

## Living a Life of Exclusion: Psychoeducation of Transwomen in India

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### ABSTRACT

Since the story of human life has been recorded, plight of transgender people remained to exist in a similar way in every culture, race, and class. The present research promoted the need to understand how stigma and pressures to be gender-conforming may affect personality development even in the face of the resiliency and strengths of transgender individuals. The findings reflected on high levels of stigma in almost every sphere of their life such as health (HIV and other risk), schools/colleges, employment, social schemes and entitlement, lacking family support, and so forth. The focused group discussion method was used to explore areas of social exclusion, struggles ascribed to stigma, desiderate for identification, self-esteem issues, efforts to eke out an existence, mental health issues, their anticipated challenges and their ways of coping. To address these issues, the self-awareness activities were conducted and a powerful tool of psychoeducation was implemented to motivate them for empowering themselves and their communities. The challenges faced depends on their openness to learn and willingness to change their attitudes towards their state of mental health. The component of adaptability and flexibility was prominent in few active participants, on the contrary, there were others who were resistant. Thus, there is an urgent need to understand these challenges that can threaten financial security, health and overall well-being. Acknowledging the paucity of research on efficacious theoretical approaches for working with transgender populations, the present research would be a drop in the ocean of promoting well-being and empowering the transgender community as there is no study at present in India based on complete understanding of transgenders qualitatively.

*Keywords : Transgenders, Challenges, Mental health, Psychoeducation, India*

## INTRODUCTION

In India, there are approximately one million transgender people. Hijras—physiological males who take on a feminine gender identity—comprise one segment of the transgender population. Discrimination has prevented most hijras from obtaining decent education, jobs and housing. The majority of transgender Indians live in slums and, with limited job opportunities, resort to sex work or begging. A blinkered and exclusionary approach towards the transgender community has ensured that the daily life of exclusion and discrimination continues.

India have made marked steps in officially recognising transgender people as a third gender. This means that local authorities need to ensure that they have health and social programmes that meet their needs and has given them the right to vote. TG may or may not have undergone sex reassignment surgery or be on hormonal therapy for gender transition.

Transgenders (TG) have been longing for a life of decency, certainty and respect in independent India for over seven decades now. Their fate like that of a pendulum swings in the hands of the Indian judiciary and implementation of the policies. Attention to mental health and positive living are extremely poor in TG and this inattention makes them vulnerable for substance abuse, risky sexual behaviour, violence and attempting suicides. The mental health and positive living capacity building needs to be given to counsellors, peer educators and the outreach workers to instigate positive living. There is an immense need for lifeskills training programmes centred around skill development and capacity building of TG who have been looking for employment, without success and those who have lacked proper guidance (Kuhns et al. 2017).

The present investigation promoted the need to understand how stigma and pressures to be gender-conforming may affect personality development even in the face of the resiliency and strengths of transgender individuals. The researcher's previous experience of consultation and supervision under a competent mental health professional working with transgender issues and co-author's experience of knowing the transgenders closely during internship period was accounted for in using the empowerment and advocacy interventions (ACA Advocacy Competencies). Psychoeducation involves more of informing them on the various ways of living consistently with one's gender identity, which may or may not include physical or social gender transition, and how these options may affect transgender individuals throughout their development.

