

RESEARCH PAPER

Prevalence of an Identity Crisis Within the Transgender Population of **Pakistan**

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ABSTRACT

This paper is an attempt to investigate the identity crisis, common to the transgender community of Pakistan. Pakistan's transgender community has particular difficulties, such as discrimination and societal judgment as well as restricted access to assistance and medical services. The main objectives of the present research were to o look into the prevalence of identity crises are among transgender people in Pakistan and how they affect their mental health and general wellbeing Using data collected via surveys and interviews with transgender people in different parts of Pakistan, The data were subjected to a thematic analysis, with ten transgender persons aged 18 to 52 making up the focus group number. this study looks at the causes of identity crises in this community. In order to address the underlying causes of identity crises and foster endurance and well-being within the transgender population, it emphasizes the significance of community-based interventions, advocacy campaigns, and legislative changes. In this research was carried out by employing a qualitative research design via unstructured interviews, participation in the interview, 75 percentage of participants said that their rejection by others had no bearing on who they were. close friends in particular were very ready to ignore them, especially when it came to their own families.

Keywords:

Identity Crisis, Identity Development, Mental Health, Psychological Distress,

Transgender

Introduction

The individuals who show uncommon gender-specific behavior, way of expression and specific identities, that are different from cultural norms and values, inconducive to the gender assigned to them at birth, are referred to as 'transgender.' They are also termed 'gender non-conforming' and 'gender expansive.' These individuals suffer from gender dysphoria, and they experience disturbance and distress due to an incongruence and incompatibility with their assigned sex at birth, with their internal experience of gender. With the evolution of electronics and media, the popular attitude towards the transgender community has changed. Transgenders with internet access have, over time, been emboldened to stand for their civil rights, which are diminished compared to hegemonic demographics(Hoffarth & Hodson, 2018). Different research results have indicated that transgender individuals suffer from an increased risk of depression, suicide attempts and other adverse mental health outcomes along with prevalent substance abuse and HIV infections. Similarly, many transgenders experience an identity crisis.

'Identity crisis' refers to a failure in completing an ego identity during the stage of adolescence Erik Erickson introduced this concept in his psychosocial theory of development According to Erickson, adolescents come to experience a stage of Identity Cohesion vs. Role Stagnation, whereby he posits the concept of an identity crisis(Hendricks & Testa, 2012). He demonstrated this stage as a transition, where adolescents experience

biological changes such as physical growth, sexual maturity, and collective ideas regarding themselves and how others perceive them. In this way, adolescents make their self-image and endure the crisis of their basic ego identity (Hochdorn et al., 2016).

The obstacles faced by these adolescents may prevent them from developing a strong identity. They suffer, and end up in an identity crisis, failing to "find themselves." They do not have a concrete sense of self, a diminished self-perception, and a lack of direction. Consequently, they detach themselves from their normal routine, not taking the much-needed interest in their work, marriage or school, while also failing to make limportant long-term choices (Hakeem et al., 2016). These failures and problems lead them further towards negative activities such as criminality, and substance abuse, as they may prefer a negative identity, rather than to feel nothing at all about themselves. Erickson referred to identity as a sense, and an observable quality, having personal similarity and continuity, which is subjective in nature, along with a paired belief in the similarity and continuity of a shared world image(Gamarel et al., 2014). A person who easily finds their subjective identity, finds it easier to relate with themself, and the world around them. Body type, nature, and biological temperament, acquired ideals and uniqueness, roles and responsibilities, occupational oppurtunities, friendship bonds, values offered and mentors met along with early sexual encounters all seem to be affected by one's ability to find himself through ego identity.

