapt to stressful situations. Coping mechanisms can be problem-focused (directly addressing the

stressor) or emotion-focused (managing the emotional distress caused by the stressor). Coping strategies can be adaptive (effective) or maladaptive (ineffective or harmful).

Appraisal: Central to the model is the concept of cognitive appraisal, which involves how individuals evaluate and interpret the stressor and their ability to cope with it. Primary appraisal involves assessing the significance of the stressor, while secondary appraisal focuses on evaluating available coping resources and options.

The model suggests that the interaction between vulnerabilities, stressors, coping strategies, and cognitive appraisals determines an individual's overall response to stress. Depending on these factors, individuals may experience different outcomes, such as increased psychological distress, improved resilience, or successful adaptation. Folkman and Lazarus emphasized that the effectiveness of coping strategies is influenced by the fit between the coping response and the specific demands of the stressor. Additionally, individuals may engage in both problem-focused and emotion-focused coping simultaneously, depending on the situation. Overall, the Vulnerability-Stress-Coping Model highlights the complex nature of human responses to stress and provides insights into the factors that contribute to successful adaptation and psychological well-being.

The cognitive vulnerability models

Aaron T. Beck developed Cognitive Vulnerability Model, in 1967, is a psychological framework that seeks to explain the development of depression based on an individual's cognitive processes and patterns of thinking. This model is a fundamental component of Beck's Cognitive theory of depression.

Negative cognitive triad: Beck proposed that individuals who are vulnerable to depression tend to have negative views about themselves, the world, and the future. This negative cognitive

triad forms a central aspect of their thinking, influencing their perceptions and emotional responses.

Automatic thoughts: According to the model, negative automatic thoughts are spontaneous and intrusive cognitions that arise in response to certain situations or triggers. These automatic thoughts are often distorted, irrational, and self-deprecating, reinforcing the negative cognitive triad.

Cognitive distortions: Beck identified several cognitive distortions, such as all-or-nothing thinking, overgeneralization, catastrophizing, and personalization. These cognitive distortions contribute to the development and maintenance of depressive symptoms.

Cognitive schemas: The model emphasizes the presence of negative cognitive schemas, which are underlying beliefs and assumptions that individuals have about themselves and their world. These schemas act as filters through which people interpret their experiences, and they play a crucial role in the generation of automatic thoughts.

Early life experiences: The development of negative cognitive schemas is often rooted in early life experiences, particularly those involving rejection, criticism, or other negative events. These experiences contribute to the formation of distorted beliefs that persist into adulthood and influence an individual's vulnerability to depression.

Cognitive diathesis-stress model: The Cognitive Vulnerability Model incorporates a diathesis-stress framework, suggesting that while certain individuals may have a cognitive vulnerability to depression, actual depressive episodes are triggered by stressors or negative life events. These stressors activate the negative cognitive triad and automatic thoughts, leading to the onset of depressive symptoms.

Cognitive restructuring: Cognitive therapy based on this model aims to identify and challenge an individual's negative automatic thoughts and cognitive distortions. By engaging in cognitive

restructuring, individuals can learn to replace irrational thoughts with more balanced and realistic ones, ultimately reducing depressive symptoms.

The cognitive vulnerability model has significantly influenced the field of psychology, particularly in understanding the cognitive underpinnings of depression. It has led to the development of effective therapeutic approaches like cognitive behavioural therapy (CBT) that target and modify maladaptive thought patterns to alleviate depressive symptoms (Dozois, D. J. A., & Beck, A. T., 2008).

The social vulnerability models

The social vulnerability model (Adger, W. N., 2010) is a conceptual framework used to understand how various social factors can contribute to an individual's susceptibility to developing mental health issues. It emphasizes the idea that societal conditions and experiences play a significant role in shaping mental health outcomes. This model highlights the importance of considering broader social contexts when assessing and addressing mental health concerns, rather than focusing solely on individual characteristics.

Social Determinants of Mental Health: This refers to the social, economic, and environmental conditions in which people live, work, and interact. Factors such as poverty, inadequate housing, limited access to education and healthcare, discrimination, and unemployment can significantly impact mental well-being. These determinants can create chronic stressors and increase the risk of mental health challenges.

Social Isolation and Loneliness: Lack of social support and a sense of belonging can contribute to feelings of loneliness and isolation, which are linked to a range of mental health problems.

Social connections and positive relationships are crucial for emotional well-being.

Discrimination and Stigma: Discrimination based on factors like race, ethnicity, gender, sexual orientation, or disability can lead to feelings of marginalization, isolation, and diminished self-esteem. The stress and emotional toll of experiencing discrimination can increase vulnerability to mental health disorders.

Access to Healthcare and Services: Limited access to quality mental health services and healthcare, often influenced by socioeconomic factors, can prevent individuals from receiving timely and appropriate treatment. This can lead to untreated or poorly managed mental health conditions.

Intersectionality: The Social Vulnerability Model recognizes that individuals may experience multiple layers of vulnerability due to the intersection of various social factors. For instance, an individual who belongs to a marginalized racial or ethnic group and also faces economic challenges may experience compounded stressors that impact mental health.

Policy and Systemic Factors: This model underscores the role of broader systemic issues, including policies related to social welfare, education, healthcare, and employment. Inadequate policies and systems can perpetuate social disparities and exacerbate mental health vulnerabilities.

The trauma-related vulnerability model

The trauma-related vulnerability model, proposed by Bessel van der Kolk (2006), is a theoretical framework that seeks to explain how trauma can impact an individual's psychological and physiological functioning. This model highlights how traumatic experiences can lead to heightened vulnerability and various difficulties in coping with stress and emotions.

Dysregulation of the nervous system: Trauma can disrupt the normal functioning of the autonomic nervous system, leading to dysregulation in the body's stress response. This can

result in heightened states of arousal (hyperarousal) or states of emotional numbness and dissociation (hypo arousal).

Emotional regulation challenges: Individuals who have experienced trauma often struggle with regulating their emotions. They might have difficulty identifying, expressing, and managing their feelings, which can lead to mood swings, intense anger, or emotional numbing.

Fragmentation of the Self: Trauma can disrupt a person's sense of self and identity. This can manifest as feelings of depersonalization or derealization, where individuals may feel disconnected from their own bodies or from reality.

Impaired relationships: Trauma can impact an individual's ability to form and maintain healthy relationships. Trust issues, difficulties with intimacy, and fear of abandonment are common challenges that may arise.

Somatic symptoms: Trauma-related stress can manifest in physical symptoms such as headaches, chronic pain, gastrointestinal problems, and other somatic complaints.

Hypervigilance and flashbacks: Individuals might experience hypervigilance, a state of heightened alertness and scanning for potential threats. They can also have intrusive flashbacks, where traumatic memories involuntarily reoccur.

Reenactment and avoidance: Some individuals might unconsciously reenact aspects of their trauma in their behavior or relationships. Conversely, they may also engage in avoidance behaviours to prevent triggering memories or emotions associated with the trauma.

Sense of safety: The model emphasizes the importance of creating a sense of safety for trauma survivors. A secure and supportive environment can facilitate the healing process and help individuals regain a sense of control over their lives.

Overall, the trauma-related vulnerability model underscores how trauma can deeply affect an individual's mental, emotional, and physical well-being, leading to a range of challenges that require sensitive and tailored therapeutic approaches to address.

The neurobiological vulnerability models

The neurobiological vulnerability model, proposed by neuroscientist and author Robert Sapolsky, is a theoretical framework that seeks to explain the development of certain psychological disorders and conditions based on the interaction between genetic predisposition and environmental stressors.

Sapolsky's model suggests that individuals who possess a genetic predisposition to a particular disorder (such as depression or anxiety) are not automatically destined to develop that disorder. Instead, their vulnerability interacts with environmental factors, particularly chronic stress, which can ultimately lead to the manifestation of the disorder.

Chronic stressors, such as adverse childhood experiences, social isolation, or ongoing life challenges, can trigger neurobiological changes in vulnerable individuals. These changes might involve alterations in neurotransmitter systems, hormonal responses (such as increased cortisol levels), and brain structure/function. Over time, the repeated activation of stress responses can contribute to the onset and progression of psychological disorders.

Sapolsky's model highlights the importance of both nature (genetic predisposition) and nurture (environmental stressors) in understanding the origins of mental health conditions. It also underscores the complexity of these interactions and suggests that interventions targeting both

Genetic factors and stress management could potentially be effective in preventing or treating certain psychological disorders.

The person-environment fit model

The person-environment fit model, developed by Robert Karasek in the late 1970s, is a theoretical framework used to understand the interaction between individuals and their work environments in the context of occupational stress. The model proposes that the level of job strain or stress experienced by an individual depends on the match or fit between their personal characteristics and the demands of their job. The model consists of two main dimensions:

Job demands: These are the physical, psychological, and emotional aspects of a job that require effort and can potentially lead to stress. High job demands can include factors like workload, time pressure, and emotional demands.

Job control (decision latitude): This refers to the extent to which an individual has control over their work tasks, decision-making, and the ability to use their skills and creativity. High job control can act as a buffer against stress.

Based on the interaction between these two dimensions, the model categorizes jobs into four combinations:

Low demand-low control: These jobs are less stressful as they involve minimal demands and allow individuals to have control over their work. However, they might lack stimulation and growth opportunities.

Low demand-high control: These jobs are associated with the least stress, as individuals have control and decision-making authority. They provide a sense of autonomy and empowerment.

High demand-low control: These jobs are considered the most stressful, as individuals face high demands but have limited control over how they manage those demands. This combination is associated with increased risk of stress-related health issues.

High demand-high control: These jobs can still be demanding, but the presence of high control can mitigate the negative effects of stress. Individuals can use their skills and decision-making abilities to cope effectively.

The person-environment fit model highlights the importance of creating work environments that match the skills, abilities, and preferences of employees. Jobs that offer a balance between demands and control are more likely to result in job satisfaction, psychological well-being, and lower levels of stress-related illnesses. Over the years, the model has been influential in shaping discussions about workplace design, job design, and strategies to reduce occupational stress. (Karasek, R.,1979)

The coping catastrophe models

The coping catastrophe model, developed by Susan Folkman and Richard Lazarus, is a theoretical framework within the field of stress and coping psychology. This model aims to explain how individuals respond to stressors and how their coping strategies influence their overall well-being. It's an extension of Lazarus and Folkman's earlier transactional model of stress and coping.

The coping catastrophe model proposes that the interaction between the individual's appraisal of a stressor and their coping resources determines their emotional and physiological responses. This model emphasizes the role of cognitive appraisal, which involves the individual's evaluation of the stressor in terms of its significance, potential harm, and available resources to cope with it.

The term "catastrophe" in the model refers to an overwhelming emotional response that can occur when an individual perceives a stressor as highly threatening and believes they lack the necessary coping resources to manage it effectively. In this situation, the individual may experience intense distress, anxiety, and other negative emotions.

