

## **Family and Social Rejection Affect Mental Health of Third Gender**

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### **Abstract**

In Indian society, thirdgender are stigmatized and marginalized to an outsized extent. Such stigmatization may also compromise the mental health of thirdgender possibly giving rise to varied mental health issues. The socio-cultural aspects of thirdgender have frequently been the difficulty of research by psychologist and sociologists. Thirdgender people face multiple sorts of oppression. This paper focuses to summarize the varied issues faced by thirdgender by using the psychological aspects, family and social rejection. Individuals who identify as thirdgender tend to experience higher rates of mental health issues than the overall population. Thirdgender experience high rates of depressive symptoms, anxiety symptoms, and suicidal ideation. Family and social rejection can have variety of negative outcomes both for the rejected person's own health and well-being, also as their interpersonal relationships. Thirdgender people face psychological distress thanks to social rejection and violence and undue to their identity. Contemporary social psychologists study rejection in an array of forms and contexts. Rejection could also be active or passive and involve physical or psychological distancing or exclusion. for instance, individuals could also be actively rejected when others voice negative views of them or tell them that their presence isn't wanted. as compared, individuals could also be passively rejected when others pay little attention to them or ignore them altogether. Physical exclusion from a gaggle elicits feelings of rejection in most circumstances , and psychological exclusion is additionally experienced as a rejection. Family rejection associated with identity is an understudied interpersonal stressor which will negatively affect health outcomes for third gender and gender nonconforming individuals. a far better understanding of the role of close relationships in both risk and resilience for third gender individuals is critical within the development of

effective public health interventions for this community.

**Key words:** family Rejection, Social Rejection, Mental Health, Third gender.

## **Introduction**

Family rejection is that the loss of a previously existing relationship between relations, through physical and/or emotional distancing, often to the extent that there's little or no communication between the individuals involved for a protracted period. it's going to result either from direct interactions between those affected - including traumatic experiences of violence, abuse, neglect, parental misbehavior like repetitive explosive outbursts or intense marital conflict and disagreements, attachment disorders, differing values and beliefs, disappointment, major life events or change, or poor communication - or from the involvement or interference of others. The rejection is usually unwanted, or considered unsatisfactory, by a minimum of one party involved.

Social rejection occurs when a private is deliberately excluded from a social relationship or social interaction. an individual is often rejected by individuals or a whole group of individuals. Furthermore, rejections are often either active, by bullying, teasing, or ridiculing, or passive, by ignoring an individual, or giving the "silent treatment". The experience of being rejected is subjective for the recipient, and it are often perceived when it's not actually present. The word ostracism is usually used for the method.

Mental health is that the level of psychological well-being or an absence of mental disease. it's the state of somebody who is "functioning at a satisfactory level of emotional and behavioural adjustment". From the perspectives of positive psychology or of holism, psychological state may include a person's ability to enjoy life, and to make a balance between life activities and efforts to realize psychological resilience. consistent with the World Health Organization (WHO), psychological state includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others." The WHO further states that the well-being of a private is encompassed within

the realization of their abilities, dealing with normal stresses of life, productive work and contribution to their community. Cultural differences, subjective assessments, and competing professional theories all affect how one defines "mental health".

Mental health problems may arise thanks to stress, loneliness, depression, anxiety, relationship problems, death of a beloved, suicidal thoughts, grief, addiction, ADHD, self-harm, various mood disorders, or other mental illnesses of varying degrees, also as learning disabilities. Therapists, psychiatrists, psychologists, social workers, nurse practitioners or family physicians can help manage mental disease with treatments like therapy, counselling, or medication.

Since a minimum of the 1970s, anthropologists have described gender categories in some cultures which they might not adequately explain employing a two-gender framework. At an equivalent time, feminists began to draw a distinction between (biological) sex and (social/psychological) gender. Contemporary gender theorists usually argue that a two-gender system is neither innate nor universal.

Ongoing or long-term rejection may have deep and lasting psychological effects which can include:

- Trauma: Long-term rejection or rejection that leads to extreme feelings may contribute to trauma and may have serious psychological consequences.

- Depression: Rejection has been linked to the event of depression face to face. That numerous negative effects, including depression, stress, eating disorders, and self-harming behaviours.

- Pain response: consistent with research, equivalent brain pathways that are activated by physical pain also are activated by social pain, or rejection.

- Anxiety and stress: Rejection might often contribute to pre-existing conditions like stress and anxiety or cause their development. Similarly, these and other psychological state conditions can exacerbate feelings of rejection.

## **Review of Literature**

The PAR theory (Rohner, 2004; Rohner et al., 2005) proved to be a useful guide for interpreting transwomen's perceptions of acceptance–rejection. almost like other

studies that have used PAR theory to explore the child's experience of rejection—acceptance by parents and other close relations (Rohner et al., 2005), the info presented here indicate that the child's relationship to oldsters also as grandparents, aunts and uncles, and siblings may shape the child's perception of their acceptance—rejection.

Although the negative responses of relations to their transgender child's gender presentation and identity are well documented (Factor & Rothblum, 2007), these reactions aren't universal. Many parents admire their child for his or her bravery and courage in handling such a difficult situation (Connolly, 2006; Wren, 2002). Unlike many parents of transgender children who believe that their child's identity may be a result of bad parenting, some parents view their child's ability to steer from conventional ideas of identity without shame as a sign of how well they raised their child (Connolly, 2006).