A theory was posited by James Marcia (1991) in which he proposed four "identity statuses" which demonstrate the identity development process. Few aspects of identity, specifically in young adolescents, may be ruled out. The foreclosure status is formed when an identity is formed without exploring alternatives (S. Davies et al., 2015). This stage occurs when one is committed to parental ideas and their beliefs, which are accepted without question. Identity foreclosure can contribute to identity crises in adolescents when the "security blanket" of their assumed identity is removed(Fast & Olson, 2018). These foreclosed individuals often go into crisis, not knowing what to do without being able to rely on the norms, rules, and situations to which they have been accustomed. An example of this would be a son of a farmer who learns that his father is selling the farm, and whose identity as an heir to a farm and the lifestyle and identity of a farmer has been shaken by that news. Identity diffusion is a Marcian identity status that can lead to identity crises in adolescents. Identity diffusion can be described as "the apathetic state that represents the relative lack of both exploration and commitment" (Szydlowski, 2016). Identity diffusion can overlap with diagnoses such as schizophrenia and depression, and can best be described as the lack of an identity structure. An example of an identity crisis emerging from this status is an adolescent becoming reclusive after a serious injury disturbs their identity as a star athlete(Riseman, 2016).

Adolescents often begin to question their ideas and beliefs and enter what Marcia called a "moratorium." The moratorium status is characterized by the active exploration of alternatives. This may be reflected in attending different events, changing college majors, or trying out different social roles. Such exploration may be followed by identity achievement. Identity achievement occurs when the adolescent has explored and committed to important aspects of their identity. Although adolescents explore multiple aspects of their identities, commitments to occupational, religious, or ethnic identity may occur at different times. Some adolescents become overwhelmed by the task of identity development and neither explores nor makes commitments(Dacakis et al., 2016). This describes Marcia's diffusion status, in which adolescents may become socially isolated and withdrawn. Supportive parents, schools, and communities that encourage exploration foster identity achievement. Identity achievement is important because it is associated with higher self-esteem, increased critical thinking, and advanced moral reasoning. The physical changes associated with puberty initiate adolescents' exploration of their physical and sexual identity(P. T. Davies et al., 2004). For females, an important component of their identity and worth is

related to their physical appearance. The changes in the male body may not be as important as their timing. Early maturing males have advantages in athletics, hold more leadership roles in school, and are viewed more positively by peers and adults (Bultynck et al., 2020).

There are different theories which demonstrate the process of identity development. According to the social learning theory, the concept of self is established and based on the identification with the ideal role models a person possesses. It may also be built by an assessment of self-worth along with a preferred pattern with relation to the external environment and surroundings. Children during their growing years learn to socially interact through role modeling and imitation of others, specifically of role models. An individual's personality, ambitions, and interests are influenced by a role model. In comparison to others, children conduct the self-assessment of their abilities and capabilities (Adams et al., 2016). This self-assessment helps them to categorize themselves into different types and kinds. If an individual is better in any particular activity then it demonstrates positive self-assessment. If there is a deficiency in the skill and it still needs to be developed then it comes under negative assessment. An overall feeling of inadequacy may prevail as a result of too many negative assessments. Transgender individuals growing up also partake in these self-assessments: their role models and interaction with others turn their self-assessments negative, which affects their identity formation and contributes to feelings of deprivation and low self-worth (Thomas et al., 2016).

Literature Review

There is an increase in awareness and the subsequent discussions on transgender issues, but those transgender individuals who deviate from traditional and stereotypical gender values and ideals suffer from discrimination, bias and stigma. The minority stress theory suggests that experiencing biasness, discrimination and stigma while having a marginalized identity has an adverse influence on their health. The stigma related to being a transgender is a consequence of minority stress theory and it further leads to mental health problems such as high rates of suicide(Simons et al., 2013), depression and anxiety (Bouman, Claes, Brewin, Crawford, Millet, Fernandez-Aranda, & Arcelus, 2017; Colizzi, Costa, & Todarello, 2014; Connolly, Zervos, Barone, Johnson, & Joseph, 2016; Millet, Longworth, & Arcelus, 2017; Perez-Brumer, Hatzenbuehler, Oldenburg, & Bockting, 2015; Reisner, Vetters, Leclerc, Zaslow, Wolfrum, Shumer, & Mimiaga, 2015; Tebbe & Moradi, 2016; Warren, Bryant Smalley, & Nikki Barefoot, 2016(Seely, 2021). There seemed to be an alarming increase in the referrals of the transgender youth as reported by mental and physical health care professionals. Irrespective of the media's awareness and the popularity of the rights of marginalized populations, there seemed to be very little awareness about the identity formation and development of transgender individuals and even lesser information regarding developmental pathways in transgender individuals through their interaction with their families and their social environment.