The coping strategies an individual employs play a critical role in determining whether they experience a coping catastrophe. Effective coping strategies, such as problem-solving and seeking social support, can help individuals manage stressors and reduce the likelihood of a catastrophic response. On the other hand, ineffective coping strategies, such as avoidance or denial, can contribute to heightened emotional distress and exacerbate the perceived catastrophe.

Overall, the coping catastrophe model highlights the importance of cognitive appraisal and coping strategies in shaping an individual's response to stressors. It underscores the need for individuals to develop adaptive coping skills to manage stress and prevent the escalation of negative emotional reactions (How authentication & access work).

Social anxiety theory:

Social anxiety theory, (Baumeister and Tice,1990) posits that individuals who are prone to experiencing anxiety in social situations are more likely to fear social exclusion. This theory suggests that people with high levels of social anxiety are hypersensitive to signs of rejection and tend to interpret ambiguous social cues as negative evaluations. They often feel inadequate and worry excessively about potential social rejection, which can lead to avoidance of social situations altogether (Leary, M. R.,1990)

Social cognitive theory:

Social cognitive theories, such as the one proposed by Albert Bandura, suggest that social exclusion and perceived rejection can lead to negative self-perceptions and reduced self-esteem. This, in turn, can contribute to the development of depressive symptoms. Social cognitive theory emphasizes the role of internal processes and individual perceptions in the relationship between social exclusion and depression.

Interpersonal theory of depression:

The interpersonal theory of depression, developed by Thomas Joiner, focuses on the impact of interpersonal relationships on the development and maintenance of depression. According to this theory, social exclusion can lead to feelings of isolation and disconnection, which may trigger depressive symptoms. A lack of meaningful social connections can contribute to a sense of hopelessness and exacerbate depressive tendencies.

Social identity theory:

Tajfel and Turner's social identity theory (1979) suggests that individuals derive part of their self-concept from the groups they belong to. Social exclusion can threaten one's sense of identity, leading to distress. (Tajfel, H., & Turner, J. C. 1979).

Belongingness hypothesis:

Baumeister and Leary's belongingness hypothesis (1995) posits that humans have a fundamental need to belong and form social connections. Social exclusion can trigger distress by threatening this need. (Watt, S. E., & Badger, A. J., 2009)

Rejection sensitivity theory:

Downey and Feldman's rejection sensitivity theory (1996) suggests that individuals who are highly sensitive to social rejection tend to anticipate and overreact to rejection cues, which can lead to increased distress. (Downey, G., & Feldman, S. I., 1996).

Interpersonal theory of suicide:

Joiner's interpersonal theory of suicide (2005) proposes that a combination of two factors, perceived burdensomeness and thwarted belongingness, leads to an increased risk of suicide. Thwarted belongingness relates to social exclusion, where an individual feels disconnected from others and lacks social support. Perceived burdensomeness involves feeling

like a burden on others. When both these factors are present, it can increase the likelihood of suicidal thoughts and behaviours (Tajfel, H., & Turner, J. C. 1979).

Social integration theory:

Durkheim's theory of suicide (1897) suggests that suicide rates are influenced by the level of social integration and social regulation within a society. Social integration refers to the degree to which individuals are connected to others in their community. Low social integration, which can include social exclusion or isolation, can contribute to higher suicide rates (Tajfel, H., & Turner, J. C. 1979).

Social identity theory:

Social identity theory proposes that individuals derive a part of their self-esteem and identity from their group memberships. When someone is socially excluded from these groups or perceives themselves as not fitting in, it can lead to feelings of worthlessness, isolation, and potentially increase the risk of suicidal ideation (Tajfel, H., & Turner, J. C. 1979).

Empirical review of literature

Athena D. F. Sherman, Melinda K. Higgins, (2023) conducted a study to find Stigma, social and structural vulnerability, and mental health among transgender women: A partial least square path modelling analysis. In this study, researchers focused on understanding the mental health outcomes of transgender women (TW) by examining the combined effects of stigma experiences (such as victimization and discrimination) and complex social and structural vulnerabilities. The study built upon prior research and utilized a novel approach called Partial Least Squares-Path Modelling (PLS-PM) to investigate how these factors interact and influence mental health symptom severity among TW. The study's model was confirmed through data analysis, revealing a relationship between stigma, social/structural vulnerabilities, and mental health symptoms among TW. The study illuminated the complex interplay between

stigma, social/structural vulnerabilities, and mental health outcomes among transgender women. It highlighted the importance of addressing these factors through interventions, policy changes, and inclusive care models to improve the mental health and well-being of transgender populations, particularly transgender women.

Poonguzhali, Kirubakaran (2023) conducted a study on equalizing the third gender health a lived experience phenomenological study - A Qualitative Approach. This study focuses on investigating the multifaceted encounters of individuals within the transgender community across various domains encompassing education, employment, health consciousness, and psychological well-being. The primary objective is to comprehensively comprehend the distinctive instances of bias encountered by transgender respondents and their awareness concerning health matters. Facing social and economic marginalization, these individuals commonly confront challenges like familial and peer rejection, restricted employment prospects, persistent exclusions, resulting at times in engagement in survival sex as a coping mechanism. Additionally, healthcare practitioners exhibit limited familiarity with transgender health concerns, with a prevailing reluctance towards endorsing gender-affirming surgeries. Notably, non-governmental organizations (NGOs) play a pivotal role in enhancing their overall life quality through provisions such as regular health check-ups, including HIV assessments. The pivotal transformation in the lives of transgender individuals can be catalysed by societal acceptance and recognition.

Adam O. Hill (2023) conducted a study to find demographic and psychosocial factors associated with recent suicidal ideation and suicide attempts among trans and gender diverse people in Australia. This study examined the associations between suicidal ideation and suicide attempts within a large and diverse cross-sectional population of transgender and gender-diverse individuals in Australia. The findings revealed that 62.4% of participants reported experiencing suicidal thoughts, while 9.5% had attempted suicide in the preceding 12 months.

Notably, the probability of experiencing thoughts of suicide was heightened among younger respondents and those who perceived themselves as treated unfairly or socially marginalized due to their gender identity during the past year. Conversely, individuals with a postgraduate degree, those who felt a sense of acceptance from their family or workplace, and those who perceived respectful treatment of their gender identity while utilizing mainstream medical facilities exhibited a reduced likelihood of reporting suicidal ideation. Regarding suicide attempts, a higher likelihood was observed among younger participants and those who had encountered recent instances of sexual harassment linked to their sexual orientation or gender identity. On the other hand, individuals identifying as non-binary displayed a decreased probability of engaging in suicide attempts.

André Hajek, Hans-Helmut König (2023) conducted a study to find prevalence and determinants of depressive and anxiety symptoms among transgender people, on the basis of results of a survey. From this study, it is noteworthy that adolescents and transgender youth encounter heightened exposure to circumstances fraught with the potential for violent outcomes. Research conducted by Ryan et al. has revealed that transgender youth experience a higher incidence of discrimination due to their perceived or actual sexual orientation compared to adults, leading to elevated rates of victimization, particularly within school and community environments. In addition to instances of violence, transgender adolescents also confront escalated probabilities of enduring violence and harassment within educational settings. This was illuminated by the nationally representative study undertaken by Clark et al., involving over 8000 students, which unveiled that over half of transgender individuals experience apprehension about potential harm or disturbance from peers at school. Alarming, nearly one in five transgender students reported being subjected to bullying on a weekly basis or more frequently. In relation to their cisgender counterparts, transgender youth manifest augmented requirements for health and overall well-being. Notably, approximately 40% of transgender

individuals exhibited notable signs of depression, engaged in self-harm, and encountered obstacles while attempting to access necessary healthcare. Furthermore, nearly 20% of transgender students disclosed having attempted suicide within the preceding 12 months. Furthermore, transgender adolescents frequently grapple with an environment of intolerance within their homes and schools, which can precipitate educational dropout and homelessness. This predicament extends to the realm of employment, where transgender individuals contend with heightened levels of discriminatory practices, consequently resulting in elevated unemployment rates. The resultant diminished educational attainment and unemployment collectively conspire to relegate transgender individuals to the periphery of society. This confluence of factors substantially elevates the susceptibility of transgender individuals to engaging in unsafe sexual behaviours and substance abuse, thereby compounding their risks for further compromised health and well-being.

Sai Chandan Das, Deep Shikha (2023) conducted a study to find Mental health issues among transgenders. From this study, Sexual minorities, especially transgender individuals, in Western countries like the U.S. face higher rates of mental health challenges such as depression and suicidal tendencies compared to the general population. Globally, around 450 million people suffer from mental health disorders. Research reveals that sexual minority adults have a higher prevalence of suicide attempts (11%) compared to heterosexual adults (4%). A comprehensive European study documented a 30% suicide attempt rate among sexual minorities. In India, varying rates of psychiatric issues, up to 52.9%, have been observed, with MSM facing elevated risks of depression (29% to 55%), especially in Tamil Nadu. Stigma and discrimination by healthcare professionals lead sexual minorities to resort to self-medication, resulting in inadequate psychological support. Gender non-conforming individuals experience psychosocial strain due to various stressors. Prejudice contributes significantly to mental health issues like depression, anxiety, and suicide attempts. Strong support from friends and family

positively impacts self-esteem and life satisfaction. Discrimination in educational institutions, workplaces, and public spaces leads to low self-esteem, isolation, HIV/STI vulnerability, and compromised mental health. Publicly coming out exposes individuals to harassment and family rejection. Heterosexual norms discourage sexual exploration, hindering a fulfilling life. André Hajek, Hans-Helmut König (2023) conducted a study to find Loneliness and Social Isolation among Transgender and Gender Diverse People. From this study, elevated instances of loneliness and social isolation have been observed within the transgender and gender diverse community. These heightened feelings of loneliness and the verifiable lack of social connections have been linked to unfavourable health outcomes and reduced educational attainment. This understanding can aid in effectively addressing the needs of transgender and gender diverse individuals who are at a heightened risk of experiencing loneliness and social isolation.

Md. Al-Mamun, et al., (2022) conducted a study to determine discrimination and social exclusion of third-gender population (Hijra) in Bangladesh. From the study, In the Asian-Pacific region, particularly among Hijra communities, distinct challenges exist compared to other sexual identity groups. Despite some Asian cultures recognizing fluid sexuality, certain leaders view a direct approach to homosexuality as incompatible with local values. The Hijra population has experienced historical marginalization, spanning social, political, and economic spheres, leading to societal stigma. The imperative arises to comprehensively study and address their challenges. Over time, Hijras transitioned from healing roles to sex work, conflicting with cultural ethics. Although constituting a small portion of Bangladesh's population, Hijras face high-risk situations due to historical marginalization. Throughout the country's history, they have maintained minimal social interaction with the mainstream community, their unique cultural practices remaining unrecognized by the government and public.

Amrita Arvind, Apurvakumar Pandya (2022) conducted research to find social strain, distress, and gender dysphoria among transgender women and Hijra in Vadodara, India. This research investigates the interplay of psychological distress, gender dysphoria, transgender congruence, and social strain within transgender women. Employing a mixed-method methodology, the study delves into their self-perceptions and sense of community. The findings reveal a significant positive correlation between psychological distress and social strain. However, no statistically significant correlation emerges between psychological distress and gender dysphoria.