## METHODOLOGY

The research question surround the need to explore the meaningful life experiences of transgenders, the real face of struggle, coping endeavours, their perceived shattered self- esteem and so forth. The sample consisted of sixteen young transwomen (ages 18-30 years) from Payana Organization- Journey Towards Equality, Bangalore city, Karnataka, India through snowball sampling technique till the objective of data saturation is achieved by means of repetition in their responses. The focused group discussion (FGD) method was utilized keeping in mind the research question. The sessions were repeated by the researchers (twelve sessions) including the last four sessions which were dedicated for psychoeducation. It was realized that there is need to disseminate the proper information to build resiliency and to live in a culture that tenaciously maintains a binary concept of gender. Each focus group of two contained eight participants extended over a month duration. This size allowed the members to explore issues in depth, gaining the benefits of small group interaction without splitting into subgroups. The groups lasted approximately two hours, in addition to time needed for explaining the purpose, reading and signing the consent forms, completing demographic questionnaires and agreeing on ground rules (e.g., safe space, not 'putting anyone down', speaking one's own thoughts and feelings). Once consent was received, then they were asked to gather together for extracting the information with some token amount in exchange. The rapport and mutual trust was established in the initial sessions. The purpose was based on consolidation and integration of their experiences, perceptions, self-image and attitudes towards life. The researchers and the team of voluteers compared and contrasted thematic points of the interviews and to ensure that the analyses were systematic and verifiable. Findings from the data analysis were validated by the team of data analysis experts in the field, which reviewed the themes for accuracy and categorized them in major areas.

### **Ethical Considerations**

At the start of the session each participants was briefed about the study. The proper consent was obtained from the organization to conduct group interviews. Besides, all information, scripts and recordings were kept completey confidential by the researchers. The identities of the participants were not disclosed and the

confidentiality of the participants in the study in terms of anonymity of their information using pseudonyms was maintained in the research. The participants were free to drop out of the study in case of any concern or reluctance. Non-verbal behaviours and the interview context were noted as the part of the data. When the process of the data collection is over, the raw data was transcribed in various themes and sub-themes to categorize the experiences which were highlighted by the participants.

### **Result Analysis**

By the end of interviews, the transcripts about participants' experiences of the situations were organized, analysed on the basis of content and categorized in themes that represent the experience and actions of transgender participants. The categories emerged from analysing the data included extreme social exclusion, struggles ascribed to stigma, desiderate for their own identification proofs, self-esteem picture that hinders them to upgrade their skills and mental health issues i.e. self-harm, substance abuse, depression and so forth. The psychoeducation sessions were designed for empowering and demystifying the myth (Last four session). The concerns and issues of transgender participants are enumerated with certain sub-themes based on the basis of their consistent responses.

#### **❖ Extreme social exclusion**

##### *Lack of Educational opportunities.*

The challenges that are faced by TGW are enormous which demands educational equality so that their status can be improved and dignified. It was reported that most of them were unable to complete their basic education since social pressures pushes them to drop out early. The schools did not give them admission so there is again no chance of joining colleges and universities at higher level.

Mala, Asha, Rakhi, Jayadevi and many others joined at lower level school were shunned off once the reality came into picture. As many expressed that due to no education or less education, government or private jobs remain inaccessible, inequality in employment affecting one's socioeconomic status.

##### *Deprived of Family support*

Radharani expressed the loneliness, 'We don't have anyone to rely on as mostly people we met are selfish and cannot expect love or any emotions from them'.

Their unsupportive families and violence and/or rejection from their home were enunciated by them in the realm of their known gender identity or gender expression as disclosed to the family.

As Neetu complained, 'My mother talks to me over the phone very well, but she doesn't want me to come home'. Sunitha also agrees that, 'My father doesn't wants to talk to me at all'.

Hemalata, Sunitha, Jyothi, Saraswati and Sugandha articulated to have intimate partners, therefore, despite of inavailability of family members, had expressed contentment, Jyothi expressed, 'My partner loves me the most irrespective of what we're. He knows my story and still wants to be with me.'

#### ❖ **Struggles ascribed to stigma**

One of the excerpt of their abuse and bullying, Suman puts forth, 'We were physically abused by a group of boys and men.' Disha relentlessly emphasized that 'The police, in multiple instances would force sex from us or threaten, malign or abuse us.'

They voiced their suffering in form of low level background that makes them susceptible towards harassment by the police. They scoured out their living by begging (collecting money /begging at traffic signals/ forcefully blessing people at public places a common scenario in India and collecting money etc.), doing quotidian jobs and sex work. As Meena kumari well summarized, 'The flesh trade gave us confidence to earn money but the exploitations are enormous.'