Gender is a basic aspect of human identity and one's assigned gender has important psychosocial implications throughout life. The huge amount of literature and many theories related to gender identity focus on development in childhood. Kohlberg (1966) posed a classic stage theory of gender development in which he demonstrated that children become able to correctly recognize their gender by the age of 2(Olson & Gülgöz, 2018). Morgan and Stevens (2012) investigated transgender identity development, and interviewed six transgender adults, analysing by collecting data over a lifespan, displaying three important themes. The first theme is the early sense of dissonance between body and mind, the second theme is managing and discussing identities, and the third is the transition process. Hormone-blockers or undergoing gender associated surgeries are some of the prevalent strategies used by transgender individuals which make the process of transition complicated. Early stages in transgender identity development occur during childhood according to many already established models of transgender identity development (Ryan et al., 2010). There do not seem to be any stage models of development on the basis of

transgender youth perspectives and none could be found, which shared the perspectives of caregivers. Researchers have now initiated to take into account the transgender youth experiences in making theories regarding transgender identity development. Olson, Key, and Eaton (2015) attempted to study the transgender identity development of 32 prepubescent children according to the presentation of their actual gender identity. They tried to find out the patterns of cognition and their consistency according to their expressed gender or their natal sex(Morgan & Stevens, 2012). This research study was of crosssectional research design and after the thorough and in-depth research they found out that transgender youth were statistically indistinguishable from those of the non-transgender youth controls of the same gender according to an implicit bias test. Specifically, Olson et al. (2015) found that the transgender youth population exhibited clear patterns of seeing themselves according to their expressed gender and even presented preferences for their expressed gender that also employed the mirrored response patterns regarding nontransgender youth controls (Moradi et al., 2016). The research proved that the transgender youth population's gender identity is similar to those of the non-transgender youth controls. The exclusion of transgender youth individuals in the previous researches is the common limitation of all the previous models and research on transgender identity development. Another important limitation is the already existing research literature on the experiences of transgender youth individuals who belong to the White race and ethnicity(Lytle et al., 2016). Due to this reason, very little information exists about transgender identity development among transgender individuals belonging to other cultural groups. Transgender identity development occurs in relation with one's own true self with that of their social circle and surroundings. The researchers have now begun taking into account the perspectives of the transgender non-confirming youth in their theories as well. The need for including the gender non-conforming youth's perspectives, and those of their care-givers is still prevalent in contemporary research (Marcia & Josselson, 2013).

According to the family systems theory, the non-conforming youth's interaction with each of the family members influences the entire family system. The families which have transgender youth among them affect their transgender identity development and their transactions with each other (Kroger & Marcia, 2011). Keeping in view the importance of family members the researchers have now extended their research to the family members of transgender youth individuals and intending to focus on the perspectives and perception of their caregivers and relatives. All the youth including transgender youth individuals' wellbeing is affected by their respective caregivers. Families do not only play a negative role, as surprisingly, transgender youth participants called their families a basic source of resilience according to a qualitative research on resiliency in transgender youth individuals. The research suggests that in the beginning when families come to know about their child's transgender identity they are initially surprised, and then gradually start to adjust as soon as they gain awareness of the needs of their children (Leyns et al., 2021). Some expressions of gender, such as clothing purchases or haircuts are managed directly by caregivers, so they play a big role in increasing or reducing the distress of transgender adolescents as their social transition and interaction is also dependent on their families. The research on familial adjustment with regards to transgender youths' transitioning between genders is focused on clinical samples (Mays & Cochran, 2001). A therapeutic work was also made on the basis of research on a stage model for the caregivers of transgender youth individuals which consisted of the stages: learning about the gender non-conformity of the child; confusion among the family members; discussing adjustments among family members, and finally creating and maintaining balance. Following this intervention the transgender child is finally integrated into the family as their own true self. Unfortunately, this intervention work does not happen in the community of Pakistan and ultimately the mental health of the transgender youth individuals along with their identity is often endangered. Consequently, the caregivers of transgender youth individuals often struggle with accepting their child's authentic identity and understanding the social stigma attached to it (Kattari et al., 2017).