Shiva S. Halli, Shajy Isac (2021), conducted a study to determine suicidality among gender minorities in Karnataka, South India. This study focused on gender minorities, particularly those assigned male at birth, revealed a notable prevalence of suicidal ideation and attempts. The study underscores the significant impact of immediate factors, particularly related to physical appearance, on the heightened risk of suicidal tendencies among gender minorities assigned male at birth. The research reveals that aspects such as reliance on begging for income, identification as Hijras, living with Gurus, dissatisfaction with physical appearance, regular alcohol consumption, and severe depression are closely linked to an elevated risk of suicidal ideation and attempts within this group. Notably, a substantial proportion of individuals reported recent suicidal thoughts or attempts due to these factors. The study further emphasizes that those dissatisfied with their physical appearance and contemplating changes face significantly increased odds of experiencing thoughts of death, while individuals grappling with intense depression exhibit a roughly threefold higher likelihood of contemplating or attempting suicide. These findings stress the critical need to address body dissatisfaction and depression in intervention strategies aimed at effectively mitigating suicidality among gender minorities assigned male at birth.

Marc Inderbinen et al., (2021) conducted a study to find relationship of internalized trans negativity and protective factors with depression, anxiety, non-suicidal self-injury and suicidal tendency in trans populations. From the systemic review article, four independent studies suggest a negative correlation between positive community disposition and depressive symptoms, though Jäggi et al.'s work questions this when subjected to mediation analysis. One study highlights pride in trans identity as a protective factor against depression, but this isn't consistently replicated. A study with a small sample suggests community connection and pride guard against anxiety. Testa et al. corroborate, finding heightened community ties and pride relate to lower anxiety symptoms in a larger sample. Social support, companionship, and coping mechanisms, especially from friends, are linked to defence against depression. Coping mechanisms directly counter depression, but not anxiety. Two studies note information technology's mediation of depression-anxiety correlation, lacking full confirmation.

Gemma L. Witcomb, et al., (2018) conducted a study to find Levels of depression in transgender people and its predictors. The study included 1069 participants who were invited for assessment at a UK national transgender health service between November 2012 and October 2015. Eligible participants identified as transgender. The study aimed to explore depression rates in the transgender group compared to the general population, considering factors like age, self-esteem, social support, discrimination, interpersonal functioning, and cross-sex hormone treatment. While no specific gender-based predictions were made, the study was underpinned by two main theories. One suggested a genetic basis for depression influenced by assigned gender at birth, while the other focused on social factors such as adversity and prejudice, which might particularly impact cisgender and transgender women.

Butler RM, et al., (2019), conducted a study to find social anxiety among transgender and gender nonconforming individuals: the role of gender-affirming medical interventions. This research investigated the impact of gender-affirming medical interventions (GAMIs) on the

social anxiety of transgender and gender nonconforming (TGNC) individuals. The study involved 715 participants identifying as transfeminine or transmasculine. Findings indicated that completing GAMIs, like surgeries and hormone therapy, was linked to lower social anxiety. This alignment with conventional gender norms through GAMIs could reduce discrimination and boost self-esteem, ultimately enhancing psychological well-being among TGNC individuals.

Reisner, S. L., (2016), conducted research to determine discriminatory experiences associated with posttraumatic stress disorder symptoms among transgender adults. The present research aimed to address the aforementioned knowledge gaps by conducting a study. This study involved a community-based cohort of 412 transgender adults with an average age of 33 (standard deviation = 13). Among the participants, 63% identified on the female-to-male spectrum, 19% belonged to people of colour, and 88% were recruited through online platforms. In a cross-sectional design, participants completed self-report surveys to assess both their experiences of everyday discrimination and symptoms of post-traumatic stress disorder (PTSD). Through the utilization of multivariable linear regression models, we investigated the relationship between self-reported instances of everyday discrimination, the number of identified discrimination domains, and PTSD symptoms. This analysis was adjusted for variables such as prior trauma history, sociodemographic factors, and psychosocial comorbidity.

Greta R. Bauer, et al., (2015), conducted a study to find Intervenable factors associated with suicide risk in transgender persons. In this study involving transgender individuals in Ontario, Canada, findings revealed that 35.1% had seriously contemplated suicide, and 11.2% had attempted suicide within a year, with specific factors influencing these risks. Positive elements such as increased social support, reduced transphobia, and successful changes in identification documents correlated with lower suicide risks. Medical transitions involving

hormonal and surgical interventions were also associated with decreased risk. Notably, parental support for gender identity and reduced transphobia were linked to reduced suicidal thoughts. Lowering transphobia levels from the 90th to the 10th percentile showed a significant 66% decrease in suicidal ideation likelihood, and a 76% reduction in suicide attempts among those who previously experienced ideation. The hypothetical reduction of transphobia to the 10th percentile could prevent numerous instances of ideation and attempts.

Beth Hoffman, (2014), conducted a study to find an overview of depression among transgender women. Social support is a significant metric assessing the availability of individuals offering emotional and cognitive resources for adaptive coping. This encompasses family and peer reinforcement. Among transgender women, family support is often diminished due to reactions towards their transition. Peer support varies based on whether pretransition peer networks accept or reject them. Nevertheless, studies indicate that social support correlates with reduced depression risk in transgender women. Prior research underscores the connection between family and peer support and improved mental well-being. Notably, satisfaction with recent support, from both family and transgender/non-transgender friends, appears pivotal in guarding against depression.

Mohammadrasool Yadegarfar, et al., (2014) conducted research to investigate the impact of family rejection, social isolation, and loneliness on adverse health outcomes within the context of Thai male-to-female transgender adolescents. The study encompassed 260 male participants, among whom 129 (49.6%) identified as transgender and 131 (50.4%) identified as cisgender. The initial multivariate analysis of variance revealed notable distinctions between transgender and cisgender respondents. Transgender individuals reported higher levels of family rejection, decreased social support, increased loneliness, elevated depression, reduced protective factors (PANSI-positive), heightened negative risk factors (PANSI-negative) linked to suicidal tendencies, and exhibited less certainty in avoiding risky sexual behaviours

compared to their cisgender counterparts. Through multiple regression analysis, it was ascertained that family rejection, social isolation, and loneliness emerged as significant predictive factors for depression, suicidal ideation, and sexual risk behaviours among both transgender and cisgender adolescents.

Transgenders face several discriminations, sexual harassment, in every part of this country on a daily basis. These communities are not something that come into existence in the recent centuries. The majority of the people in this community are either illiterates, or have less education, because of which they are not able to get involved much in the educated section of the society. They are thrown out of their own homes and not accepted by their own families (EPRA International Journal of Agriculture and Rural Economic Research, 2020) So it is important to consider their mental health. The researcher interested to know about the effect of social exclusion in psychological vulnerabilities.

Previous research has extensively examined issues of social exclusion and psychological vulnerabilities among transgender individuals. Nevertheless, there is a noticeable lack of studies focusing on these aspects within the southern Kerala population. Consequently, investigating the interconnections between different factors in this specific population is both logical and necessary. The present research endeavours to address this gap by undertaking a comprehensive study in order to contribute to the existing body of knowledge.

CHAPTER III

METHOD

This chapter deals with the methodology adopted for this study. An attempt is made to narrate the psychological vulnerabilities due to social exclusion among transgenders. This chapter includes research design, pilot study, the setting for the study, population, sample, tools, and method of data collection and how the data will be analysed and interpreted in order to arrive at certain findings, suggestions and conclusions based on the study.

Research design

The research design refers to the overall strategy that is chosen to integrate the different components of the study in a coherent and logical way, thereby, ensuring that the research problem will be addressed effectively. It constitutes the blueprint for the collection, measurement, and analysis of data.

Qualitative approach is adopted for the study and multiple case study design was used to collect data for the purpose of the study. The case study research design is an in-depth study of a particular situation rather than a sweeping statistical survey.

Participants

A total sample of five transgenders was collected. By using the convenience sampling method. The sample consist of three transmen and two transwomen participants. The participants belong to southern part of Kerala.

Tools for data collection

Variables: The variables in the current study are social exclusion and psychological vulnerability.

Social exclusion

Theoretical definition

Social exclusion refers to the experience of being socially isolated, either physically for example, being totally alone, or emotionally for example, being ignored or told that one is unwanted. (Taishi Kawamoto, 2017)

Operational Definition

Exclusion faced in different social settings such as home, school and other social gatherings by transgenders.

Psychological vulnerabilities

Theoretical Definition

The psychological vulnerability construct refers to a cognitive structure that makes individuals more fragile under stress conditions, assuming that some people are more affected by stressful events than others (Sinclair & Wallston, 1999, 2010).

Operational Definition

Psychological vulnerabilities, such as anxiety, symptoms of depression, distress, and suicidal thoughts due to social exclusion among transgenders.

A semi structured interview guide, including more than 15 questions, was prepared based on the research questions. Certain modifications were made to the questions after the pilot study was conducted. In-depth interviews and discussions were conducted as techniques of data collection to elicit information from the respondents.

Participants for the study have been selected according to a set of specific criteria.

Inclusion criteria: People from transgender community from southern Kerala.

exclusion criteria: Transgender people from north Kerala and other genders.

Sources of data

Primary data: Primary data were collected directly from transgender people in south Kerala

Secondary data: Secondary data comprises information from Documents, books, reports of surveys and studies, literature pertaining to vulnerabilities, psychological vulnerabilities, social exclusion, problems faced by the transgender community, and other relevant publications.

Personal data sheet

To collect the sociodemographic details of the participants a personal data sheet was provided which included the variables such as name, age, gender, stream of study and involvement in athletic activities.

Informed consent form

An informed consent form which includes the terms of confidentiality and the purpose of the study was given to the participants to ensure their voluntary participation in the study.

Procedure for data collection

The investigator engaged with a single participant through in-person interaction, while communication with four other participants transpired via telephone, employing a non-probability snowball sampling approach for data accumulation. Each participant provided informed consent, and a positive interpersonal connection was established. Predetermined queries were posed, with each interview lasting between 1 to 2 hours. Following data collection, a thematic analysis procedure was conducted. The interviews in Malayalam were transcribed into English.

Pilot study

A pilot study is a small-scale preliminary study conducted in order to evaluate feasibility, time, cost, adverse events, and affect size in an attempt to predict an appropriate sample size and improve upon the study design prior to performance of a full-scale research

project. The researcher conducted the pilot study among transgenders. From this the researcher understood the feasibility of the study. Appropriate modifications were made to enhance the instrumentality of data collection tools.