The disclosure or discovery of a child's transgender identity features a powerful impact on the family as an entire (Lev, 2006). Initial shock doesn't necessarily denote disapproval or rejection, and a period of adjustment could also be needed. Often acceptance requires a period of family grieving (Goldberg & Adriano, 2007; Lev, 2006) for the loss of their son or brother before accepting their new daughter or sister (Connolly, 2006). Many relations can also fear for his or her loved one's safety, because they're conscious of the stigmatized status that transwomen have in society, and like many families, they need their loved ones to possess an equivalent opportunities as everyone else. The method of disclosure and transitioning are often psychologically demanding and straining for transwomen and their families alike (Lev, 2006).

A study from Boston, published in 2015, within the *Journal of Adolescent Health*, reported that 180 transgender youth had a two-fold to three-fold increased risk of psychiatric disorders – including depression, mental disorder, suicidal ideation, suicide attempt, self-harm without lethal intent – in comparison to an impact group of youth.

## **Objectives of the paper**

- To study the Mental Health Of Third gender
- To study the Family Rejection Affect Mental Health Of Third gender
- To study the Social Rejection Affect Mental Health Of Third gender

## **Research Methodology**

The present research paper is based on secondary data. Various references, journals and books have been used for the preparation of the research paper.

## **View Points**

This study is that the first, to our knowledge, to look at the association between family rejection and negative health outcomes among a national sample of transgender and gender nonconforming persons. Most studies on transgender health address the negative consequences of discrimination by no close others (e.g., strangers, healthcare workers), institutions, or social systems. In contrast, this study explores the associations between family-based stigma and discrimination with health risks for transgender individuals.

Rejection are often extremely painful because it's going to have the effect of creating people feel as if they're not wanted, valued, or accepted. After adjusting for sociodemographic factors, having experienced high levels of family rejection was related to almost three and half times the chances of suicide attempts and two and a half times the chances of substance misuse, compared to those that experienced little or no family rejection. Having experienced only moderate levels of family rejection was related to almost twice the chances of suicide attempts and over 1.5 times the chances of substance misuse. These findings suggest the importance of investigating and addressing stigmatization experienced by transgender persons by close others, not only by broader society, structures, and systems In the field of mental health care, rejection most often refers to the emotions of shame, sadness, or grief people feel once they aren't accepted by others.

Rejection could also be emotionally painful due to the social nature of citizenry and therefore the need of social interaction between other humans is important. Abraham Maslow and other theorists have suggested that the necessity for love

and belongingness may be a fundamental human motivation. consistent with Maslow, all humans, even introverts, got to be ready to give and receive affection to be psychologically healthy. Psychologists believe that straightforward contact or social interaction with others isn't enough to satisfy this need. Instead, people have a robust motivational drive to make and maintain caring interpersonal relationships. People need both stable relationships and satisfying interactions with the people in those relationships. If either of those two ingredients is missing, people will begin to feel lonely and unhappy. Thus, rejection may be a significant threat. In fact, the bulk of human anxieties appear to reflect concerns over social exclusion. Being a member of a gaggle is additionally important for social identity, which may be a key component of the self-concept. Mark Leary of Duke University has suggested that the most purpose of self-esteem is to watch social relations and detect social rejection. during this view, self-esteem may be a sociometer which activates negative emotions when signs of exclusion appear.

The experience of rejection can cause variety of adverse psychological consequences like loneliness, low self-esteem, aggression, and depression. It also can cause feelings of insecurity and a heightened sensitivity to future rejection. Despite these limitations, this is often the most important sample of transgender individuals enrolled so far and provides vital information to guide the efforts of public health officials, Mental Health and welfare work providers, researchers, and policymakers. The implications of those results are important for developing interventions and services for transgender and gender nonconforming individuals and their families. If family rejection is found to be a contributing factor toward the negative health-related consequences faced by this population, service providers could help to spot potential avenues for intervention. These findings suggest that providers serving the transgender community consider the role of families when assessing a transgender person's social, emotional, and physical health.<sup>35</sup> Providing emotional and informational support to families may help make a critical difference in decreasing the danger and increasing well-being for transgender individuals.

Future research is needed to look at for the protective factors related to both social and familial support which will assist in mitigating the negative effects of the structural and institutional discrimination and violence experienced by transgender people.

## **Conclusions**

The third gender are an integral a part of Indian society but have continued to be marginalized in terms of education, economic opportunity, and access to quality health care. Health care professionals are less equipped to affect the mental health issues pertinent to those communities without population-specific data. generally, the third gender community remains unaware of the psychological interventions and services potentially available to assist in management of their stress and mental health needs. Existing literature tells us that we'd like further research into the mental status of the third gender, which can allow researchers to raised understand determinants of their mood. Health care professionals can repose on these studies by designing interventions which will reinforce the resilience and coping strategies of those women, while ameliorating the factors that negatively affect their psychological state.

The third gender population is direly suffering from mental health problems like depression, anxiety, suicidal ideation and self-harm. The statistics and knowledge available are staggering and alarming. there's always some sort of a stigma attached to seeking help for mental health troubles, and to feature thereto, the severe stigma attached to belonging to the trans community makes it harder for people of the community to succeed in out for help. If they are doing so in the least, there are chances of them being mistreated or not treated in the least. Third gender were for the longest period of your time considered to be pathologically ill. it's within the latest Diagnostic and Statistical Manual-V that the diagnosis of identity Disorder was replaced with Gender Dysphoria. The worldwide medical fraternity not refers to thirdgendre individuals as having an illness, but rather that they need a choice and right to make a decision their way of living. this is often all nice and fine on paper, but the tough and haunting reality is that the misguided and ignorant views of the overall population on people belonging to the third gender community.

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