The upbringing and culture of caregivers also have an impact on their perspectives. Caregivers that were found to be raised in the United States of America or Canada tend to experience a possible internalized cultural ideology that allotted sex determines gender and that gender is binary(Hoffarth & Hodson, 2018)(Hendricks & Testa, 2012). The ideologies do differentiate across culture and across ethnic origins. A longitudinal study conducted by Rahilly (2015) on 24 caregivers who were related to 16 transgender youth individuals revealed three salient themes focusing on challenging the gender binary. The first theme was called gender hedging wherein caregivers attempt to limit boundaries to their child's atypical gendered behaviours to seek neutral ground, satisfying their child's preferences while meeting the societal gender expectations. Caregivers will buy pink socks but not a pink dress for their transgender child who was assigned male at birth. They behave like this in order to safeguard their children. For the second theme, caregivers recognized and resisted the gender binary by acquiring and learning about more inclusive definitions of gender. Such caregivers consider the identity of their child as a natural aspect of human diversity. In the final theme, the caregivers were found to assess when to get along with the gender binary and when to disrupt the expectations of other people regarding sex and gender. Meanwhile, the stigma attached to transgender individuals and their families affect their mental health but a social support system(Hochdorn et al., 2016)(Hakeem et al., 2016), affirmation from society and any resources to depend upon may compensate this risk though unfortunately such a support system is not prevalent in Pakistan.

Transgender identity development is a process of creating a balance between the need to be one's authentic self, while understanding the consequences of transition, including coping skills and the unavailability of social support and resources for them. Due to limited social support and negligence from the state, it becomes significant for both transgender youth and their caregivers to keep in touch with each other, because it prvovides security, and a reliable channel for getting any information caregivers require related to their child's needs. Unfortunately such a system is not common in Pakistan because here the families of transgender youth do not accept their transgender youth(Gamarel et al., 2014)(S. Davies et al., 2015). A research was conducted with the caregivers of transgender individuals, attempting to guage their understanding of the transgender community, and the findings revealed that their comprehension of the concept is directly related to the acceptance of their child as a transgender by them.

On the other hand, vast literature has proved that the mental health of those transgender individuals who have affirmed their gender identity and recognized their authentic self irrespective of the social stigma around them was secure. Likewise other research proved that transgender individuals who were suffering from an identity crisis seemed to be experiencing depression and anxiety. A highly reliable, accepted and supportive home environment is extremely necessary to the adjustment and mental tranquility of transgender individuals in a family system(Fast & Olson, 2018)(Szydlowski, 2016). Families and caregivers also need time to deal with this, and those who do accept need huge support as well to cope with the social stigma attached to the transgender population so that they could advocate for the rights of their child which occurs rarely in a country like Pakistan. Overall in various communities including Pakistan the research has shown a lack of policies to safeguard the rights of transgender individuals by the state, assurance of trans-positive services and access to positive health care for them. The restriction to these systems contributes to the identity crisis. Conditions were found to be more worrisome for those transgender individuals who belong to a lower socioeconomic status or belong to minority racial or ethnic origins (Riseman, 2016).

Material and Methods

The current study aims to explore the identity crisis within the Pakistani transgender community. An interview guide was prepared and in-depth interviews were conducted.

Research Design

A qualitative data-collection approach was used for this research. This research was also designed to document the sample's response in a natural environment, conducive to an interpretivist approach, in an attempt to gain an authentic, and deep understanding of the individual's beliefs, experiences, and motivations. Data was collected through purposive sampling in the interest of the economy of resources, and the small sample population. This interpretivist research design was used due to the sensitivity of the topic, and because the identity crisis needed to be explored carefully and in-depth through interaction with members of the marginalized population. Following the interviews, respondent answers were transcribed, and thematially analysed.