Data analysis

The data collected through in-depth interviews is subjected to the process of analysis in qualitative research with the primary aim to understand the research concerns from the people's perspective. The analysis of the qualitative cases studies was done through thematic analysis. Throughout the process of data analysis various lines of inquiry were adopted with the aim of creating concepts, discovering patterns from the emerging concepts, seeing how concepts emerge and explaining why the particular concepts emerge. Data analysis was done based on the research questions.

conceptualization

The conceptual frame work has been derived from the conceptual understanding that has been developed through the literature review and the concepts discussed in the previous chapter.

Conclusion

The methodology provides an overall idea regarding the methods use in the study. The methodology guided the researcher to complete the study in a systematic and scientific manner.

CHAPTER IV

RESULT AND DISCUSSION

Case presentations

Case A

The first participant Mr. 'A' is a 25-year-old trans man, who is unmarried and residing in Kollam district. A is working as a freelancer and educated up to degree. The socio-economic status of the family belongs to middle class. A had surgery a year ago. That was a mastectomy. He is also receiving hormonal treatment as well.

After presenting A's identity to the family, their reaction was so uncomfortable. They worried about what others might think, and A felt isolated. *"But when I was doing my second-year graduation, I tried to present it in front of my family. The most stressful thing for the family was thinking about the surgery and what people around us would consider. In the beginning, no one was there for me at all, and I felt so isolated during that period of time. I thought that no one could understand me, which was distressing."* After reached puberty, A's family started making wedding proposals. A showed disagreement with it, and it also resulted in isolation. *"I have experienced a lot of stress when it comes to wedding planning at home, and at this time I have experienced blame and isolation from others. When I said that attraction is to women, one of my relatives asked, is it enough to live as a lesbian? Why live apart from male and female? But I was not at all comfortable in this body."* At the time of his realisation, the most stressful thing for A was thinking about society. Whenever A just changed his appearance, people became more curious about it and started to get irritated. *"I didn't have the freedom to walk around as I pleased. I was scared to think about society. Does not like to go out. People used to ask if the hair was cut because of some illness."* A has gone through a lot of confusion. To gain clarity about the situation, A sought professional help. Professional approaches, on the other hand, made him feel even more uneasy. Transphobia in every sector was clear in this.

“When I felt that there was no point in continuing this way, I decided to see a doctor. But it was a very bad approach from their side. The psychiatrist and psychologist were joking. It hurt me mentally that even they didn't understand. When I said that I had to undergo surgery and change, they tried to scare me by telling me that people from the transgender community would take me away.” A fear of rejection always pulls him back. *“Abstain from almost all events. There is always the fear of being rejected.”*

Social exclusion, in many aspects, caused anxiety for A. Especially characteristics of social anxiety. There is always concern about what others will think. The family members attitudes also contributed to his stiffness. A experiences fear when he gets into a social situation. *“The most stressful thing for the family was thinking about the surgery and what people around us would consider. I was scared to think about society. Does not like to go out.”* Being transgender creates a constant state of confusion. There is always a struggle over which category he belongs to. This also caused a fear of rejection and, thus, social anxiety. *“It is common practise not to go among people. Even while studying in school, I do not participate in any programmes. I don't feel like talking to anyone. When I see the behaviour of people, I get sad and angry, often blaming myself.”* During the transition stage, the thought that society would isolate family members created a state of stress. *“I felt a lot of tension because of my family. They have the tendency to think a lot about the smallest things. It will be difficult for them to face the natives and their relatives. They are people who have lived as society has told them. Therefore, I worried about my family during the transition stage.”* A hesitated to express his thoughts every time. *“I have the fear of being rejected.”*

Participant A feels the need for another life. A wish for a healthy social life without fear of rejection. A like to be included in society. *“Often felt the need for a peaceful life when not being recognised. I want to talk to everyone without hesitation or fear.”* A believes that life

is not in his control as a result of the rejections he has experienced. His life had seen a lot of bad things. A always has trouble making decisions. A need a system of support for everything. *“I do not believe that I am completely in my hands. I need a strong support system. I ask friends for their opinions before making any decision.”* The transphobic society around the participant caused a feeling of apathy. *“The thought of leaving the country was always there. I have felt that I should go and live in a land where nobody knows me.”*

Participant A showed symptoms of depression in my situation. *“Every time, there is a persistent sense of sadness. Sometimes I'm not even aware why it's happening. Being unable to talk to anyone made me want to cry. I sometimes feel nobody really understands me. I eventually lost interest in things I used to enjoy. Even with regard to food, I was exhausted. I had trouble waking up and was easily worn out. Being of this gender has always caused one to feel guilty. I was having a hard time focusing on my work at this point.”* Suicidal thoughts and ideation were also present. *“Twice, I thought of ending my life. It was at a time when people didn't seem to understand. Later in the transition and during the treatment, I experienced severe mood swings. One night, I felt like dying. But I cried and slept.”*

Participant A went through various stages of distress throughout life. *“For the family, worrying about the surgery and what others might think of it was the most difficult situation. I was completely alone at the beginning because no one was supporting me in any way. It bothered me that I felt nobody could understand me. I have experienced a lot of stress when it comes to wedding planning at home at this time experienced blame and isolation from others. It is difficult to face people's stares and questions.”*

The family members of participant A made suicide threats to him. A suffered from suicidal thoughts. *“My father told me that he would kill himself if I opened up about things. Twice, I thought of ending my life. It was at a time when people didn't seem to understand.”*

Later in the transition and during the treatment, I experienced severe mood swings. One night, I felt like dying. But I cried and slept.

Case B

The second participant Mr. B 31-year-old transman, who has a partner and residing in Trivandrum district. He is educated up to diploma and works as a driving school teacher. B belongs to a lower socio-economic status. B had surgery two years ago. And undergoing hormone treatment.

The mother and close friends were there after determining the gender identification. But the rest of them made an effort to mock him. B's self-esteem suffered as a result of social isolation. *“Mother was supportive at home. So, I felt peace at home. My father is dead and I have a brother. He doesn't care about anything at home. Close friends were also there. But the rest blamed a lot and they become uncomfortable when they see me. Self-confidence used to be very low. I found it difficult to talk to people.”*

A state of anxiety about being left alone will always be there. It also affected his studies. *“There is always the fear of being left out. It calls back every time it does something. I have found it difficult while studying at school. I feel like I don't belong to any groups.”* He hates social gatherings. *“It was difficult to go among people. They would look like why I am like this.”*

In the case of B, social marginalisation caused him to become agitated with other people. *“But after realising that it is not my fault, I feel angry and sad towards others. I get angry when people don't understand what is being said.”* Social exclusion keeps B from expressing his opinion. *“I would not comment on anything to anyone. It used to feel bad.”*

Participant B was distressed by society's prejudice and judgements. *“When I was rejected, I used to get upset and depressed. I hate it when people criticise me, but this is who I am.”* B was bored by his life. *“I felt the need for another life.”*

B had had suicidal thoughts before. “*Life seems tough when experiencing this isolation. I felt suicidal.*”

Case C

The third participant Mr. 'C' is a 28-year-old transman, who was born and brought up in Trivandrum, and has a partner. Educated up to graduation, working abroad. Socio economic status of family is above average. C went through surgery five years ago.

In contrast to the other participants, C is in an inviting atmosphere. There were seldom any rejections or exclusions, and his attitude had changed. He constantly approaches life with optimism. Now that C is abroad, nobody there is aware that he is a transman. *“I had a very good support system. Mother was the greatest strength. So, I had the courage to face anything. There is no difficulty. This is my identity. I have no problem with that. I am surrounded by people who accept me. That is my greatest strength. I have never experienced such aloofness from those around me. Everyone was supportive. It was often a situation where I was accompanied when I stood aside. People here don't know I'm a transman. So, the stares and rejections are not experienced as much.”*

Case D

Participant D is a 28-year-old transwoman, who was born and brought up in Trivandrum but is now working as a software developer in Kochi. D was educated up to graduation. D left home at the age of twenty due to her identity as a transgender.

Social exclusion in many forms is present in D's life. *"It was difficult until I went to the store and bought the product. People behave badly while using public transportation. I notice that people stay away from me. Children are taken away from me. I have heard people say that my birth was a mistake."*

Societal attitude and aloofness created a state of anxiety and aggression in D. *"Feeling self-loathing and sad about being left out in the first place. But then, when I realised it wasn't my fault, I felt angry and resentful of those who didn't try to understand. I believe that someday they will feel bad for the cruelty shown to me. I still don't like going by bus. Because of everyone's stares and teasing."* The feeling that no one was there always triggered despair. *"In the beginning, there were not one but two friends. I felt the isolation the most. My two friends used to listen to my worries. I had the feeling that I was giving them too much trouble."* A social anxiety is always there. *"When I reach a crowd, I still feel pulled back. This is because of the thought that their approach will be bad. I will be very alert. People's behaviour is very difficult."*

In the stage of realisation, D showed symptoms of depression due to social exclusion. *"I was disgusted and angry with myself for feeling this way. I felt a great sense of helplessness. I felt like I was worthless and that the birth itself had gone wrong."*

D passed through so much distress in life. *"When I opened up, there was a situation where I was starving without food. They referred me to a psychiatrist. I faced bad behaviour from them. I was joking. Very few friends were with me at that time. They were also blamed by*

the rest. I left home when I could not stay at home anymore. It was difficult until I went to the store and bought the product. People behave badly while using public transportation. I notice that people stay away from me. Children are taken away from me. I have heard people say that my birth was a mistake. Before the transition, it was very difficult to live with this body.”

D has had suicide thoughts in the past. Her parents also threatened to commit suicide. *“My father beat me a lot. Mother cried. Both threatened to commit suicide. Ever since the realisation came, I have been bored with life. There is no one to understand. Until now, I felt that I should end my life because of harsh words and isolation.”*

Case E

Participant E is a 28-year-old transwoman, who was born and brought up in Kollam but is now working in Trivandrum. E was educated up to graduation. E left home at the age of twenty-two.

E faced social exclusion in many situations. *“I faced prejudice, discrimination, and social stigma. This resulted in exclusion from social circles, job discrimination, and limited opportunities. I used to be a joke for everyone. I heard they were saying that I am a bad omen.”* The fear of social exclusion is there. *“Fear arose from the uncertainty of how society, friends, and family would react to my authentic self. Anxiety stems from the anticipation of potential rejection and negative consequences. The rejection triggered self-doubt and feelings of inadequacy. Because of this rejection I questioned whether I was worthy of love, acceptance, and belonging. These feelings can contribute to a sense of isolation and further impact my mental well-being. The fear of facing increased discrimination and rejection from family, friends, coworkers, and society as a whole weighed heavily on my mind. I feared that some of the people I cared about might not accept or understand my transition. I worried about being excluded from social circles or encountering hostility in public spaces. The fear of being misunderstood, ridiculed, or even facing physical harm due to my gender identity was a constant concern.”*

Due to social exclusion, participant E indicated characteristics of social anxiety. *“The fear of rejection had an impact on my willingness to engage in social interactions. The fear of rejection had a significant impact on my dating and romantic experiences. Being left out or sidelined due to my gender identity evokes feelings of frustration and disappointment. Going out into a crowd can trigger anxiety and self-consciousness. This stems from the fear of judgement, misgendering, or facing negative reactions from others. Despite the anxieties, there*

may also be a strong desire for acceptance and a sense of belonging when entering a crowd. The fear of social exclusion leads to self-censorship and hesitation in sharing my thoughts openly.”

