

Faith, Stigma, and Survival: A Qualitative Exploration of Psychosocial, Religious, Mental Health, Social Support, and Resilience among Transgender Individuals in Pakistan

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Abstract-

Transgender individuals in Pakistan live at the intersection of rigid gender norms, religious interpretations, and widespread social stigma. Although legal recognition has improved in recent years, the lived realities of transgender people remain characterized by marginalization, discrimination, and psychological distress. This qualitative study explores the lived experiences of transgender individuals in Pakistan through five interrelated dimensions: psychosocial experiences, religious beliefs, mental health outcomes, social support systems, and resilience. Using semi-structured interviews and reflexive thematic analysis, the study examines how transgender individuals navigate identity, faith, stigma, and survival within a deeply religious and collectivistic society. The findings reveal that psychosocial stressors such as family rejection, societal discrimination, and identity invalidation significantly affect mental health, leading to anxiety, depression, and emotional exhaustion. Religion emerges as a complex force, acting both as a source of inner conflict and as a powerful coping resource. Social support, particularly from peers, transgender communities, and non-governmental organizations, plays a crucial protective role. Despite persistent adversity, participants demonstrate remarkable resilience through faith-based meaning-making, adaptive coping strategies, and self-acceptance. The study highlights the urgent need for culturally sensitive mental health services, inclusive social policies, family-level interventions, and compassionate religious discourse to promote dignity, psychological well-being, and social justice for transgender individuals in Pakistan.

Keywords: Psychosocial, Religious, Mental Health, Social Support, Resilience, Transgender, Pakistan

I. INTRODUCTION

Gender identity is a fundamental aspect of human experience; however, it is deeply shaped and regulated by social, cultural, and religious norms. In Pakistan, where society is largely structured around rigid binary understandings of gender, individuals who do not conform to these norms often face exclusion and marginalization. Transgender individuals, historically recognized as *khawaja sira*, occupy a paradoxical position in Pakistani society visible yet socially excluded, acknowledged yet stigmatized. Despite constitutional guarantees of equality and the enactment of the Transgender Persons (Protection of Rights) Act, 2018, transgender individuals continue to experience discrimination in nearly all domains of life.

Psychosocial challenges faced by transgender individuals include persistent social rejection, bullying, harassment, and violence. These experiences begin early in life, often within the family, and continue into adulthood through educational institutions, workplaces, and public spaces. Family rejection, in particular, represents one of the most painful and enduring forms of psychosocial stress. In a collectivistic society such as Pakistan, where family acceptance is central to social identity, rejection by one's family can lead to profound emotional distress, social isolation, and loss of economic security.

Religion plays a central role in shaping social attitudes and personal identities in Pakistan. Islamic teachings strongly influence moral values, gender norms, and social expectations. For many transgender individuals, religion becomes a site of struggle as they attempt to reconcile their gender identity with

religious beliefs and societal interpretations of faith. While some experience religion as a source of guilt, fear, and condemnation, others find solace, meaning, and hope through personal spirituality and a direct relationship with God.

Mental health concerns among transgender individuals are significantly higher than in the general population. Depression, anxiety, low self-esteem, and suicidal ideation are common outcomes of chronic exposure to stigma and discrimination. However, mental health services in Pakistan are largely inaccessible or unprepared to address the specific needs of transgender individuals, further exacerbating psychological distress.

Despite these challenges, transgender individuals exhibit remarkable resilience. Through social support networks, faith-based coping, community bonding, and personal meaning-making, many find ways to survive and assert their dignity. This study seeks to explore these complex and interrelated experiences to provide a holistic understanding of transgender lives in Pakistan.

Literature Review

Psychosocial Experiences of Transgender Individuals

Existing literature consistently highlights the severe psychosocial challenges faced by transgender populations worldwide. Minority Stress Theory explains how chronic exposure to stigma, discrimination, and prejudice creates an environment of persistent stress that negatively affects mental health. In Pakistan, these stressors are intensified by cultural conservatism and rigid gender expectations. Transgender individuals frequently report experiences of verbal abuse, physical violence, and social exclusion.