#### ❖ **Desiderate for Identification Proof**

It was discerned that out of their everyday earnings they are bound to give a proportion of it to their gurus. They even descried about government of Karnataka who is faring worse compared to that of Tamil Nadu and Maharashtra. Unlikely Tamil Nadu, the process of sexual surgery is not legalized here, which gives way to unhealthy methods and severe health issues. Tara voiced their opinions on 'lack of co-ordination and no healthy attitudes towards actually solving the problem by officials.'

Prema strongly conveyed, 'There must be some social security schemes. There is a need for helpline services for the care and support. There is a immense need to get an identity proof.'

### ❖ Self-esteem issues that hinders them to upgrade their skills

The life experiences were related to their self-image, future aspirations, perceived difficulties in lieu with a life of exclusions in society from childhood till adulthood. Few of them are presented below:

Kavitha stated, 'Not having breast is a huge mental challenge to get through which is a sign of femininity.'

Sugandha proposed, 'We are being discriminated at every life stage. There is a need to affirm our gender through having sex.'

Saraswathi and Suman aspired, 'I really wanted to get married and have a family. But I think that is not in our fate'.

Kalpna was practical enough to convey, 'To adopt a child is not a challenge. Raising the child to see him/her turn their back at you walk away in shame is the real challenge to face'.

### ❖ Mental health Issues

Meena, Suman and Disha complained of constant feelings of worry, sadness, sleeping difficulties, suicidal ideation and feelings of fatigue, 'There is no one to rely on in this world. People (esp. police) harass us and assault and therefore, discrimination at every step ascribed to inadequate family support and nonacceptance.'

Mala, Asha and few others asserted that 'We were emotionally and physically abused that traumatized us.' In the end they brought up inconsistent condom use, a high number of multiple sexual partners those in flesh business for number of years and alcohol consumption before sex placed them at greater risk of sexually transmitted infections, including HIV that hampers their psyche and overall productivity.'

### ❖ Efforts to eke out an existence

There are persistent efforts in their life to earn livelihood, however, happiness, contentment towards choice of vocation is minimal as reported by majority of them.

Asha provided several reasons justifying her counterparts' alcohol consumption that ranges from escaping reality and 'forget worries' (absence of family support) to the aspect of acquiring courage to manage rough clients in their sex work life. Similarly, Disha stated, 'There is nothing really we do. Just drink some good alcohol, eat a good meal. Mostly cry for sometime'. Jaya pointed out that, 'We go out for collection early in the morning or in the evenings. We earn sufficient for living.'

Prerna focused that, 'We do sex work for living. We do not have any education. Hence no one will give us job. Sex work gives good money and the need to affirm our gender is possible through having sex.'

Whereas, Geetha maturely handled above statements by a closing comment that, 'We don't want to get involved in sex work as it lead to adverse health outcomes as HIV infection. We manage odd jobs for a living which we are not happy.'

Kalpana shifted the discussion entirely by focusing everyone's attention to their positive contribution, 'Working in an NGO is different. We are proud to be associated with it. It gives us a sense of uniqueness to disclose our identities in leading a respectable life.'

#### ❖ **Anticipated challenges in empowering themselves**

The challenges faced in empowering themselves related to their ignorance, acceptance of their fate, emotional unhealthy ways of coping, expectation of rejection at every juncture, disturbed mental state, self-esteem issues that refrain them from further struggle.

Sugandha and four others expressed her daily hassles, 'If we go for the skills training, it will mar our daily earning. Our difficulties lies as we don't have any family support. There is a strong need to sensitize the police force so that we can lead a dignified life.'

Tara enunciated by summarizing that, 'We expect that stigma would remain like as a result of our having a minority status which may take lot many years to change.' 'Within the institute we are leaving peacefully, yeah, but, have certain repressed guilt.'