The journey as a transwoman is not at all easy for E. She endured a great deal of distress throughout. *“The hurt is particularly intense when rejection comes from people, I once thought were close to me. Dealing with repeated rejection led to feelings of anger and frustration. At times, the rejection triggered self-doubt and feelings of inadequacy. Because of this rejection I questioned whether I was worthy of love, acceptance, and belonging. These feelings can contribute to a sense of isolation and further impact my mental well-being. Living with a trans identity in a society that is discriminatory and exclusionary towards transgender individuals can be incredibly difficult. I faced prejudice, discrimination, and social stigma. This resulted in exclusion from social circles, job discrimination, and limited opportunities. The lack of appreciation for my comments elicits feelings of frustration and disappointment.”* E's sense of worth is negatively impacted by distress. *“During moments of distress and social exclusion, I questioned my identity and wondered life would be easier or more fulfilling if I were cisgender. These thoughts were raised as a result of the ongoing challenges and emotional strain associated with being transgender in a society that often lacks understanding and acceptance.”*

E thought about suicide as a result of social marginalisation. *“Because of this lack of understanding from people. Isolation from society triggered the thought of ending life. I wished for my death.”*

Table 1
Thematic analysis

Objective	Code	Theme
Do transgender people experience social exclusion? To what extent?	<p data-bbox="512 600 1023 1368"><i>“When I was doing my second-year graduation, I tried to present it in front of my family. The most stressful thing for the family was thinking about the surgery and what people around us would consider. In the beginning, no one was there for me at all, and I felt so isolated during that period of time. I thought that no one could understand me, which was distressing.”</i></p> <p data-bbox="512 1447 1023 1632"><i>“Abstain from almost all events. There is always the fear of being rejected.”</i></p> <p data-bbox="512 1711 719 1744">(Participant A)</p> <p data-bbox="512 1823 1023 1998"><i>“There is always the fear of being left out. It calls back every time it does something. I have found it difficult</i></p>	<p data-bbox="1027 600 1455 1816">Transgender individuals face discrimination and stigma from various sources, including family, friends, and society at large. This can lead to exclusion from social circles. Feeling of isolated due to a lack of understanding and acceptance from communities. Struggling to find people who genuinely support and affirm their gender identity. Social exclusion in various forms is present. Family support is also lacking. Even in the field of mental health, prejudicious behaviour is present.</p>

while studying at school. I feel like I don't belong to any groups.”

“It was difficult to go among people. They would look like why I am like this.”

(Participant B)

“In the beginning, there were no one but two friends. I felt the isolation the most. My two friends used to listen to my worries. I had the feeling that I was giving them too much trouble.”

“They referred me to a psychiatrist. I faced bad behaviour from them. I was joking. Very few friends were with me at that time. They were also blamed by the rest. I left home when I could not stay at home anymore.”

“It was difficult until I went to the store and bought the product. People behave badly while using public

transportation. I notice that people stay away from me. Children are taken away from me. I have heard people say that my birth was a mistake. When I reach a crowd, I still feel pulled back. This is because of the thought that their approach will be bad. Even renting a house is difficult.”

(Participant D)

“The rejection triggered self-doubt and feelings of inadequacy. Because of this rejection I questioned whether I was worthy of love, acceptance, and belonging. These feelings can contribute to a sense of isolation and further impact my mental well-being.”

“I faced prejudice, discrimination, and social stigma. This resulted in exclusion from social circles, job discrimination, and limited opportunities. I used to be a joke for

everyone. I heard they were saying that I am a bad omen”

“The hurt is particularly intense when rejection comes from people, I once thought were close to me. Dealing with repeated rejection led to feelings of anger and frustration.”

“Exclusion from social circles, job discrimination, and limited opportunities made me frustrated.”

(Participant E)

<p>What are the psychological vulnerabilities due to social exclusion?</p>	<p><i>“Abstain from almost all events. There is always the fear of being rejected.”</i></p> <p><i>“The most stressful thing for the family was thinking about the surgery and what people around us would consider. I was scared to think about society. Does not like to go out.”</i></p>	<p>As a result of social exclusion, the mental health is at danger. psychological vulnerabilities, including anxiety, depressive symptoms, distress, and suicidal thoughts are present.</p>
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Social events are avoided. sense of downturn. Have social anxiety and fear of rejection and blame. Self-esteem and self-confidence are very low as a result of judgement. Initially thought of themselves as burdens. Abstain from practically all events. There is always the dread of being rejected.

“It is common practise not to go among people. Even while studying in school, I do not participate in any programmes. I don't feel like talking to anyone. When I see the behaviour of people, I get sad and angry, often blaming myself.”

“I have the fear of being rejected.”

“Often felt the need for a peaceful life when not being recognised. I want to talk to everyone without hesitation or fear.”

“I need a strong support system. I ask friends for their opinions before making any decision.”

“Every time, there is a persistent sense of sadness. Sometimes I'm not even aware why it's happening. Being unable to talk to anyone made me want to cry. I sometimes feel nobody really understands me. I eventually

Symptoms of depression were present. Experiences a persistent sense of sadness without any specific reason.

showed hesitation to talk with people and crying for it. A feeling of hopelessness was there. Anhedonia was present, as was a loss of appetite. Lack of concentration, easily getting fatigued, and feeling guilty were there. Suicidal ideas were

lost interest in things I used to enjoy. Even with regard to food, I was exhausted. I had trouble waking up and was easily worn out. Being of this gender has always caused one to feel guilty. I was having a hard time focusing on my work at this point.”

“Twice, I thought of ending my life. It was at a time when people didn't seem to understand.”

“For the family, worrying about the surgery and what others might think of it was the most difficult situation. I was completely alone at the beginning because no one was supporting me in any way. It bothered me that I felt nobody could understand me. I have experienced a lot of stress when it comes to wedding planning at home at this time experienced blame and isolation from others. It is difficult to face people's stares and questions.”

also present. Experience of worthlessness and helplessness. Severe kinds of distress are present. Got bored with life. Disapproval from the family contributed the lion's share to the distress. The feeling of loneliness had an impact on distress. as a result of rejection, finds it tough to open up. Self-doubt, aggression, and low self-esteem stem from distress.

Due to the social exclusion suicidal thoughts are present. Rejection and isolation made them bored with life. Blame from others contributed to a lack of enthusiasm.

“My father told me that he would kill himself if I opened up about things.”

“Later in the transition and during the treatment, I experienced severe mood swings. One night, I felt like dying. But I cried and slept.”

(Participant A)

“Self-confidence used to be very low. I found it difficult to talk to people.”

“There is always the fear of being left out. It calls back every time it does something. I have found it difficult while studying at school. I feel like I don't belong to any groups.”

“It was difficult to go among people. They would look like why I am like this.”

“I would not comment on anything to anyone. It used to feel bad.”

“When I was rejected, I used to get upset and depressed. I hate it when

people criticise me, but this is who I am.”

“I felt the need for another life.”

“Life seems tough when experiencing this isolation. I felt suicidal.”

(Participant B)

“Feeling self-loathing and sad about being left out in the first place.”

“I still don't like going by bus. Because of everyone's stares and teasing.”

“My two friends used to listen to my worries. I had the feeling that I was giving them too much trouble.”

“When I reach a crowd, I still feel pulled back. This is because of the thought that their approach will be bad. I will be very alert. People's behaviour is very difficult.”

“I was disgusted and angry with myself for feeling this way. I felt a

great sense of helplessness. I felt like I was worthless and that the birth itself had gone wrong.”

“When I opened up, there was a situation where I was starving without food. They referred me to a psychiatrist. I faced bad behaviour from them. I was joking. Very few friends were with me at that time. They were also blamed by the rest. I left home when I could not stay at home anymore.”

“My father beat me a lot. Mother cried. Both threatened to commit suicide. Ever since the realisation came, I have been bored with life. There is no one to understand. Until now, I felt that I should end my life because of harsh words and isolation.”

(Participant D)

“Fear arose from the uncertainty of how society, friends, and family

would react to my authentic self. Anxiety stems from the anticipation of potential rejection and negative consequences. The rejection triggered self-doubt and feelings of inadequacy. Because of this rejection I questioned whether I was worthy of love, acceptance, and belonging. These feelings can contribute to a sense of isolation and further impact my mental well-being. The fear of facing increased discrimination and rejection from family, friends, coworkers, and society as a whole weighed heavily on my mind. I feared that some of the people I cared about might not accept or understand my transition. I worried about being excluded from social circles or encountering hostility in public spaces. The fear of being misunderstood, ridiculed, or even facing physical harm due to my

gender identity was a constant concern.”

“The fear of rejection had an impact on my willingness to engage in social interactions. The fear of rejection had a significant impact on my dating and romantic experiences. Being left out or sidelined due to my gender identity evokes feelings of frustration and disappointment. Going out into a crowd can trigger anxiety and self-consciousness. This stems from the fear of judgement, misgendering, or facing negative reactions from others. Despite the anxieties, there may also be a strong desire for acceptance and a sense of belonging when entering a crowd. The fear of social exclusion leads to self-censorship and hesitation in sharing my thoughts openly.”

“The hurt is particularly intense when rejection comes from people, I once thought were close to me. Dealing

with repeated rejection led to feelings of anger and frustration. At times, the rejection triggered self-doubt and feelings of inadequacy. Because of this rejection I questioned whether I was worthy of love, acceptance, and belonging. These feelings can contribute to a sense of isolation and further impact my mental well-being. Living with a trans identity in a society that is discriminatory and exclusionary towards transgender individuals can be incredibly difficult.”

“During moments of distress and social exclusion, I questioned my identity and wondered life would be easier or more fulfilling if I were cisgender. These thoughts were raised as a result of the ongoing challenges and emotional strain associated with being transgender in a society that often lacks understanding and acceptance.”

“Because of this lack of understanding from people. Isolation from society triggered the thought of ending life. I wished for my death.”

