

Dismantling Barriers: Towards Affirmation and Well-being of the Transgender and Non-Binary community

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ABSTRACT

Transgender and non-binary individuals' mental health is negatively impacted by the legal, socio-economic structures that marginalize their existence. This paper aims to give an overview on the adverse effects of the minority stress experienced by the community and the societal and legal barriers that prevent them from accessing the support and care that they need. The paper also advocates for radical systemic changes that can provide better health outcomes and living conditions for the community. Also asks for shift in focus from the negative experiences to the positive and protective factors that can be affirming and can improve the overall well-being of people with gender diverse experiences.

Keywords: *Transgender, Non-Binary, Stigma, Well-Being, Barriers, Discrimination, Gender Affirmation, Minority Stress, Change*

Transgender and nonbinary (TNB) individuals are those whose gender identity does not align with the social expectations associated with their sex assigned at birth (Devor & Thomas, 2019). Transgender is an umbrella term used to describe anyone who has a gender identity which does not align with their assigned gender. Non binary people are those who do not want to identify with any of the binary gender categories that restrict their experience to that of being a man or a woman. But there are many transgender individuals who identify with those binary genders just not the ones that was assigned to them by someone else.

Transgender people have a long history in India, both in social and cultural contexts (Michelraj 2015; Kalra 2012). Culturally they were identified as “Hijra,” “Aravanis,” and “Kothis” in various parts of India. In the past centuries, they have been made to stay with their community, separated from mainstream society. Many of these individuals find themselves in such circumstances not by choice but due to insufficient support from the broader community. The hijra community, although significant, is just a part of the transgender population of India. Not everyone who is trans or non-binary belong to the hijra community, as the community has a rich cultural history and practices that are not followed by every gender diverse person in the country.

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Dismantling Barriers: Towards Affirmation and Well-being of the Transgender and Non-Binary community

According to Gagne et al. (1997), we often acknowledge gender identity through the genital configuration, which completely neglects the psychological and sociological perspective of gender. Individuals who do not fit into any of these categories, question socially prescribed ways of life and express concerns about cultural and structural social order. That obviously threatens the established power structures, resulting in retaliation from the mainstream society through marginalization of the entire community.

Gender diverse experiences have long been pathologized by the medical establishments as well. That has changed in the last few decades as Gender dysphoria in adolescents and adults is now defined in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013a) as marked incongruence between an individual's gender identity and assigned gender with associated distress or impairment.

However, identifying as transgender does not automatically imply a need for medical treatment or meeting the diagnostic criteria for gender dysphoria (Zucker, 2017). The recommendation is not treating the gender diverse experience as the problem but the distress originating from navigating such incongruent experience. This distress is the result of complex interactions between individual's own gender identity formation and management, other's perception of their identity, societal pressures, stigma and lack of support systems.

Many researchers have suggested that higher rates of mental health problems in the transgender population are linked to gender minority stress, or the experiences of stigma and discrimination transgender and gender non-conforming individuals experience which contribute to poor mental health (Meyer, 2015; Testa et al., 2015).

The foundation of minority stress theory lies in the hypothesis that sexual minority health disparities are produced by excess exposure to social stress faced by sexual minority populations due to their stigmatized social status relative to heterosexual populations. Since its introduction, which focused on sexual minorities, minority stress theory has been expanded to include gender minorities (Bockting et al., 2016; Hendricks & Testa, 2012; Hughto et al., 2015), particularly describing the role of gender non-affirmation as a stressor for transgender and nonbinary people (Sevelius et al., 2019).

Meyer's (2003) Minority Stress Model proposes that individuals belonging to stigmatized social groups are exposed to additional stressors due to their minority status. A significant number of trans and non-binary people continue to experience many challenges in their daily lives. This is in addition to the day-to-day stressors related to work, academics, relationships etc. that everyone of us experience. The cumulative effects of minority stress can have a significant and detrimental effect on the trans and non-binary person's psychosocial health and well-being and negatively impact upon the individual's quality of life (McLemore, 2018; Tan et al., 2019).

Social Barriers: Stigma and Discrimination

Link and Phelan (2001) conceptualized stigma as a collective term that includes recognition and behaviour of societal members that lead to labelling, negative stereotyping, separation, status loss, and discrimination. Transgender and non-binary individuals have always been othered and stereotyped. They are marginalized in every sense of the word. Sometimes even simply being in public spaces can be a negative experience for transgender people due to the risk of being physically or verbally harassed (Stonewall, 2017).