Those who have opted for Sex Reassignment Surgery (SRS) were much confident and asserted that 'Having the costly surgery is the final step in the transition process to end the struggle, however, everyone would not be able to take up as the medication and therapy in this process are added expenses.'

#### ❖ **Promulgate the requisite skills through psychoeducation.**

The activities have the power to engage mental health clients in groups where they learn knowledge and skills to cope with the challenges they face.

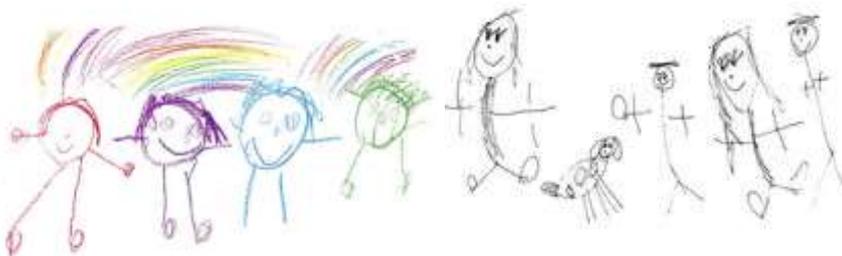
### Self awareness activities:

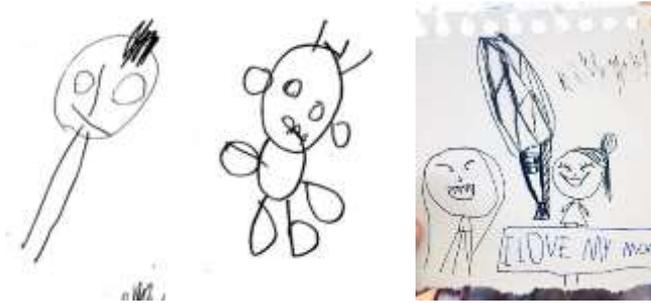
- a. **"What Do I Resist?":** The participants were instructed to 'Don't strain, but just enter into whatever it is you find yourself resisting in this moment. If judgments or additional resistances come up, notice them. If nothing shifts or changes that's all right too. Just notice whatever happens.'

Is there some situation, or task, some person, or event they commonly find themselves faced with, but which they really don't like? It can be as mundane as taking out the trash... Asking them to hold the image of their resistance by helping them explore the feeling in the body. Try to describe it to themselves as precisely as possible (heaviness, shallow breathing, contraction...) and any collateral effects in the mind: negative thoughts, imaginings, fears: watch these and the train of emotions that arise as the resistance is explored. Around 50% of participants reported feeling disgust, irritated, threatened, anxious and crying/yelling in anger. The participants experienced a flow of thoughts with content of pessimism, self-hatred, contempt for others and self defeating attitude. Few of them didn't experience anything. Then finally they were asked to return to the breath.

- b. **Resilience.** Draw, color, or paint an image of a being in nature that survives in a harsh environment: a flower in a sidewalk; a fish at the bottom of the ocean; a creature in the desert.
- c. **Inner Child.** Draw yourself as a child on your paper. Add images and words to give this child everything that it needs, including a supportive nurturing parent.

The sample of few figures are provided below that depicted their feelings given as reflections of varied kinds: 'I love my family', 'I miss my mother', 'My father never accepted me.' 'I have never seen a family but I like to have my own family.' 'My institution is my family.' 'The owner is our parent.' 'We do lot of work in this institution and stay happy.' 'Living here has a meaning so no longer miss my family.'





The participants reflected the acceptance and awareness about their symptoms:

‘Its really difficult to accept the issues as we keep on going in our lives without a logical thought to it’.

‘ We all here are sailing in the same boat, acknowledging the fact that People should work out their own mental health problems.’

‘Through these activities it gave an opportunity to us to dwell on our strengths and power’.

‘ Undoubtedly, lot of stigma and stereotyoes do exist which itself is frustrating and it will take lot more years’

‘We have learned that to help reduce stigma its vital to speak out when others stigmatize people.’