(Participant E)

<p>What are the consequences that arise from psychological vulnerabilities due to social exclusion?</p>	<p><i>“I didn't have the freedom to walk around as I pleased. I was scared to think about society. Does not like to go out. People used to ask if the hair was cut because of some illness.”</i></p> <p><i>“Abstain from almost all events. There is always the fear of being rejected.”</i></p> <p><i>“I was scared to think about society. Does not like to go out.”</i></p> <p><i>Even while studying in school, I do not participate in any programmes. I don't feel like talking to anyone. When I see the behaviour of people, I get sad and angry, often blaming myself.”</i></p>	<p>As a result of psychological vulnerabilities due to social exclusion, showed a remarkable drop in socialisation. A fear of rejection and judgement creates a state of anxiety. Showed signs of social anxiety. Hesitation to go to social gatherings, always keeping a distance from people. Social life was very complicated. always had trust issues, especially when it comes to a romantic relationship. Due to the continuous rejection and criticism, self-esteem and self-confidence used to be low, self-blame and self-questioning is present. Due to the distorted</p>
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*“I do not believe that I am completely self-image, problems in
in my hands. I need a strong support decision-making.
system. I ask friends for their opinions
before making any decision.”*

*“Every time, there is a persistent
sense of sadness. Sometimes I'm not
even aware why it's happening. Being
unable to talk to anyone made me
want to cry. I sometimes feel nobody
really understands me. I eventually
lost interest in things I used to enjoy.
Even with regard to food, I was
exhausted. I had trouble waking up
and was easily worn out. Being of this
gender has always caused one to feel
guilty. I was having a hard time
focusing on my work at this point.”*

Suicidal thoughts and ideation were
also present. *“Twice, I thought of
ending my life. It was at a time when
people didn't seem to understand.
Later in the transition and during the
treatment, I experienced severe mood*

Symptoms of depression are
present. The risk of mood
disorders is high.

Suicidal thoughts were present.
The risk of death is very high.
Feeling of boredom because of
a lack of support. The struggle
for life was huge. There is a
higher chance of suicide.

Social exclusion created
frustration and aggression
towards people. The aggressive
behaviour may result into
aggressive conduct could lead
to a heightened degree of
ostracism.

Experiencing distress from the
stage of realisation. Social
attitudes also contributed to this
predicament. Due to this
prolonged stress, there is a risk
of exhaustion and the

swings. One night, I felt like dying. But I cried and slept.” development of Post Traumatic Stress Disorder (PTSD).

“My father told me that he would kill himself if I opened up about things. Twice, I thought of ending my life. It was at a time when people didn't seem to understand. One night, I felt like dying. But I cried and slept.”

(Participant A)

“Self-confidence used to be very low. I found it difficult to talk to people.”

“There is always the fear of being left out. It calls back every time it does something. I have found it difficult while studying at school. I feel like I don't belong to any groups.”

“It was difficult to go among people. They would look like why I am like this.”

“But after realising that it is not my fault, I feel angry and sad towards

others. I get angry when people don't understand what is being said."

"I felt the need for another life."

"Life seems tough when experiencing this isolation. I felt suicidal."

(Participant B)

"Feeling self-loathing and sad about being left out in the first place. But then, when I realised it wasn't my fault, I felt angry and resentful of those who didn't try to understand."

"When I reach a crowd, I still feel pulled back. This is because of the thought that their approach will be bad. I will be very alert. People's behaviour is very difficult."

"I was disgusted and angry with myself for feeling this way. I felt a great sense of helplessness. I felt like I was worthless and that the birth itself had gone wrong."

“My father beat me a lot. Mother cried. Both threatened to commit suicide. Ever since the realisation came, I have been bored with life. There is no one to understand. Until now, I felt that I should end my life because of harsh words and isolation.”

(Participant D)

“Fear arose from the uncertainty of how society, friends, and family would react to my authentic self. Anxiety stems from the anticipation of potential rejection and negative consequences. The rejection triggered self-doubt and feelings of inadequacy. Because of this rejection I questioned whether I was worthy of love, acceptance, and belonging. These feelings can contribute to a sense of isolation and further impact my mental well-being. The fear of facing increased discrimination and rejection from family, friends,

coworkers, and society as a whole weighed heavily on my mind. I feared that some of the people I cared about might not accept or understand my transition. I worried about being excluded from social circles or encountering hostility in public spaces. The fear of being misunderstood, ridiculed, or even facing physical harm due to my gender identity was a constant concern.”

“The fear of rejection had an impact on my willingness to engage in social interactions. The fear of rejection had a significant impact on my dating and romantic experiences. Being left out or sidelined due to my gender identity evokes feelings of frustration and disappointment. Going out into a crowd can trigger anxiety and self-consciousness. This stems from the fear of judgement, misgendering, or facing negative reactions from others.

Despite the anxieties, there may also be a strong desire for acceptance and a sense of belonging when entering a crowd. The fear of social exclusion leads to self-censorship and hesitation in sharing my thoughts openly.”

“Dealing with repeated rejection led to feelings of anger and frustration.”

“During moments of distress and social exclusion, I questioned my identity and wondered life would be easier or more fulfilling if I were cisgender. These thoughts were raised as a result of the ongoing challenges and emotional strain associated with being transgender in a society that often lacks understanding and acceptance.”

“Because of this lack of understanding from people. Isolation from society triggered the thought of ending life. I wished for my death.”

(Participant E)

Discussion

The discussions are based upon researcher's observational experiences, review of literature, and analysis of the data. The National Transgender Discrimination Survey (NTDS) conducted in 2011 found that transgender individuals frequently experience social exclusion, discrimination, and unequal treatment in various aspects of their lives, including healthcare, education, employment, and family relationships. The study revealed alarming rates of harassment, violence, and mistreatment faced by transgender people, which often leads to their social exclusion from mainstream society (Grant, J. M., Mottet, L. A., & Tanis, J,2011).

A study published in the *Journal of Health Psychology* found that transgender people are at an increased risk for anxiety disorders, depression, substance abuse, and suicidal ideation, and social anxiety is often a contributing factor. In a study conducted by researchers from San Francisco State University, it was found that transgender individuals were approximately three times more likely than others to experience a mental disorder (*Journal of Health Psychology*).

As per findings from the National Transgender Discrimination Survey, around half of transgender individuals face significant levels of discrimination in the workplace. The employment challenges faced by transgender people play a substantial role in the elevated rates of poverty and joblessness within this community. Transgender individuals are more likely to encounter elevated levels of social anxiety compared to cisgender individuals, leading to significant effects on various aspects of their lives. This heightened social anxiety can hinder the establishment and upkeep of relationships, involvement in education or employment, and even the ability to go outside. This situation can be particularly challenging for transgender individuals who are already grappling with their mental well-being. (Toby Barron,2022)

The present research subject indicated encountering multiple instances of social isolation, beginning when they openly revealed their identity. They encountered prejudice right

after coming out, with the most distressing aspect being the lack of acceptance from their own family. Participants D and E chose to leave their homes due to the unfair treatment they received, which encompassed both physical and psychological harm. This can result in their being ostracized from social groups, experiencing isolation due to a dearth of comprehension and acknowledgement from communities. They face challenges in locating individuals who authentically endorse and validate their gender identity. Different manifestations of social isolation are evident, encompassing inadequate familial backing. Furthermore, even within the realm of mental healthcare, discriminatory conduct persists.

Social isolation and social anxiety exhibit a strong positive correlation. The sensation of being socially excluded can lead to the development of social anxiety. Consequently, participating in social events and engaging with others becomes a source of stress. Individuals often engage in self-questioning and self-criticism. Their self-esteem and self-confidence appear to be lacking. They may initially perceive themselves as troublesome. They avoid participating in almost all gatherings. The fear of facing rejection is a constant presence.

Social support is a measurement that gauges the presence of individuals in one's life who offer emotional and psychological resources to aid in coping. It is often categorized into family and peer support. Transgender women often experience less family support due to family reactions to their transition, which can lead to rejection. Peer support varies, as transitioning can result in rejection from their pre-transition peer group, but it can also lead to acceptance from other transgender women, particularly in urban settings. Research indicates that social support can help decrease the risk of depression in transgender women. Multiple studies have shown a direct link between family and peer support and improved mental well-being. Nemoto et al. propose that it's not just the mere presence of social support within the past month, but rather the satisfaction derived from this support that acts as a protective factor against depression. The prevalence of depression is elevated among transgender women

compared to the broader population. Therefore, it is important to comprehend the factors contributing to depression within this demographic. Findings from a review of existing literature on depression in transgender women indicate numerous factors that impact depression, such as social support, violence, sex work, and gender identity (Beth Hoffman,2014).

Research about Family Rejection, Social Isolation, and Loneliness as Predictors of Negative Health Outcomes (Depression, Suicidal Ideation, and Sexual Risk Behavior) Among Thai Male-to-Female Transgender Adolescents investigated how family rejection, social isolation, and loneliness impact negative health outcomes among Thai male-to-female transgender adolescents. The study involved 260 male participants, with 129 (49.6%) identifying as transgender and 131 (50.4%) identifying as cisgender. The initial analysis revealed that transgender respondents reported higher family rejection, lower social support, increased loneliness, elevated depression, fewer protective factors (PANSI-positive), higher negative risk factors (PANSI-negative) related to suicidal tendencies, and less certainty in avoiding risky sexual behaviours compared to cisgender respondents. The subsequent multiple regression analysis demonstrated that family rejection, social isolation, and loneliness were significant predictors of depression, suicidal thoughts, and sexual risk behaviours for both transgender and cisgender adolescents. The study's implications are discussed in relation to these findings (Mohammadrasool Yadegarfar & Mallika E. Meinhold-Bergmann,2014).

In the present study, two participants out of five, signs of depression were evident. Endured a continual feeling of melancholy without any discernible cause. Demonstrated reluctance to engage in conversations with others and frequently cried as a result. A sense of despair was constantly present. An inability to find pleasure in things was noticeable, as was a decreased appetite. Difficulty focusing, quick exhaustion, and a sense of culpability were also observable. Thoughts of suicide were likewise experienced. Feelings of insignificance and

powerlessness were prevalent. Depression and social exclusion share a complex and intricate relationship, often feeding into each other in a vicious cycle. Like a spiral, this interplay between social exclusion and depression gains momentum. The more one feels excluded, the more likely they are to develop or exacerbate depressive symptoms. As depression tightens its grip, it becomes even harder to break free from the cycle of isolation. Depression and social exclusion are like two interconnected currents shaping the emotional landscape. Social exclusion can act as a catalyst for depression, while depression can isolate individuals further, making it a challenge to escape the clutches of both. The research clearly indicates that experiencing social exclusion can result in the development of depression. Transgender individuals are currently facing social exclusion in diverse environments, consequently placing them at a heightened susceptibility to this risk.

Non-treated transgender individuals have an increased risk of a depressive disorder. Interventions offered alongside gender affirming treatment to develop interpersonal skills, increase self-esteem and improve social support may reduce depression and prepare individuals for a more successful transition (Gemma L. Witcomb et al., 2018). This research demonstrates that offering social support to transgender individuals can effectively lower the likelihood of experiencing depression. Facilitating social interaction plays a vital role in mitigating the risk of depressive symptoms.

In the present study, it was observed that four out of five individuals experienced distress in their lives. Among them, two participants opted to leave their homes due to the overwhelming emotional turmoil caused by their families. Feeling excluded significantly contributed to their feelings of unease. Extreme forms of distress are evident. Life has become monotonous and uninteresting. The disapproval from the family has played a significant role in causing this distress. The sensation of isolation has also had an effect on this emotional turmoil. The inability to connect with others stems from being rejected, making it difficult to

express oneself. Feelings of uncertainty, hostility, and diminished self-worth arise from this state of distress. Providing social support for them can reduce the amount of distress they are experiencing.