Participants

Ten individuals were purposively sampled. Those who were easy to get in contact were approached, keeping in mind the particular characteristics of the population of the study, while meeting the objectives of the research. The urban area of Mazang, Lahore, was chosen for contacting the sample of the research as there is a considerable population of transgender individuals living there.

Inclusion Criteria

- The sample only included individuals who had been expelled from their homes.
- Unemployed subjects were chosen.

Exclusion Criteria

- Transgenders still living with their dependants were excluded from the research study.
- Employed transgenders were excluded from the study.

Procedure

Questions were prepared to explore the identity crisis prevalent in the transgender community of Pakistan. Quesions were asked by an interviewer, and minimal interjection was employed. The environment was made as comfortable as possible for the respondents. The interviewer encouraged the research participants to fully express their opinions and experiences. An interview guide was prepared specifically for this purpose comprising of open-ended questions which were reasonable, flexible and relative to the subject matter. The language medium was Urdu. The interviews were transcribed, and thematically analysed. The inquiry questions used in the interviews are mentioned below:

- How do families affect a transgender individual's identity?
- What kind of social exclusion is experienced by transgenders in Pakistan?
- Why does society feel reluctant to accept transgenders as respectable members?
- How do the state's actions influence transgender individuals?
- How does social exclusion influence the identity crisis of the transgender community?

All the participants who agreed to participate in the research were informed about the purpose of the research. Respondents were assured that their information and responses would be kept confidential, their identity would not be disclosed and their information and responses would only be used for the purposes of this research. They were also allowed to ask clarifying questions. After participating in the interview, they were debriefed in order to assure that they were not psychologically harmed, as the information that was taken from them was of a personal nature. Few participants were found to be

disturbed or upset after responding. At the end, respondents were thanked by the researcher for participating in the research.

Results and Discussion

Participants seemed to correlate certain shared ideas regarding their experiences as a minority population, and their experience with identity crises. A six-step thematic analysis has been prepared and paragraphed for the ease of reference.

Table 1
Demographics Charactrictics

Sr. No.	Age	Mother's education	Father's education
1	22	Primary	Matriculation
2	35	Illiterate	Intermediate
3	42	Primary	Illiterate
4	36	Intermediate	Illiterate
5	28	Illiterate	Primary
6	29	Graduation	Intermediate
7	22	Graduation	Graduation
8	30	Illiterate	Illiterate
9	34	Intermediate	Illiterate
10	39	Primary	Primary

The demographics depicted the sample belonging to the young and middle adulthood age groups. The parents of only two transgender participants have graduated. The rest of the parents reportedly received education at the intermediate level, or lesser. Seven parents were illiterate. A number of shared themes were extracted from the interviews of the respondents. Three major themes were extracted: Impact on Identity due to familial rejection; fatalism due to financial instability; fear of unjust formal sanctions.

Impact on Identity Due to Familial Rejection

Adolescence is a vulnerable period in an individual's process of identity formation. This period is particularly volatile for gender non-conforming teenagers. Sadly, the family culture in Pakistan is known to be heteronormative, and a belief in a concrete gender binary is common. Most families therefore outright reject their non-conforming youth., and expel them from home.

"Even showing your family your true identity is a very dangerous endeavour: you can be expelled from home, or forced to live by your assigned gender. This fear of repercussions scares many trans teenagers away from practicing their true identity, and encourages them to hide it. Sometimes they would even be in denial about their identity, and suffer from it. The presence of an accepting family is very rare, and you already know what Pakistani culture is like." (22 years)

It is interesting to note that for many teenagers and young adults belonging to the transgender community, there is an internalisation of an unconditional respect for their family elders' decisions, and in such cases, the respondents would not hold parents responsible for their rejection of their child's identity, though they did recognise that the choice to cut ties was difficult, and resulted in emotional distress afterwards.