Family rejection emerges as one of the most damaging psychosocial stressors. Studies conducted in South Asian contexts indicate that many transgender individuals are forced to leave their homes at a young age, leading to disrupted education, limited employment opportunities, and economic vulnerability. Social exclusion often pushes

transgender individuals into informal economies, increasing exposure to exploitation and further marginalization.

Religion and Transgender Experiences

Religion occupies a complex and often contradictory position in the lives of transgender individuals. Institutional religious discourse in Pakistan frequently reinforces binary gender norms and frames gender diversity as deviant. This can lead to internalized religious guilt, shame, and fear of divine punishment. Negative religious coping such as believing one's identity is sinful has been associated with higher levels of depression and psychological distress.

However, literature also highlights the protective role of personal spirituality. Many transgender individuals maintain a strong belief in God and view their identity as part of divine creation. Positive religious coping, including prayer, faith in divine justice, and spiritual surrender, has been linked to resilience and emotional stability. This dual role of religion underscores the importance of examining faith as a lived and emotional experience rather than a static belief system.

Mental Health Outcomes

Research consistently demonstrates elevated rates of depression, anxiety, and suicidality among transgender individuals. These mental health disparities are largely attributed to social stigma, discrimination, and lack of support. In Pakistan, limited access to mental health services further compounds these issues. Fear of discrimination within healthcare settings often discourages transgender individuals from seeking psychological help.

Social Support and Resilience

Social support is one of the most significant protective factors for transgender well-being. Supportive relationships with peers, chosen families, and community organizations provide emotional validation, practical assistance, and a sense of belonging. Resilience among transgender individuals

is not merely an individual trait but a dynamic process shaped by social, cultural, and spiritual resources.

II. METHODS

Research Objectives

The objectives of the study were as follows:

1. To explore the psychological challenges faced by transgender individuals in Pakistan.
2. To examine the role of religion and spiritual coping in the lives of transgender individuals.
3. To understand the impact of social support systems on the resilience and well-being of transgender individuals.

Research Questions

1. What effects do cultural, familial, and societal standards have on transgender individuals' mental health in Pakistan?
2. Do religious and spiritual beliefs serve as a source of conflict or a coping mechanism for transgender individuals?
3. How do social support systems influence resilience among transgender individuals?

Defining Key Constructs

Psychosocial Aspects

Psychosocial aspects refer to how an individual's psychological state including thoughts, emotions, and behaviors is shaped by social interactions, relationships, and environmental factors. In this study, psychosocial aspects encompass experiences of family acceptance or rejection, social discrimination, identity struggles, and emotional well-being (Lipowski et al., 2023).

Religious Aspects

Religious aspects refer to how a person's faith, beliefs, and spiritual practices influence their life choices, perceptions, and coping mechanisms. This includes the relationship with a higher power, adherence to religious doctrines, and utilization of faith for solace, guidance, or emotional regulation (Khan et al., 2023).

Research Design

The present study utilized a qualitative research design to deeply understand the lived experiences of transgender individuals in Pakistan. Semi-structured interviews were conducted alongside the use of Thematic Apperception Test (TAT) cards to provide narrative depth and explore internal emotional states (Murray, 1943). The study applied Reflexive Thematic Analysis (RTA) and Interpretative Phenomenological Analysis (IPA) to analyze the collected data.

- **Reflexive Thematic Analysis** (Braun & Clarke, 2019) was employed to identify, analyze, and report patterns and themes across the dataset.
- **Interpretative Phenomenological Analysis** (Smith et al., 2009) enabled an in-depth exploration of individual experiences, emphasizing subjective interpretation and meaning-making.

Steps of Reflexive Thematic Analysis

1. **Familiarization with Data:** Immersing in interview transcripts and TAT responses to understand the narratives and identify initial impressions.
2. **Generating Initial Codes:** Assigning codes to meaningful segments of the data, highlighting recurring ideas or points of interest.
3. **Making Categories:** Grouping similar codes into broader categories that capture shared patterns.
4. **Searching and Reviewing Themes:** Ensuring themes accurately represent participants' experiences and refining categories.
5. **Defining and Naming Themes:** Giving clear, descriptive names to each theme that capture its essence.
6. **Producing the Report:** Integrating themes into a cohesive narrative supported by participants' quotes and theoretical context.