A study conducted by Fuller, Kimberly A in 2018, discussed that participants experienced varying degrees of family support based on their gender, with non-binary individuals receiving the least support in this regard. Those who received more family support related to their gender exhibited higher levels of resilience and lower psychological distress. Conversely, participants facing more gender-related discrimination from their families reported higher psychological distress. The results indicate that having a strong emotional bond with family members might help lessen the impact of overall discrimination on psychological well-being (Fuller, Kimberly A, 2018).

Psychological distress has a connection with aggression, to the extent that some individuals eventually experienced aggressive feelings directed towards others. A study about social strain, distress, and gender dysphoria among transgender women and Hijra in Vadodara, India Finds that the psychological distress experienced by transgender women and Hijra had a significant, positive relationship with social strain rather than gender dysphoria (Arvind A,2021).

The prolonged distress may lead to exhaustion and increase the chance of post-traumatic stress disorder (PTSD).

A study about Discriminatory experiences associated with posttraumatic stress disorder symptoms among transgender adults (Reisner, S. L., White Hughto,2016) put forward that transgender individuals have been disproportionately affected by discrimination, with limited attention given to the psychological impact, including symptoms of posttraumatic stress disorder (PTSD). Moreover, few studies have investigated the interplay between discrimination

and other traumatic stressors in relation to the development of PTSD symptoms. This study aims to address these gaps by analysing data from a community-based sample of 412 transgender adults (average age = 33, standard deviation = 13; 63% identifying on the female-to-male spectrum; 19% people of colour; 88% online participants). Through a cross-sectional self-report survey, participants detailed experiences of everyday discrimination and PTSD symptoms. Utilizing multivariable linear regression models, the research explored connections between self-reported everyday discrimination, the number of identified discrimination domains, and PTSD symptoms. Adjustments were made for previous trauma exposure, sociodemographic factors, and psychosocial comorbidities. Results indicated an average endorsement of 4.8 (SD = 2.4) discrimination attributions, with the most common reasons being gender identity and/or expression (83%), appearance related to masculinity and femininity (79%), sexual orientation (68%), sex (57%), and age (44%). Notably, higher scores in everyday discrimination ($\beta = 0.25$; 95% confidence interval [0.21, 0.30]) and an increased number of discrimination attribution reasons ($\beta = 0.05$; 95% confidence interval [0.01, 0.10]) were independently linked to PTSD symptoms, even after accounting for prior trauma experiences. The study emphasizes the need for clinicians to consider the impact of discrimination from various sources when addressing PTSD symptoms within the transgender population (Reisner, S. L., White Hughto, 2016).

From the present study, it is evident that participants have gone through suicidal thoughts. The culmination of isolation and boredom appears to be the emergence of suicidal thoughts. When individuals are trapped in a cycle of isolation and boredom, their cognitive and emotional resources become depleted. In this vulnerable state, the mind may wander towards darker territories, such as thoughts of self-harm or suicide. These thoughts can provide a distorted sense of escape from the overwhelming emotional pain that has been building up. Blame from others also contributed to this.

A study about family rejection, Social Isolation, and Loneliness as Predictors of Negative Health Outcomes (Depression, Suicidal Ideation, and Sexual Risk behaviour) Among Thai Male-to-Female Transgender Adolescents says the same. Initial multivariate analysis of variance indicated that the transgender respondents, when compared to the cisgender respondents, reported significantly higher family rejection, lower social support, higher loneliness, higher depression, lower protective factors (PANSI-positive) and higher negative risk factors (PANSI-negative) related to suicidal behavior, and were less certain in avoiding sexual risk behaviours. Multiple regression analysis indicated that the exogenous variables of family rejection, social isolation, and loneliness were significant predictors of both transgender and cisgender adolescents' reported levels of depression, suicidal thinking, and sexual risk behaviours (Yadegarfar, Mohammadrasool, 2013).

In the present study, participant C was provided with significant social backing. Both family members and friends offered substantial support. The participant's encounters highlight the existence of a favourable outlook on life. Self-esteem and self-confidence are notably elevated. The participant maintains strong social bonds and encounters no difficulties in attending social events. Feelings of social anxiety is non-existent, and signs of depression are not evident. There is an absence of distress related to being excluded socially, and the individual expresses contentment with their current life. Furthermore, there is no history of past suicidal ideation.

Current research consistently demonstrates that transgender individuals encounter intricate forms of social exclusion across various domains, rooted in discrimination, lack of understanding, and prejudice, leading to distinct psychological vulnerabilities. Notably, heightened anxiety emerges due to the anticipation of negative social interactions and the strain of navigating a misunderstanding or stigmatizing environment. Concurrently, symptoms of depression manifests as a consequence of persistent marginalization and internalized biases,

fostering feelings of sadness and worthlessness. This emotional distress expands beyond anxiety and depression, encompassing profound anguish stemming from the dissonance between authentic gender identity and societal norms, resulting in isolation and a struggle for acceptance. Disturbingly, empirical evidence indicates a heightened susceptibility to contemplate suicide, as the cumulative impact of exclusion and distress, compounded by inadequate support, fosters thoughts of escape from emotional pain. This contemporary investigation underscores the intricate interplay between social exclusion and psychological fragility in the lived experiences of transgender individuals.

CHAPTER V

SUMMARY AND CONCLUSION

Summary

The importance of mental health among transgender individuals cannot be overstated. This community faces unique challenges that can significantly impact their mental well-being. Acceptance, understanding, and proper support are crucial for promoting positive mental health outcomes. Discrimination, social stigma, and a lack of understanding can lead to various mental health issues, including anxiety, depression, and even suicidal thoughts. Social exclusion among transgender individuals is a pervasive and concerning issue. It involves the systematic marginalization, discrimination, and isolation of transgender people from various aspects of society. This exclusion is often rooted in societal norms, prejudices, and misunderstandings about gender identity. The central purpose of the study is to gain a comprehensive understanding of the psychological vulnerabilities that stem from the social exclusion experienced by transgender people. Certainly, the present study aims to delve into several key objectives that revolve around the experiences of transgender individuals in the context of social exclusion. The objectives of the study are:

- Do transgender people experience social exclusion? To what extent?
- What are the psychological vulnerabilities due to social exclusion?
- What are the consequences that arise from psychological vulnerabilities due to social exclusion?

The research took place in southern Kerala and focused on transgender individuals. The study involved a total of five participants, comprising three transmen and two transwomen.

Primary data collection involved direct interactions with transgender individuals in southern Kerala. Meanwhile, secondary data encompassed information from various sources such as documents, books, survey reports, and existing studies. These sources covered topics related to vulnerabilities, psychological challenges, social exclusion, and other issues faced by the transgender community.

To gather information about the socio-demographic aspects of the participants, an interview schedule was developed. This schedule included closed questions addressing their age, gender, marital status, educational background, and religion.

Additionally, an unstructured interview guide containing over 15 questions was crafted based on the research inquiries. After conducting a pilot study, certain adjustments were made to the questions. Data collection techniques involved in-depth interviews and discussions to gather insights from the respondents.

Qualitative research involves delving into in-depth interviews to comprehend research issues from the participants' viewpoints. In this approach, data collected from interviews undergoes thematic analysis, aiming to identify patterns and concepts. The analysis encompasses multiple lines of investigation to generate concepts, recognize emerging patterns within them, explore the process of concept development, and elucidate the underlying reasons. The data analysis is guided by the research questions.

The current investigation clearly demonstrates that transgender individuals encounter instances of social exclusion throughout different life phases. Among these, the most distressing is the familial rejection encountered by the study participants, as evidenced by the departure of two individuals from their homes due to familial intolerance. A significant portion of the cohort reported instances of both physical and emotional abuse. Following the disclosure of their transgender identity, participants were immediately subjected to stigmatization and

biased conduct. The inquisitive looks and overt attention from the community contribute to their sense of unease. Consequently, the cumulative impact of these episodes of social exclusion culminates in heightened psychological vulnerabilities among transgender individuals.

The phenomenon of social exclusion has led to the manifestation of anxiety within the participant group. Among a set of five participants, a significant majority, specifically four individuals, exhibited challenges pertaining to the process of socialization. This observation is congruent with a persistent apprehension concerning potential rejection, resulting in an aversion to social judgment. Evidently, these participants display hesitancy towards engaging in social gatherings and exhibit a tendency to maintain interpersonal distance. The current study underscores the discernible presence of social anxiety within this cohort. Importantly, the coexistence of anxiety has also been associated with complications related to cognitive processes like decision-making.

Owing to their encounter with social exclusionary experiences, a notable proportion of the participant group, specifically two out of five individuals, exhibited indications indicative of depressive symptomatology.

These individuals endured a persistent state of despondency devoid of any identifiable antecedents. They prominently exhibited a marked aversion to engaging in interpersonal dialogues, often accompanied by frequent episodes of weeping. A prevailing sense of hopelessness permeated their emotional states. Observable manifestations encompassed anhedonia, reduced appetite, cognitive impairments such as concentration difficulties, rapid onset of fatigue, and a notable sense of self-blame. Suicidal ideation was also within their reported experiences, alongside sentiments of insignificance and helplessness.

In this study, it was found that 4 out of 5 individuals encountered distress. 2 of them even left home due to overwhelming family-related emotional turmoil, often triggered by feeling excluded. This extreme distress led to a monotonous and uninteresting life. Family disapproval played a major role. Isolation worsened this emotional state, stemming from rejection and hindering self-expression. Uncertainty, hostility, and low self-esteem emerged from this distress. Offering social support can effectively alleviate their emotional suffering.

The findings of the current research highlight that participants have experienced instances of contemplating suicide. The combination of being isolated and experiencing boredom seems to trigger the onset of such thoughts. When people find themselves stuck in a repetitive pattern of isolation and monotony, their mental and emotional capacities become drained. In this susceptible condition, one's mind might gravitate towards more distressing thoughts, like self-inflicted harm or suicide, as a way of coping. These thoughts can offer a skewed perception of relief from the intensifying emotional anguish they have been undergoing. External factors, including accusations from others, have also played a role in contributing to this situation.

Participants encounter difficulties with their self-esteem and confidence as a result of being socially isolated. They struggle with placing trust in others and harbour feelings of hostility towards them. The act of being socially excluded can potentially be a factor in the development of post-traumatic stress disorder (PTSD).

In the present research, participant C experienced significant support from both family members and friends, contributing to a positive perspective on life. This backing resulted in heightened self-esteem and self-confidence. The participant maintains strong social connections, easily engaging in social activities without any issues. They do not experience social anxiety and show no signs of depression. The participant does not feel distressed about

social exclusion, expressing satisfaction with their current life. Additionally, there is no record of previous suicidal thoughts.

The findings of this study strongly indicate that social exclusion is a crucial factor in psychological vulnerabilities such as anxiety, symptoms of depression, distress, and suicidal thoughts.