"I know that a family's support is very important for young transgenders. But I cannot blame my parents for wanting to cut ties with me. I knew that I would have to sacrifice my familial bonds if I were to be my real self, and they were simply protecting their respect in society." (34 years)

Informal sanctions are a very potent method of inducing conformity, as it often consists of otherwise close peers, siblings, and parents, cutting contact with the non-conforming individual, or refusing to support them financially and emotionally. This serves to negatively affect transgender identity development, causing them to be self-reliant very early in their lives, and untrusting of hegemonic demographics. Such a social experience increases negative emotions, such as suicidal thoughts.

"It is a very saddening thing, my own family and even my close friends so easily ignored my existence, and after sending me to beg in the streets, acted as if I never existed. It was tough to suddenly have to rely on myself for everything." (29 years)

Fatalism due to Financial Instability

It is widely reported in media, and research, the mental toll that gender non-conforming people have to face due to their identity. An aspect of this mental toll is the financial stress that comes with rejection from much of the job market. Multiple respondents reported feelings of alienation from the labour market, and from labourers, who do not hire or want to work with gender non-conforming individuals. Members of the transgender population often accept any job that they can find, and they are likely to accept a perpetually low position in society due to a fatalistic attitude.

"finding a job is a difficult undertaking. Even if a transgender has the appropriate qualifications, they are never prioritised by employers. We are forced to work for lower pay than others. It feels like us merely existing is some sort of tax on our salaries." (35 years)

It is further extrapolated that respondents did not feel secure in their current jobs. A feeling of non-permanence and workplace toxicity was common. Co-workers were also said to be neutral at best, and at worst, directly insulting to the transgender.

"I work with a group of men... The men who work with me often pass inappropriate remarks, which anger me, but I cannot do anything about it, because any violence is going to be blamed on me, and the manager would fire me instead of anyone who actually starts drama." (42 years)

As a result of the labour experience, transgenders possess unusually low social mobility, and they face great difficulty with wealth consolidation. Due to this, transgenders are usually stuck in a low income bracket. Their identity shifts to a value granted to immediate gratification as opposed to delayed gratification, which is explained by low income, and having to use your entire salary for necessities.

"I don't have the option to save up money for a long time.. I have to use my small salary to buy all the things of every day need. I still have to use my money to buy cigarettes. I cannot work without them... I get sad." (22 years)

Fear of Unjust Formal Sanctions

Formal sanctions are a powerful tool for social conformity. Detention, or arrestation is a constant threat faced by transgenders who work in the sex industry, which is unfortunately one of the few plausible industries for long-term employment, and among the few that allow for greater control over one's working routine. In mainstream Pakistani society, transgenders are considered controversial, mentally ill, and incapable. This perception of the minority allows unfair treatment to be justified and normalised by the hegemonic demographic. A transgender individual is likely going to develop an identity based on distrusting the agents of social control, such as the police.

"I am constantly troubled by the illiterate people who call the police when they see me on the street. Being a sex worker means exactly that the police will come, and try to arrest me for trying to make money for myself... What else can I do?" (28 years)

Due to the prevalence of popular religious sentiment, transgenders are often targeted by powerful political forces. The severe backlash to the 2018 Transgender Persons Act is an example of this, whereby many notable religious organisations came out against the act. As a result, transgender voices are always skeptical of the government's intentions towards their demographic, and distrust of the government is a common sentiment among the respondents.

"For me it is apparent that the government doesn't care about us. The politicians use us as an easy way to gain popularity. All it takes is for them to condenn the Khawaja Sira, and to call our existence a 'Western influence.' Obviously, transgenders will not trust the government, which is a reality." (39 years)

There exists a well-known idea in Pakistan, that transgenders are a cultural import from the West, which is not necessarily true. Respondents seemed to attribute this to the way that the media, and politicians cover the transgender population.