Dismantling Barriers: Towards Affirmation and Well-being of the Transgender and Non-Binary community

Transgender people in most cities and countries can be denied housing or employment, lose custody of their children (Anand & Agarwal, 2017) just because of their gender identity. Individuals belonging to the Gender diverse community are exposed to extremely high rates of gender-related discrimination and violence (Bockting et al., 2013). Such discrimination is demonstrated through transphobic public attitudes which manifest in disproportionate incidents of verbal, physical and sexual harassment (Riggle et al., 2014; Tebbe & Moradi, 2012) and through socio-structural inequalities (Stotzer et al., 2013).

This sort of stigma starts even before they become adults. Some parents may outright disown and evict their own child for crossing the prescribed gender norms of the society and for not fulfilling the roles expected from a child. Parents provide several reasons for doing so: bringing disgrace and shame to the family; diminished chances of their child getting married to the opposite sex in the future and thus end of their generation (if they have only one child); and perceived inability on the part of their child to take care of the family (Anand & Agarwal, 2017). Lack of familial support and denial of opportunities by others force many from the community to resort to begging or sex work to survive.

These experiences can have a profound and detrimental effect on the well-being of the individual, and their quality of life and mental health outcomes (Hughto et al., 2018, Ritterbusch et al., 2018, Yan et al., 2019). There are well documented and significant experiences of depression, anxiety and suicidality in this population as a result (Banerjee & Roa, 2021, Lykens et al., 2018).

The ostracization is compounded when the individual's gender identity intersects with other forms of marginalization based on their race, caste, religion, skin colour, low socio-economic status etc. These issues and concerns are more pronounced and problematic for transgender people held within the prison system. Many have experienced restricted access to healthcare due to stigma and discrimination where existing policies reinforce gender binary, support sex-segregated prisons, and employ prejudiced, biased and inexperienced prison staff. Such conditions limited the access to appropriate supports and healthcare and had a negative impact on transgender prisoners' overall health and psychosocial circumstances (Hughto et al., 2018).

On the wider scale, a recent review demonstrates that anti-trans stigma continues to lead to adverse biopsychosocial outcomes, including limited opportunity and access to formal systems of care provision and social participation (Hughto et al., 2015). The Gender diverse population has high rates of mental health concerns, especially depression, anxiety, and suicidal thoughts (James et al., 2016). Much of the literature documents the alarming rates of health disparities and discrimination faced by this population (Cruz, 2014; Kcomt, 2019; Reisner et al., 2014).

Beyond the adverse mental health outcomes of gender-related violence, discrimination can manifest in socio-structural inequalities which aggravate health disparities more broadly (Frost et al., 2019; Stotzer et al., 2013). There need not be explicit discrimination for such outcomes either, even constant erasure of their identities and forcing them to fit into gender norms and gendered spaces that are not congruent with their inner experience can be detrimental as well.

Dismantling Barriers: Towards Affirmation and Well-being of the Transgender and Non-Binary community

Barriers to Healthcare

Past studies have shown that social stigma can also be present in clinical environments. Health professionals that are untrained or lack a basic understanding of gender identity and variations can be disparaging of transgender identities both intentionally and unintentionally (Levitt and Ippolito, 2014). Such discriminatory behaviour ranges from being denied health care to being physically, verbally, or sexually abused in healthcare settings (Grant et al., 2011; James et al., 2016). The prevalence of these forms of stigma in healthcare encounters and their detrimental consequences for transgender people have been well-documented in a growing body of qualitative literature with transgender patients (Santos et al., 2019; Vermeir et al., 2018).

Although the most recent version of the International Classification of Diseases and Related Health Problems (ICD-11; World Health Organization, 2018) has removed gender identity disorders, Gender Dysphoria is an official diagnosis in the fifth version of the *Diagnostic and Statistical Manual (DSM-5)*; American Psychiatric Association, 2013a), despite arguments that this continues to pathologize gender/sex diversity (Lev, 2013). Because of its place in the *DSM-5* and its origins in medicine, gender dysphoria often holds medicalized connotations even when it does not always refer to a diagnosis (Ashley, 2019b), and a diagnosis of Gender Dysphoria is often a pre-requisite for accessing resources for biomedical transition (American Psychiatric Association, 2013b; Ashley, 2019a).

On the other hand, the needs of non-binary/genderqueer people are often misunderstood by inexperienced healthcare providers, with the assumption that non-binary/genderqueer individuals do not want medical interventions for their transition (Kattari et al., 2019). Gender-queer and non-binary youth feel misunderstood by providers who approached them from a binary transgender perspective and consequently did not receive care that was sensitive to their non-binary identities. This resulted in a forced conformity to binary medical narratives throughout healthcare interactions (Lykens et al., 2018). The lack of understanding is so glaring in the healthcare sector, some trans and non-binary patients report having to educate health professional about trans issues often before their needs are assessed and addressed (Vermeir et al., 2018)

As the constant discrimination robs the gender diverse community of opportunities to flourish by denying them education, jobs and housing, it also denies them the chance for upward mobility. Impoverished transgender individuals were more likely to avoid healthcare due to anticipated discrimination, underscored by how poverty can be an additional source of stigmatization in healthcare, that people with low socio-economic status often perceive receiving differential treatment and lower quality of care from health providers (Martinez-Hume et al., 2017).