### **Five Pillars of Psychoeducation imparted to Transgender group**

#### **Health awareness:**

The discussion was facilitated to encourage them to understand the risk behaviors about HIV infection and preventive measures were suggested by vulnerable group themselves. It was extracted that many of them were ignorant about various issues:

There was a lack of information regarding the diseases and ignorance of health issues as put forward by Geetha, Kalpana, Hemlatha, Tara and others through participatory discussions. It was concluded to accentuate conscious efforts to demystify prevention (by insisting clients to use condoms) and treatment procedures (SRS), remove the stigma attached to the profession of sex work, carefully choose their partners and develop a non-judgemental attitude towards sex and sexuality. The other potential

hygiene aspects were also covered so that they were acquainted with broader aspects through online available videos about the unhealthy consequences.

### **Developing a positive attitude**

As researcher counselled them by saying that, 'The perception of majority of people cannot be changed regarding the stereotypes and conventional beliefs, therefore, the easy way out is to inculcate and cultivate the tolerance level by developing a positive attitudes through erudition and self-introspection.' The various ways of coping was demonstrated so that they internalize the aspects to deal with their fears, anxieties and pessimistic outlook.

The researcher counsellor appreciated their need and aspirations for growth. They agreed to 'amplify and empower themselves with knowledge, skills, and aptitude to develop and enhance their skills conducive for a dignified life.' It was urged that the many of them would promulgate the knowledge to their counterparts and enlighten them with practical and problem solving approaches.

### **Impulse Control**

An open discussion was facilitated to identify the effects of trans-prejudice and discrimination experienced by transgender clients and assists them in overcoming potential internalized negative feelings about themselves and their gender identities. They were demonstrated the technique of STOP and LOOK at the consequences of your actions before committing to something. Rather adopt, STOP and THINK who else will be affected by our actions. The consequences from impulsive behaviors were discussed that include confusion, self-loathing and feeling out of control. They also supported that we are the owners of our own thoughts and feelings and we are solely responsible for our behaviors and actions. Therefore, to conquer anger entirely, they must be willing to learn and grow.

### **Self-esteem**

Their doubts were addressed in terms of their self-esteem by the team. It was accentuated that 'opportunities are available for which they need to incorporate as inevitable part of their survival and existence inclusive of self defensive strategies to protect them from evils.' It was concluded with an assurance to believe in themselves and their immense potential to embark upon a journey with optimism and relentless efforts to ameliorate and slowly mitigate the ignorance by becoming socially responsible. There were few who conceptualized, 'I know I can only bring a difference in my life'. They were asked to motivate resistant ones so they can also identify the maladaptive pattern of self-defeating attitude.

### **Cognitive reappraisal**

Few of the participants reflected their thoughts in a social exclusion event, violence and abuse which are recurrent and consistent. They came out with these core beliefs of 'should' and 'must', overgeneralization, labelling and all-or-nothing thinking were common. They were given a brief insight about the root causes of problems connected to the way of thinking and feeling. Noticing what we feel and naming it is a greatest step towards emotional regulation and facilitate in adaptability to situations in life. Few of participants did agree that 'they ignore their emotions as they never got that self-reflection time.' Many of the issue rise as they put up, 'In overwhelming situations, I do take alcohol and smoke'. 'Making more and more is our ultimate goal, however, ways to do are only few for us.' 'I feel frustrated during an anger outburst'. In the end, they promised that from now onwards they would learn to accept their difficult emotions and modifying their irrational thoughts so that it gradually increase their tolerance for frustration.

### **Discussion**

Trans people worldwide experience substantial health disparities and barriers to appropriate health care services that keep them from achieving the highest possible health status. Among other disparities, Trans people are significantly more likely than the general population to be targeted for violence and harassment, to contract HIV, and to be at risk for mental health concerns such as depression and attempted suicide.