"Our lovely politicians, what do they do? They call us jinns, and say that some sort of apparitions have entered our bodies. We are more human than them, we just want a peaceful life." (30 years)

Discussion

The present study has sought to analyse the identity crisis faced by transgender individuals in Pakistan, who have been expelled from home at a young age(Dacakis et al., 2016)(P. T. Davies et al., 2004), and how it is affected by the family, financial stress, and agents of social control. The findings indicate that the identities of transgender individuals in Pakistan are greatly influenced by the hegemonic religious and social beliefs of the population, as well as the misuse of formal sanctions against the minority group. Being expelled from home is shown to lead to an increase in negative emotions, poor selfperception, and substance abuse, which is because the family's support is crucial during the adolescent stage of development, though it is not granted to the transgender community. Furthermore, this research found that transgender individuals working in low income brackets are more susceptible to prefering immediate gratification(Bultynck et al., 2020)(Adams et al., 2016), rather than delayed gratification, which has been shown to lead to higher odds of being able to deal with stress, or prevent obesity in adult life, when tested in children. It was also found that transgender individuals have a difficulty receiving employment oppurtunities: they are denied on the basis of their unconventional identities. Similarly, they face workplace harassment at high rates. This discrimination is known to cause the development of a fatalistic attitude, a negative self-perception, and mental health problems. Similarly, discrimination also seeps from the treatment of the police towards transgender sex workers in Pakistan, which is harsh, and often times lacks any legal procedure. This understandibly adds to their identity crisis, due to the invalidation of their identity. The present study has identified and explained a few important factors that contribute to the transgender identity crisis in Pakistan(Thomas et al., 2016)(Simons et al., 2013).

References

- Adams, K. A., Nagoshi, C. T., Filip-Crawford, G., Terrell, H. K. & Nagoshi, J. L. (2016). Components of gender-nonconformity prejudice. *International Journal of Transgenderism*, 17(3–4), 185–198. https://doi.org/10.1080/15532739.2016.1200509
- Bultynck, C., Pas, C., Defreyne, J., Cosyns, M. & T'Sjoen, G. (2020). Organizing the voice questionnaire for transgender persons. *International Journal of Transgender Health*, 21(1), 89–97. https://doi.org/10.1080/15532739.2019.1605555
- Dacakis, G., Oates, J. M. & Douglas, J. M. (2016). Exploring the validity of the Transsexual Voice Questionnaire (male-to-female): Do TVQMtF scores differentiate between MtF women who have had gender reassignment surgery and those who have not? *International Journal of Transgenderism*, 17(3–4), 124–130.
- Davies, P. T., Cummings, E. M. & Winter, M. A. (2004). Pathways between profiles of family functioning, child security in the interparental subsystem, and child psychological problems. *Development and Psychopathology*, 16(3), 525–550. https://doi.org/10.1017/S0954579404004651
- Davies, S., Papp, V. G. & Antoni, C. (2015). Voice and Communication Change for Gender Nonconforming Individuals: Giving Voice to the Person Inside. *International Journal of Transgenderism*, *16*(3), 117–159. https://doi.org/10.1080/15532739.2015.1075931
- Fast, A. A. & Olson, K. R. (2018). Gender Development in Transgender Preschool Children. *Child Development*, 89(2), 620–637. https://doi.org/10.1111/cdev.12758
- Gamarel, K. E., Reisner, S. L., Laurenceau, J. P., Nemoto, T. & Operario, D. (2014). Gender minority stress, mental health, and relationship quality: A dyadic investigation of transgender women and their cisgender Male Partners. *Journal of Family Psychology*, 28(4), 437–447. https://doi.org/10.1037/a0037171
- Hakeem, A., Črnčec, R., Asghari-Fard, M., Harte, F. & Eapen, V. (2016). Development and validation of a measure for assessing gender dysphoria in adults: The Gender Preoccupation and Stability Questionnaire. *International Journal of Transgenderism*, 17(3–4), 131–140. https://doi.org/10.1080/15532739.2016.1217812
- Hendricks, M. L. & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice*, 43(5), 460–467. https://doi.org/10.1037/a0029597
- Hochdorn, A., Faleiros, V. P., Camargo, B. V. & Cottone, P. F. (2016). Talking gender: How (con)text shapes gender–The discursive positioning of transgender people in prison, work and private settings. *International Journal of Transgenderism*, *17*(3–4), 212–229. https://doi.org/10.1080/15532739.2016.1222923
- Hoffarth, M. R. & Hodson, G. (2018). When intergroup contact is uncommon and bias is strong: the case of anti-transgender bias. *Psychology and Sexuality*, 9(3), 237–250. https://doi.org/10.1080/19419899.2018.1470107
- Kattari, S. K., Walls, N. E. & Speer, S. R. (2017). Differences in Experiences of Discrimination in Accessing Social Services Among Transgender/Gender Nonconforming Individuals by (Dis)Ability. *Journal of Social Work in Disability and Rehabilitation*, 16(2), 116–140. https://doi.org/10.1080/1536710X.2017.1299661