Major findings and conclusion

- Transgender people encounter prejudice and marginalization from different quarters, such as their own families, friends, and the broader society. This can result in them being left out of social groups, experiencing isolation due to a dearth of comprehension and recognition from communities. Locating individuals who truly stand by and validate their gender identity becomes a challenge. Various manifestations of social isolation are evident. Furthermore, there is a deficiency in familial backing. Even within the realm of mental healthcare, biased conduct persists.
- Social exclusion gives rise to a threat to mental well-being. Psychological susceptibilities become evident, encompassing issues like anxiety, symptoms of depression, distress, and suicidal thoughts.
- Social gatherings are deliberately evaded due to a prevailing sense of negativity. This is attributed to experiencing social anxiety and a deep-seated fear of being both rejected and criticized. The lack of self-esteem and confidence has been greatly influenced by the fear of being judged by others. The individual initially perceived themselves as unwelcome impositions and consequently refrain from participating in almost all social occasions. The constant apprehension of being turned down remains a persistent feeling.
- Signs of depression were evident. There was a continuous feeling of sadness without any apparent cause. There was reluctance to engage in conversations with others and frequent crying as a result. A sense of despair was consistently felt. Loss of interest in pleasurable activities was observed, alongside a decrease in appetite. Difficulties in focusing, quick exhaustion, and self-blame were noticeable. Thoughts of ending one's life were also present. Feelings of being unworthy and powerless were experienced.

- Profound distress is apparent, with life feeling mundane and unstimulating, largely due to family disapproval. Solitude intensifies this anguish, as rejection hinders meaningful connections and self-expression. This emotional turmoil fosters uncertainty, hostility, and lowered self-esteem.
- As a result of experiencing social isolation, thoughts of suicide have emerged. The feelings of being excluded and rejected by others have led to a sense of detachment from life. Criticism and alienation from those around them have further diminished their motivation and zest for life.
- Social support for transgender people can positively contribute to their lives. Social inclusion results in low rates of anxiety, depression, distress, and suicidal thoughts among transgender people.

Current research consistently shows that transgender people face complex forms of social exclusion in various areas due to discrimination, lack of understanding, and bias. This results in specific psychological vulnerabilities. Notably, they often experience increased anxiety from expecting negative social interactions and dealing with misunderstandings in an unwelcoming environment. Additionally, symptoms of depression arise due to ongoing marginalization and internalized prejudices, leading to feelings of sadness and low self-worth. This emotional distress goes beyond anxiety and symptoms of depression, involving deep distress arising from the mismatch between their true gender identity and societal norms. This leads to isolation and a struggle for acknowledgment. Disturbingly, empirical data indicates a higher likelihood of considering suicide, as the combination of exclusion, distress, and inadequate support leads to thoughts of escaping emotional pain. This contemporary study emphasizes the complex relationship between social isolation and psychological vulnerability in the lives of transgender individuals.

Implications of the study

The findings highlight the profound impact of social exclusion on mental well-being. Transgender individuals already grapple with identity-related stressors, and being excluded from social circles exacerbates these challenges. The study underscores that exclusion goes beyond mere isolation; it intensifies feelings of alienation, leading to heightened experiences of anxiety, depression, distress, and suicidal thoughts.

Moreover, the research emphasizes the need for more inclusive societal attitudes and policies. The implications extend to advocacy for creating safe spaces that foster a sense of belonging for transgender individuals. By recognizing the toll of social exclusion, this study pushes for education and awareness initiatives that promote acceptance and understanding, ultimately contributing to a more compassionate society.

Clinically, the study underscores the importance of tailored mental health support for transgender individuals. Mental health professionals need to be attuned to the unique struggles brought about by social exclusion, integrating strategies to help individuals cope with these challenges effectively. Furthermore, policymakers can use these findings to advocate for policies that address the systemic discrimination that often leads to exclusion, ultimately striving for a more equitable and inclusive society.

In essence, the study illuminates the intricate relationship between social exclusion and psychological vulnerabilities among transgender individuals, urging us to reevaluate our societal norms and practices. By recognizing the profound emotional impact of exclusion, we can work collectively towards a more empathetic and inclusive environment that nurtures the mental well-being of all individuals, irrespective of their gender identity.

Furthermore, the study elucidates the compounded nature of these vulnerabilities, where the interplay of identity, societal norms, and mental health becomes intricate. The study's

participants highlight the significance of a supportive social network, suggesting that affirming relationships act as a buffer against the detrimental effects of exclusion. It becomes evident that interventions promoting understanding, empathy, and acceptance can serve as invaluable tools to counteract these vulnerabilities.

Transgender individuals often face stigmatization, discrimination, and isolation in educational settings due to their gender identity. This social exclusion can manifest in multiple ways, such as being ridiculed, bullied, or ignored by peers and educators. The mitigation of marginalization targeting transgender individuals within educational institutions can be effectively achieved through the implementation of comprehensive sex education programs and the cultivation of empathetic attitudes among students. This strategy involves equipping students with a thorough understanding of the complexities surrounding gender identity and expression, thereby fostering an environment of inclusivity and acceptance. Central to this approach is the incorporation of sex education curricula that not only elucidate biological aspects of human sexuality but also delve into the intricate nuances of gender diversity. By providing students with accurate and age-appropriate information about transgender experiences, the educational system can play a pivotal role in dispelling misconceptions and fostering informed perspectives. Moreover, the cultivation of empathy stands as a key pillar in the reduction of marginalization. When students are educated about the psychological challenges and vulnerabilities faced by transgender individuals, they are better equipped to comprehend the multifaceted nature of these struggles. This understanding serves to engender compassion and sensitivity, thereby diminishing discriminatory behaviours and attitudes. In this scientific context, it becomes evident that the integration of these strategies into educational frameworks can yield positive outcomes. By bolstering knowledge about transgender issues and promoting empathetic engagement, schools can contribute significantly to the creation of a safer and more inclusive environment for all students, irrespective of their

gender identity. This approach aligns with contemporary research highlighting the pivotal role of education in shaping societal attitudes and dismantling discriminatory practices.

By comprehending the psychological susceptibilities arising from experiences of social exclusion among transgender individuals, organizations can establish and foster a supportive and nurturing work environment that prioritizes their well-being and mental health. This entails recognizing the intricate interplay between the unique challenges transgender individuals face due to societal marginalization and the potential impacts on their psychological state within a professional setting. By acknowledging and addressing these vulnerabilities, organizations can proactively implement strategies that not only promote inclusivity and diversity but also contribute to the overall psychological flourishing and productivity of transgender employees. This understanding underscores the importance of creating an atmosphere where transgender individuals feel valued, respected, and embraced, thereby enhancing their sense of belonging and enabling them to fully engage and excel in their roles.

Enhancing comprehension of the psychological vulnerabilities arising from experiences of social exclusion among transgender individuals holds the potential to significantly enhance the level of familial support they receive. This understanding effectively underscores the critical nature of fostering an environment of acceptance for transgender persons within their own families. This insight, when effectively harnessed, can serve as a valuable instrument for educating and enlightening family members about the unique challenges that transgender individuals often face. The process of grasping the psychological vulnerabilities linked to social exclusion in the lives of transgender people enables a deeper appreciation of the emotional toll it can take. When transgender individuals encounter exclusion or discrimination from society, it often translates into feelings of isolation, inadequacy, and self-doubt. These emotions, if left unaddressed, can lead to mental health concerns such as anxiety, depression, and even suicidal thoughts. Furthermore, this understanding amplifies the significance of embracing transgender

family members with open arms. It highlights the importance of not just tolerating but actively embracing their identity, experiences, and struggles. Such acceptance can lead to improved mental well-being, greater self-esteem, and an increased sense of belonging for transgender individuals. Moreover, it cultivates an environment where open communication thrives, enabling family members to engage in meaningful conversations about their experiences, needs, and aspirations. As an educational tool, this understanding of psychological vulnerabilities due to social exclusion among transgender individuals provides a means to bridge the gap between ignorance and empathy. Educating family members about the potential repercussions of social exclusion fosters a climate of empathy, sensitivity, and compassion. It encourages family members to recognize their vital role in creating a supportive atmosphere that not only shields transgender individuals from the harmful effects of exclusion but also empowers them to flourish.

Suggestions for further study

- It would be advisable to devise a well-structured timeline that allocates specific periods for each phase of the research. This strategic approach could help mitigate the pressure of time limitations and facilitate a more comprehensive and thoughtful study.
- It could be more beneficial when broaden the study by incorporating diverse perspectives beyond just the respondents who identify as transgender.
- Focusing the study exclusively on the southern region of Kerala could be advantageous.
- Utilizing a quantitative methodology in this study will be advantageous for comprehending issues within an extensive population.

Limitations of the study

- The major limitation faced by the researcher was that of time. The research needs to be submitted during the limited time that is allowed to a post-graduation student.
- The study is limited to the perspectives of the respondent transgenders.
- The study could include only south Kerala.

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APPENDICES

Tool for data collection

Informed consent

Dear participants,

I am ***, currently pursuing Master's in *** at***. As part of my curriculum, I am conducting research on the topic "Psychological vulnerability due to Social exclusion among transgenders in south Kerala". In this concern, your opinion is really valuable to proceed with my study. This study requires answering the interview questions, you are requested to give your honest opinion. The information collected will be strictly kept confidential and the information will only be used for the research purpose. I am in sincere hope that you will participate in this study and I am greatly appreciate your help in assisting me with this research. Thank you very much for sparing your precious time and cooperation.

Sincerely,

Personal data sheet

Name of the respondent:

Age:

Sex:

Educational Qualification:

Family Status:

Interview questions

As this is qualitative research the researcher decided to conduct semi structured in depth interview using a semi structured interview guide. Data was collected from five respondents, and the interview was done on the basis of the research questions.

1. How did the family and friends react upon the recognition of the identity?
2. What were the cognitive and emotional responses experienced by you, upon the realization of your identity?
3. What were your emotions in response to those who consistently denied or opposed you in various instances?
4. Is there someone you consider a close friend with whom you can discuss issues and seek answers?
5. Is it challenging for you to navigate life with this identity?
6. What was the most anxiety-inducing aspect during the process of transitioning?
7. Could you provide a depiction of your present mental condition?
8. What strategies do you employ to manage emotional circumstances?
9. Have there been any alterations in your level of self-assurance throughout this duration?
10. Do you have a sense that you require a fresh start or a different life?
11. Do you perceive yourself as having authority over the course of your life?
12. Does the fear of being rejected hinder you from engaging in various activities?
13. Did you encounter any challenges in the course of your education?
14. Do you perceive that your remarks are not adequately valued? How does this sensation manifest for you?
15. Have you experienced exclusion or marginalization from opportunities where your gender might have otherwise enabled you to excel? How would you describe your emotional state in relation to this?

16. Were you under the impression that your qualifications and capabilities went unnoticed?
17. During which circumstances do you experience heightened feelings of anger?
18. Have you ever experienced thoughts of wanting to terminate your own life?
19. How do you generally feel mentally when stepping into a crowd?
20. Is the articulation of your viewpoints a challenge for you? If so, what are the underlying reasons?