Participants

The study was conducted with **six transgender individuals** recruited through purposive

sampling. Participants were selected based on their ability to provide rich, in-depth insights into the psychosocial and religious dimensions of transgender experiences.

Inclusion Criteria

- Age between 20–35 years.
- Belonging to the transgender community of Rawalpindi and Wah Cantt.
- Willingness to participate and provide informed consent.

Exclusion Criteria

- Individuals younger than 20 or older than 35 years.
- Those currently experiencing severe psychiatric episodes (e.g., psychosis).

Sampling Technique

Purposive sampling was employed to ensure the selection of participants most capable of providing rich and relevant data (Creswell, 2007; Cleary et al., 2014). The sample size was limited to six participants due to the depth of qualitative data collection and analysis requirements. Inclusion criteria ensured participants had experiences pertinent to the study objectives.

Theoretical Basis of the Interview Schedule

The interview guide was developed based on the following theoretical frameworks:

1. **Erikson's Psychosocial Development Theory:** Focuses on identity formation and the challenges of adolescence and adulthood, particularly the stage of identity vs. role confusion. This informed questions about gender identity, self-acceptance, and societal pressures.
2. **Freud's Psychoanalytic Theory (Defense Mechanisms):** Examines how individuals manage emotional pain and inner conflict through mechanisms such as denial, repression, and sublimation. This guided questions about coping with emotional trauma.

3. **Meyer's Minority Stress Model:** Explains how marginalized groups, such as transgender individuals, experience chronic stress due to discrimination and social inequality, informing questions about stigma and mental health challenges.

Development of the Interview Schedule

1. **Review of Literature:** Identified key issues such as psychosocial stressors, religious coping, and resilience.
2. **Theoretical Foundation:** Aligned questions with Erikson's, Freud's, and Meyer's frameworks.
3. **Drafting Questions:** Open-ended questions allowed participants to express personal experiences freely.
4. **Expert Review:** Research supervisor and faculty reviewed the questions for clarity and relevance.
5. **Pilot Testing:** Conducted with 1–2 transgender individuals to assess clarity, flow, and sensitivity.
6. **Finalization:** Adjustments made to wording and sequencing based on pilot feedback.

Data Collection Procedure

1. **Informed Consent:** Participants were informed about the study's aims, procedures, and voluntary participation.
2. **Confidentiality:** Participants were assured that all information would remain confidential.
3. **Interview Details:** Semi-structured interviews lasted 35–45 minutes, audio-recorded for accuracy.
4. **Interview Format:** Open-ended questions encouraged narrative responses; probing questions were used as needed.

Data Gathering Tools

Semi-Structured Interviews

Open-ended questions covered:

- Psychosocial experiences (family, society, discrimination).

- Religious beliefs and spiritual coping.
- Mental health challenges and coping strategies.
- Social support networks.
- Resilience and adaptive behaviors.

Thematic Apperception Test (TAT)

TAT cards were used to explore subconscious emotional conflicts and internalized experiences. The following cards were used:

1. **Card 1:** Childhood disappointment, parental expectations, fear of inadequacy.
2. **Card 4:** Emotional distance in close relationships; love mixed with confusion or guilt.
3. **Card 6BM:** Guilt, rejection, over-dependence, desire for approval.
4. **Card 7BM:** Authority conflicts, fear of judgment, obedience, frustration.
5. **Card 8BM:** Oedipal conflicts, castration anxiety, and hostility.
6. **Card 13MF:** Sexual and aggressive feelings, conflicts in intimate relationships.
7. **Card 18GF:** Jealousy, inferiority, hostile relationships, repressed hostility.

III. RESULTS

This chapter presents the findings of the qualitative study conducted to explore the psychosocial, religious, mental health, social support, and resilience experiences of transgender individuals in Pakistan. The results are organized into thematic analyses derived from interviews and Thematic Apperception Test (TAT) responses. Additionally, defense mechanisms and comparisons between interviews and TAT responses are presented to highlight patterns of coping, emotional struggles, and resilience.