They are forced into sex work which puts them at the highest risk of contracting HIV as they agree to unprotected sexual intercourse because they fear rejection or they want to affirm their gender through sex. Even if they are enrolled in an educational institute, they face harassment and are bullied every day and are asked to leave the school or they drop out on their own. It is because of this that they take up begging and sex work. Available evidence suggest the need to address alcohol and substance use among TG communities (Chakrapani et al. 2017).

TG are often subjected to further embarrassment, harassment and discrimination if their documentation does not match their gender presentation. There is a need for gender affirmation that has to be incorporated in the form of counselling in our system mainly about transitioning to a third gender, which is missing in a formal system. Realizing their self-worth is very crucial for healthy transitions as discussed with the group as part of integrating their experiences. We all know that reports of harassment, violence, denial of services, and unfair treatment against transgender persons have come to light (Rajkumar, 2016).

Since it was a group work, therefore, following counsellors skills were maintained. A nonjudgmental, supportive stance on all expressions of gender identity and sexuality were maintained. A sense of security was fostered through the use of respectful language towards the transgender member. In case of any serious mental health issue, it was decided to refer participants to other mental and physical health services. The activities and their understanding about them were varied. Although lot of challenges were encountered to keep them on topic so the broader needs of the group might be met. The researchers keep reminding the group about the themes and their understanding of the same so it becomes easier to address the concerns of other group members.

TG replete with references to shame and shaming experiences (ranging from feeling ashamed about disclosing one's experienced gender identity, to feeling ashamed of one's natal sex, to shaming experiences of being verbally or physically abused, bullied at school or discriminated in the work place) (Giordano, 2018). They articulated their suffering is compounded by the routine indignity, inequity, discrimination, and violence that they encounter often in the context of HIV (Divan et al. 2016).

The psychoeducation and activities conducted to help them harness and express emotions, encourage openness and curiosity, avoid immediate reaction in heated arguments rather than take some time to ponder upon. Most of them acknowledged sensations in their body when sad were found daunting and later reassurance to themselves i.e. self soothing exercises are a significant part of healing.

The specific training can be imparted on various coping skills and personality development like problem solving, decision making, critical thinking, relationship building and work place etiquette among many other skills.

## **Conclusion**

The present investigation set forth a strong need to psychoeducate them which was taken up through this research towards improving their condition and certain reflective activities for mental hygiene and self-regulation so that they become aware of when they have strong emotions, how do they express them and what they do to overcome them. The issues of emotional way to cope up came into light as substance use, behavioural disengagement, religion and denial. The activities and information were provide through role play, lecture, videos, art activities, demonstration and self-reflection exercises.

Thus this research stands out as it not only portrayed an experiential understanding of the life of transwomen rather helps them in bringing to light the proper know-how and empowering them so they know how they dealt with issues at every stage that incorporated their ignorance, acceptance of their fate, emotional unhealthy ways of coping, expectation of rejection at every juncture, self-esteem issues that refrained them from further struggle. This leads to a biggest challenge considered as the never ending war by them. Large scale sensitization needs to happen starting from the school level to see transgenders not as an aberration, but an integral component of societal life.

### **Implications**

The findings illustrated the need for gender-based, anti-stigma policies and programs to be established within existing intervention policies. Its imperative to implement policies and practices to ensure TG experience inclusivity and have their gender identity respected in treatment settings. By addressing the various issues, TG had undergone gives the researcher a brief understanding about the life adversaries of a transwoman. Parents, other family members, and friends of transgender children need support as much as the transgender child does. The core legal obligation of police is to protect individuals from homophobic and transphobic violence. The government serve as a key resource in identifying and providing names, qualifications, expertise, and interests. There are several transgender-friendly measures to help integrate these marginalised community into mainstream society by spread awareness about social acceptance in the society and to educate the people about the suffering the queer gender go through because of the society's ignorance and slowly changing the environment that transgenders often find painful to traverse.

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