Pandya et al. (2021), after a review of 67 articles from peer-reviewed published studies and gray literature, conclude that “transgender individuals in India are deprived of the right to healthcare and that a rights-based approach for programming and research should be prioritized to address barriers to healthcare services.” This has been echoed by recent reviews (Majumdar & Kar, 2021) which note that despite changes in the legislative and sexual demography of the country, transphobia among healthcare professionals is still high.

Some trans people have also reported that psychiatrists or psychologists subjecting them to conversion therapy or reparative therapy (Sharek et al., 2020). It is a highly dangerous and

Dismantling Barriers: Towards Affirmation and Well-being of the Transgender and Non-Binary community

harmful practice with no scientific basis, aiming to change the sexual or gender orientation of an individual. This practice is considered unethical and banned in many countries around the world; in India, it is banned by the orders of the Madras High court. All these findings make it obviously clear the need for gender affirming health care and proper training and education of healthcare professionals.

Legal Barriers

Significant gaps and delays exist between the formulation of laws and actual practice of these laws leading to barriers and struggles for accessing rights even when policies favouring LGBTIQ communities are increasingly accepted worldwide (Parker 2007). Such gaps have increasingly made the lives of transgender and non-binary people difficult by denying their rights and stopping them from accessing institutions and services in India.

In 2014, the Supreme Court of India delivered a judgment following a written petition filed by the National Legal Services Authority (NALSA). This judgment, popularly known as the NALSA judgment, included directives for the legal recognition of people with non-binary gender identities and developed social welfare schemes such as reservations in State educational institutions and the public employment sector (Jain and Kartik 2020). A praiseworthy characteristic of this judgment was that it recognized the diversity and fluidity of gender identities unique to India's regional, cultural practices, and linguistic diversities (Chakrapani et al. 2017) and had several positive effects on gender-diverse communities. It set a precedent for the expansion and protection of their constitutional rights.

In 2018, after decades of struggles, activism, and social movements from all fronts, the Supreme Court of India in a historic decision repealed the application of Section 377 of the Indian Penal Code, a colonial-era law that criminalized consensual homosexual activities between adults (Dutta 2020).

A year later, The Transgender Persons (Protection of Rights) Bill, 2019 was adopted by the Union Government of India supposedly to enshrine the rights of the Gender diverse community. But the community is not happy with the law. The most important criticism is that it directly contradicts the 2014 verdict of the Supreme Court of India that upheld the right of all citizens to self-determination of their gender identity. It explicitly contradicts the NALSA verdict by stating that transgender individuals will have to apply for a gender verification certificate to the District Magistrate, who will then refer the application to a District-Level (an administrative unit in India) Screening Committee for further implementation and evaluation (Bhattacharya et al., 2022). The community members fear that this will lead to gatekeeping and medicalization of their identities, which is well founded. Other criticisms include lack of meaningful representation in the committees being set up for the welfare of the community, lack of reservation in education and job sectors, differential punishments for crimes against transgender people compared to their cisgendered counterparts etc.

In 2023, the Supreme court of India, while hearing petitions regarding legalization of same-sex marriages, did clarify that transgender individuals can get married under the current legal framework in the country. But that might not be that easy for many in the community, as many do not have any legal documents, especially if they were abandoned as a child. In such cases, accessing any legal or governmental remedies is next to impossible. Also, the provision for changing names follows the same procedure of publishing a notice in the

Dismantling Barriers: Towards Affirmation and Well-being of the Transgender and Non-Binary community

Gazette as is the case for cisgender people. But this can expose their new identity to their biological families potentially exposing them to hate crimes. Also, the absence of services for non-binary individuals in most of the provisions of any government schemes and complete erasure of their identities is something that prevents them from accessing services that they need.

Need for Systemic Change

The research clearly demonstrates the adverse effects that the stigma and discrimination faced by the Gender diverse community is having on every aspect of their lives. There needs to be immense shift in the treatment of the community from all corners of society. The stigma and discrimination cannot be stopped by performative actions of the cis-community. Hence, there is a need for institutional and individual level change for the betterment of the well-being of everyone in the community.