Thematic Analysis of Interview Participants

Table 2: Thematic Analysis of Interview Participants

DMHS (Dareecha Male Health Society): A registered organization supporting the social welfare, mental health, and human rights of the transgender community in Rawalpindi and Wah Cantt (established 2012).

Ethical Considerations

- Ethical approval was obtained from the Psychology Department, Riphah International University, and the research supervisor.
- Informed consent ensured voluntary participation.
- Confidentiality and anonymity of participants were strictly maintained.
- Participants were informed of their right to withdraw at any stage.
- Interviews were audio-recorded with participants' consent.

Reflexivity

Reflexivity involves the continuous assessment of how the researcher's identity, beliefs, and assumptions influence the research process. Reflexivity enhances validity and credibility by acknowledging potential biases and ensuring transparent reporting (Basit, 2013; Berger, 2013). Bracketing was employed to minimize personal biases and to maintain focus on participants' lived experiences.

Major Themes	Sub-Themes	Relevant Codes
Gender Identity	Personal Struggles	Acceptance & belonging, Internalized shame & guilt, Lack of family support, Low self-esteem, Facing discrimination, Gender role
	Social Justice	Standing up for change, Equality & Rights, Rights for oneself
Self-Identity	Mental Health Concerns	Emotional struggles, Internal conflicts, Emotional pain, Negative feelings about identity
	Spirituality	Spiritual practices, Faith, Comfort with own religion,

Major Themes	Sub-Themes	Relevant Codes	Major Themes	Sub-Themes	Relevant Codes	
Emotions & Feelings	Self-Analysis	Well-being, Spiritual coping with stress	Change & Growth	& Acceptance/Realization	expectations	
		Self-concept, Responsibility, Self-discovery, Insight of feelings, Acceptance, Belonging			Sufficient support, Healthy communication, Progress in life, Making a positive impact	
		Emotions, Negative opinions, Societal pressure, Emotional pain, Internalized shame, Social rejection			Mocking behavior, Anger, Annoyed, Unfair treatment, Selfishness, Arrogance, Lack of empathy	
Community & Support		Being yourself, True identity, Community love, Community power, Finding your way	Negative Interpersonal Dynamics	Emotional Vulnerability	Depression, Social withdrawal, Feelings of fear, Insecurity, Cleverness and inhumanity	
The thematic analysis of interviews revealed six major themes that reflect the lived experiences of transgender participants in Pakistan. Participants described challenges in gender identity, including internalized shame, low self-esteem, and societal discrimination. Spirituality emerged as a coping mechanism, providing emotional comfort and resilience. Social justice and advocacy were prominent among participants seeking equality. Overall, the data illustrate a complex interplay between internal emotional struggles and external societal pressures.					Fear & Worry	Sufficient understanding, Helping behavior, Fair treatment
Thematic Analysis of TAT Participants						
Table 3: Thematic Analysis of TAT Participants						
Major Themes	Sub-Themes	Relevant Codes	Major Themes	Sub-Themes	Relevant Codes	
Emotional Unfulfillment	Conflicts	Lack of understanding, Emotional distress, Regret, Indifference, Embarrassment, Social	Positive Adaptation	Helping & Support		
TAT responses revealed underlying emotional difficulties and cognitive patterns in participants						

Themes included fear, lack of empathy, emotional withdrawal, and social challenges. Positive coping mechanisms such as helping behavior, fair treatment, and healthy communication indicate resilience and the desire for supportive social relationships.

Defense Mechanisms in Interview Participants

Table 4: Defense Mechanisms of Interview Participants

Defense Mechanism	Coping Mechanism	Emotional Conflicts Addressed
Denial, Sublimation	Self-acceptance	Confusion, Death vulnerability
Suppression, Isolation	Independence	Arrogance, Suicide ideation
Identification, Altruism	Responsibility, Hope	Societal norms, Sexual desires
Repression, Projection	Emotional intelligence, Resilience	Internal conflicts, Emotional pain

Participants employed adult defense mechanisms such as repression, denial, and sublimation to cope with internal conflicts, including sexual desires, self-acceptance, and death anxiety. These mechanisms enabled participants to navigate societal stigma and maintain resilience.