- Kroger, J. & Marcia, J. E. (2011). Handbook of Identity Theory and Research. *Handbook of Identity Theory and Research*. https://doi.org/10.1007/978-1-4419-7988-9
- Leyns, C., Papeleu, T., Tomassen, P., T'Sjoen, G. & D'haeseleer, E. (2021). Effects of speech therapy for transgender women: A systematic review. *International Journal of Transgender Health*, 22(4), 360–380. https://doi.org/10.1080/26895269.2021.1915224
- Lytle, M. C., Blosnich, J. R. & Kamen, C. (2016). The Association of Multiple Identities with Self-Directed Violence and Depression among Transgender Individuals. *Suicide and Life-Threatening Behavior*, 46(5), 535–544. https://doi.org/10.1111/sltb.12234
- Marcia, J. & Josselson, R. (2013). Eriksonian Personality Research and Its Implications for Psychotherapy. *Journal of Personality*, 81(6), 617–629.
- Mays, V. M. & Cochran, S. D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*, *91*(11), 1869–1876. https://doi.org/10.2105/AJPH.91.11.1869
- Moradi, B., Tebbe, E. A., Brewster, M. E., Budge, S. L., Lenzen, A., Ege, E., Schuch, E., Arango, S., Angelone, N., Mender, E., Hiner, D. L., Huscher, K., Painter, J. & Flores, M. J. (2016). A Content Analysis of Literature on Trans People and Issues: 2002-2012. In *Counseling Psychologist* (Vol. 44, Issue 7). https://doi.org/10.1177/0011000015609044
- Morgan, S. W. & Stevens, P. E. (2012). Transgender identity development as represented by a group of transgendered adults. *Issues in Mental Health Nursing*, *33*(5), 301–308. https://doi.org/10.3109/01612840.2011.653657
- Olson, K. R. & Gülgöz, S. (2018). Early Findings From the TransYouth Project: Gender Development in Transgender Children. *Child Development Perspectives*, *12*(2), 93–97. https://doi.org/10.1111/cdep.12268
- Riseman, N. (2016). Transgender policy in the Australian Defence Force: Medicalization and its discontents. *International Journal of Transgenderism*, 17(3-4), 141–154. https://doi.org/10.1080/15532739.2016.1227759
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R. & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205–213. https://doi.org/10.1111/j.1744-6171.2010.00246.x
- Seely, N. (2021). Reporting on transgender victims of homicide: Practices of misgendering, sourcing and transparency. *Newspaper Research Journal*, 42(1), 74–94. https://doi.org/10.1177/0739532921989872
- Simons, L., Schrager, S. M., Clark, L. F., Belzer, M. & Olson, J. (2013). Parental support and mental health among transgender adolescents. *Journal of Adolescent Health*, *53*(6), 791–793
- Szydlowski, M. (2016). Gender recognition and the rights to health and health care: Applying the principle of self-determination to transgender people. *International Journal of Transgenderism*, 17(3–4), 199–211.
- Thomas, D. M., Amburgey, J. & Ellis, L. (2016). Anti-transgender prejudice mediates the association of just world beliefs and victim blame attribution. *International Journal of Transgenderism*, *17*(3–4), 176–184. https://doi.org/10.1080/15532739.2016.1232627