Legal frameworks need to change to accommodate the needs of the community. Tip toeing around the issue to appease the cis-heteronormative majority of the country just serves to maintain the status quo, where the majority enjoys all the benefits of living in a democracy while the gender and sexual minorities have to wait for their basic rights. Having the oppressor class decide on what rights and government support that the oppressed class gets is cruel and violative of their human rights. That is exactly what happens when the recognition of their identity is not within the ambit of self-determination but through bureaucratic red tape. The power structures that uphold and perpetuate hatred through community and caste-based violence should be dismantled. Therefore, necessary protections to prevent discrimination and hate crime laws are also need of the hour along with the fundamental shift in who gets to hold positions of power in our society.

When it comes to healthcare, Access to gender-affirming care can have a significant impact on the well-being of transgender people (Eisfeld, 2014). The Model of Gender Affirmation is a framework that posits that increased access to gender affirmation can improve health outcomes among gender-diverse people (Sevelius, 2012). Meyer's (2003) Minority Stress Model extends upon its conceptualization of stressors within minority populations, by incorporating commentary on how certain processes can buffer the impact of stress on well-being and produce positive health outcomes. An important empowering and affirming stance identified in the review was the non-pathologizing of gender variance and not viewing transgender experiences as a mental illness (Mizock et al., 2016). To achieve this, there needs to be sensitization of the healthcare professionals, proper training in the care needed by the sexual and gender minorities and strict ethical practices to ensure gender affirming care is provided to everyone.

Positive parental supports and behaviours also result in better mental health and well-being for transgender young people due to the perceived psychosocial benefits. Supportive examples included identity affirmation, self-education, emotional support and instrumental support such as buying gender affirming clothes, make-up or binders (Johnson et al., 2020).

Furthermore, Cis-normativity perpetuates the erasure of transgender identities, bodies, and experiences, reinforcing the lack of knowledge production and information dissemination about transgender people and their needs (Bauer et al., 2009). A step in that direction is creating awareness regarding gender diversity among the general population. Scientific and

Dismantling Barriers: Towards Affirmation and Well-being of the Transgender and Non-Binary community

comprehensive sex education which includes sexuality and gender diversity should be imparted in all schools.

While talking about knowledge production and information dissemination, it becomes important to also address how academia sees gender diverse experiences. Although, as this paper tries to highlight the problems plaguing the community and calls for change, it is prudent to acknowledge the fact that if we are calling for change in thinking, we also need a framework to shifting current perspective.

To date, research investigating transgender and non-binary persons' health has largely been framed within a deficit model that emphasizes distress and dysfunction among gender diverse people (Vaughan & Rodriguez, 2014). As a result, the identity of such individuals is embedded within discourses of mental illness (Asakura et al., 2019). Many trans theorists and community members have criticized this focus on dysphoria for its sole attention to the negative, over-medicalized aspects of gender/sex minority experiences (e.g., Ashley, 2019a; Silbernagel, 2019).

To position trans lives as worth living, Westbrook (2021, pg. 175) argues that we must not only focus on the violence gender diverse people face, but also the joyful lives they live: "narratives about transgender lives should highlight gender euphoria, not just dysphoria, as well as transgender joy, not just risk for violence." Westbrook (2021) and Budge et al. (2015) demonstrate how over emphasis on trans distress and dysphoria restricts the emotional expression of transpeople.

Hence it becomes increasingly relevant that we focus on the protective factors that has made the transgender and non-binary community survive in the hostile cis-heteronormative world that we are part of. We should understand and foster the resilience shown by the community in the face of hatred, the euphoria experienced by them through being true to their self-concept, ability to build community and find support and belonging with the resources that they have, while the rest of the world is spiralling into an isolating existence. Understanding these phenomena from a psychological and anthropological perspective, will help in developing systems that can provide the support and affirmative mental health care that the transgender and non- binary community needs and deserves.

CONCLUSION

It is undebatable in the face of all the evidence that the lives of Transgender and Non-binary individuals have been made immensely difficult by the society at large. It is a complex structure of legal, social and economic exclusion and discrimination that is adversely affecting their lives. Such systemic problems need systemic solutions that brings about sensitization and reform to every aspect of the issue. Only then, we can reduce the minority stress experienced by the gender diverse community and improve their well-being. Also, building affirmative spaces will become essential to foster positive experiences for the community. It is also important to let the rich, dynamic and vibrant lives of the gender diverse community thrive and flourish without the imposition of the cisgender majority upon the community.

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Dismantling Barriers: Towards Affirmation and Well-being of the Transgender and Non-Binary community

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Dismantling Barriers: Towards Affirmation and Well-being of the Transgender and Non-Binary community

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Dismantling Barriers: Towards Affirmation and Well-being of the Transgender and Non-Binary community

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Conflict of Interest

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