Defense Mechanisms in TAT Participants

Table 5: Defense Mechanisms of TAT Participants

Defense Mechanism	Coping Strategy	Emotional Conflicts Addressed
Denial, Repression	Self-care, Spirituality	Abuse, Inferiority, Identity

Defense Mechanism	Coping Strategy	Emotional Conflicts Addressed
		struggles
Projection, Acting Out	Addressing negative emotions	Backbiting, Revenge, Agitation
Sublimation, Rationalization	Career professional development	& Financial and social challenges
Suppression, Humor	Adjustment with family taunts	Emotional trauma, Social pressure

TAT participants demonstrated defense mechanisms to manage psychological distress, including self-care, spiritual practices, and career advancement. Negative behaviors such as revenge and backbiting reflect unresolved emotional conflicts, while positive strategies indicate resilience.

Similarities and differences between Thematic Apperception Test and Interview of Participants

Participant 1 – Similarities and Differences

Similarities	Differences
Struggles with societal stigma	Strong religious coping, Isolation in spirituality
Emotional distress (fear, anxiety)	Seeking community support, Self-care routines
Experiences of family rejection	Focus on mental health coping, Career-oriented resilience
Low self-esteem and internalized shame	Optimism and future planning more evident
Desire for acceptance and belonging	Emotional vulnerability, Emotional regulation strategies

Participant 1's experiences reveal a strong interplay between faith, social rejection, and resilience. Both methods highlight stigma and emotional distress, while differences show that projective TAT responses capture adaptive strategies that may not emerge in interviews.

Participant 2 – Similarities and Differences

Similarities	Differences
Anxiety and depressive symptoms	Strong reliance on peer support, Emphasis on religious faith as coping
Social exclusion and bullying	Positive coping in career development, Emotional conflicts with family
Internalized shame	Seeking acceptance in society, Optimism and goal orientation
Fear of discrimination	Spiritual reflection and hopefulness
Emotional vulnerability	Differences in expressing aggression and frustration

Participant 2 demonstrates that faith and resilience operate together to buffer stigma. Interviews emphasize interpersonal struggles, while TAT responses reveal adaptive mechanisms, including spiritual coping and future orientation.

Participant 3 – Similarities and Differences

Similarities	Differences
Emotional distress, depression, and hopelessness	Family support lacking, Community support and empowerment emerge
Loneliness and social isolation	Professional independence, Reliance on personal faith
Experiences of discrimination	Focus on internalized shame, Hope and self-assertion
Struggle with identity and self-acceptance	Differences in coping with sexual desire and societal expectations

Participant 3's narratives reflect high psychosocial stress and resilience. While interviews highlight emotional suffering, TAT responses uncover adaptive coping strategies, emphasizing empowerment and professional independence.

Participant 4 – Similarities and Differences

Similarities	Differences
Emotional vulnerability and fear	Coping through faith and self-acceptance, Use of social engagement and advocacy
Shame and stigma	Early signs of hope, Persistent feelings of failure
Family rejection and lack of understanding	Differences in coping with death anxiety and mortality concerns
Depression and anger	Internalized grief, Healthy problem-solving

Participant 4 shows how faith and social support interact to buffer psychological distress. TAT responses reveal constructive coping strategies that complement interview data.

Participant 5 – Similarities and Differences

Similarities	Differences
Low self-esteem and self-degradation	Focus on relational conflicts, Career and community-oriented coping
Emotional distress, depression	Optimism and goal setting, Spiritual reflection as support
Experiences of societal stigma	Differences in dealing with anger and revenge behaviors
Lack of acceptance and social support	Reliance on peers, Faith and professional growth

Participant 5 illustrates the dual role of social support and faith in mitigating stigma. While interview responses emphasize emotional and relational struggles, TAT captures resilience and proactive coping.

Participant 6 – Similarities and Differences

Similarities	Differences
Hopelessness and emotional pain	Reliance on spiritual practices, Optimism and goal-oriented coping
Self-degradation and internalized shame	Emotional isolation, Social engagement and responsibility
Experiences of stigma and societal rejection	Differences in coping with stress and family dynamics
Fear and grief	Positive adaptation to challenges, Persistent emotional vulnerability

Participant 6’s responses indicate a strong connection between faith, resilience, and coping strategies. TAT responses highlight proactive adaptation and hope that complement the interview’s emphasis on emotional challenges.

The analysis of interviews and TAT responses shows a complex interplay of faith, stigma, mental health challenges, social support, and resilience among transgender individuals in Pakistan. While stigma and emotional distress are prevalent, participants demonstrate remarkable adaptability, using spirituality, self-care, community connections, and goal-oriented behaviors to survive, cope, and assert their identities. These findings emphasize the dual role of adversity and resilience, highlighting areas for mental health support, community interventions, and social inclusion initiatives.

Discussion

This study utilized semi-structured interviews and Thematic Apperception Test (TAT) responses to explore the lived experiences of transgender individuals in Pakistan. Using Interpretative Phenomenological Analysis (IPA), this research examined the psychosocial, religious, mental health, social support, and resilience aspects of participants’ lives. The findings reveal the complex interplay of identity, stigma, spirituality, and adaptive coping strategies, offering an in-depth understanding of

transgender experiences in the Pakistani sociocultural context.

Gender Identity and Self-Acceptance

Gender identity emerged as a central theme, encompassing self-discovery, emotional struggle, and identity affirmation. Participants described early experiences of internal conflict as they tried to reconcile their inner sense of self with societal expectations. Many recounted mental distress, social judgment, and familial disapproval before gradually accepting their authentic identity.

For instance, Participant 2 shared:

"I didn't grow a beard or mustache. Boys usually have deep voices, but mine stayed soft. On top of that, people would tease me, calling me 'khusra.' That's when I started to feel like I was an incomplete person."

Similarly, Participant 3 recalled experiences of social exclusion in school:

"When I used to go to school, everyone would call me 'chamak chhalo' because I loved to dance. Then, when I was in 9th grade, my parents took me out of school because the principal said I was ruining the school's environment."

These narratives demonstrate the complexity of gender identity formation in traditional societies, consistent with prior research highlighting psychological dissonance caused by incongruence between assigned sex and gender identity (Cohen-Kettenis & Gooren, 2009; Ozturk et al., 2014). The participants’ journey toward self-acceptance illustrates that identity construction is often challenging yet transformational (Fredriksen-Goldsen et al., 2020; Burdge, 2008).

Mental Health Challenges and Social Rejection

A major finding of this study was the high prevalence of mental health challenges, including

depression, anxiety, social withdrawal, and suicidal ideation. Participants' TAT responses highlighted emotional distress, crying spells, apathy, and lack of empathy.

Family rejection was particularly detrimental. Participant 6 noted:

"Parents make a big difference. When a child is transgender, they don't expect anything from them. The biggest pain in a transgender child's life is when they're made to feel like they have no value neither at home nor in front of their own parents."

Participant 3 also described sibling hostility:

"As I grew older, my siblings started becoming harsh with me. My older sister would even hit me out of anger. She believed that because of me, she would never be able to get married."

These experiences align with prior research showing that lack of familial support and social rejection exacerbate psychological distress among transgender individuals (Olson et al., 2015; Kenagy, 2005; Rossler et al., 2010; Sherazi et al., 2023). Minority stress theory (Meyer, 2003) explains these outcomes, emphasizing how distal stressors (social exclusion) and proximal stressors (internalized transphobia) amplify vulnerability.

Spirituality and Coping Mechanisms

Spirituality played a dual role in participants' lives. On one hand, faith provided comfort, meaning, and coping strategies, while on the other, religious condemnation led to guilt and internal conflict. Some participants felt judged by religious communities, yet continued to use prayer, religious reflection, or isolation as coping mechanisms.

Participant 2 shared:

"There's a belief system that doesn't accept transgender people. It labels them as 'sinners,' and the

people who follow that belief system end up hating transgender individuals too."

Participant 3 reflected on faith-based resilience:

"When I'm going through intense mental distress, I constantly pray to Allah. Sometimes I feel deeply hopeless, but Allah always helps me get through the difficulty."

These findings support prior research on religion as both a protective and ambivalent factor in mental health (Afif et al., 2019; Etengoff & Rodríguez, 2018; Cotton et al., 2006). Spirituality can buffer psychological distress but may also exacerbate guilt in the context of societal and theological rejection.

Social Justice, Exclusion, and Advocacy

Participants frequently reported systemic bias and discrimination in education, employment, healthcare, and social spaces, reflecting the broader social marginalization of transgender individuals in Pakistan. Participant 4 shared:

"When I was looking for a job, I couldn't find one anywhere. Sometimes the issue was my education, and other times the salary was so low that it was impossible to survive. The real problem is the lack of education—most transgender people aren't even able to complete their education."

Despite these challenges, participants exhibited agency and activism, advocating for social justice, educating communities, and seeking empowerment. These narratives resonate with global research highlighting how marginalized individuals engage in community building and activism to counter exclusion (Lombardi et al., 2008; Meer et al., 2018; Beemyn & Rankin, 2011).

Internalized Shame, Emotional Distress, and Trauma

Participants revealed deep-seated emotional scars, including feelings of worthlessness, anger,

loneliness, and trauma from family or societal rejection. TAT responses highlighted emotional abandonment, regret, and helplessness. Participant 6 described:

"Her sudden death deeply shocked me. I felt intense hopelessness and overwhelming loneliness without him. Even the smallest things would remind me of him, and I would break down in tears."

Similarly, Participant 1 explained:

"People who harass us are one part of it. But the real pain is that people don't respect us, they don't love us. You feel lonely, completely alone like there's no one in the world who truly belongs to you."

These findings emphasize the need for mental health interventions that address trauma and identity validation, consistent with research showing long-term effects of childhood and social trauma in transgender individuals (Denny et al., 2019; Strauss et al., 2017).

Resilience and Adaptive Coping

Despite adversity, participants demonstrated remarkable resilience. Strategies included:

- Optimism and hope for the future
- Emotional self-regulation
- Career and educational development
- Support from siblings or peers
- Spiritual coping

These coping mechanisms enabled participants to maintain a sense of agency, self-worth, and personal growth. The findings echo previous research indicating that resilience among transgender individuals arises through adaptive coping, community support, and self-acceptance (McConnell et al., 2016; Lev et al., 2014).

Implications

The study highlights that transgender individuals in Pakistan face intersecting challenges psychological distress, social marginalization, religious conflict, and identity struggles. At the same time, their faith, community support, and adaptive strategies demonstrate the potential for resilience and survival.

The findings underscore the need for:

- Inclusive mental health services
- Awareness and sensitivity programs in schools, workplaces, and religious institutions
- Policy initiatives ensuring social protection, education, and employment for transgender individuals
- Interventions promoting family acceptance and community support

Limitations

- Small sample size limits generalizability across Pakistan's diverse regions and ethnicities.
- Cross-sectional design does not capture changes over time or long-term psychological impact.
- Participants were primarily urban-based; rural experiences may differ.
- Sensitive topics (trauma, mental health) may have led to withholding of information.
- Religious perspectives may not reflect the diversity of beliefs among all Pakistani transgender individuals.

Recommendations

- Future research should include larger, more diverse samples across regions and backgrounds.
- Mixed-method approaches combining interviews, TAT, and surveys can strengthen findings.

- Including family members or community/religious leaders may provide a broader understanding of social dynamics.
- Ethical provision of counseling or referrals for participants sharing traumatic experiences is recommended.
- Development of inclusive mental health and social support programs for transgender individuals in Pakistan is essential.

Conclusion

This study explored the psychosocial, religious, mental health, social support, and resilience experiences of transgender individuals in Pakistan. Findings revealed:

- High levels of emotional distress, low self-esteem, depression, and suicidal ideation.
- Stigma, discrimination, and family rejection as key stressors.
- Religion as both a source of support and conflict.
- Demonstrated resilience, adaptive coping, and hope for self-improvement and societal contribution.

Overall, transgender individuals in Pakistan navigate profound challenges yet display strength, adaptability, and perseverance, highlighting the importance of supportive social, familial, and institutional environments to enhance their well-being and inclusion.

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