Gender Minority Stress, Internalized Shame, Social Support, and Resilience in Transgender Individuals

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Abstract

The aim of current study is to investigate the associations among Gender Minority Stress (GMS), internalized shame, Perceived Social Support (PSS), and resilience among transgender individuals. It aslo investigated the mediating role of internalized shame between gender minority stress and resilience and whether perceived social support modified this relationship. The sample consists of 210 transgender adults who were recruited using purposive sampling. Participants filled out questionnaires about gender minority stress and resilience, perceived social support, internalized and external shame, and resilience. The results showed that increased gender minority stress is correlated with increased internalized shame and decreased resilience. Perceived social support is a positive correlate and predictor of resilience, while gender minority stress and internalized shame are negatively associated with resilience. The results of mediation analysis showed that internalized shame explained the relationship between gender minority stress and resilience, and moderation analysis suggested that perceived social support shaped the relationship between gender minority stress and resilience. The results highlight the need for culturally competent psychological and social support measures to mitigate the minority stress and enhance the resilience of transgender individuals in Pakistan.

Keywords: Gender minority stress, internalized shame, perceived social support, resilience, transgender individuals.

1. Introduction and Literature Review

Transgender people are a diverse group whose gender identity or expression is not the one they were given at birth. Gender identity can include more than just the binary of male and female, and not everyone is the same in terms of the pursuit of gender affirming medical interventions (Wilson et al., 2024). Thus, transgender experiences are influenced by family dynamics, cultural norms, social attitudes, and interpersonal contexts. These contextual factors can shape experiences of acceptance and rejection and can play a role in psychological challenges when facing stigma, discrimination, or social exclusion. They may or may not opt for medical procedures that are gender affirming, like hormone therapy or surgery (Arcelus et al., 2016). They can be trans men, born female but feel like male, trans women, born male but feel like female, or non-binary, who feel neither male nor female. These varied gender identities exist within a wider social and cultural framework which may impact on experiences of acceptance, stigma, discrimination and mental health. It is estimated to be 0.6% of the world's adult population. About 1.3 million adults in the United States self-identify as transgender individuals (Budge et al., 2024). Gorman et al. (2022) found that these people experience stigma, discrimination, victimization and social exclusion which can have profound psychological impacts.

Gender minority stress is a unique type of psychosocial stress which is closely related to social structures, cultural expectations, interpersonal interactions and experiences of discrimination than general life stress (Valentine et al., 2018). These stressors can be external (rejection, harassment, discrimination, victimization) or internal (concealment of identity, internalized stigma). Minority Stress Theory suggests that chronic exposure to these stressors can lead to further psychological stressors and mental health problems (Meyer, 2003; Dejanipont et al., 2024). Internalized shame refers to the process through which negative

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social attitudes become incorporated into an individual's understanding of the self, identity, or behavior. For transgender individuals who repeatedly encounter stigma or negative societal attitudes, this process may contribute to feelings of inadequacy, self-criticism, negative self-evaluation, and emotional distress. From a minority-stress perspective, internalized shame represents an important psychological mechanism through which broader social stigma may become personally experienced. Examining this process alongside gender minority stress may therefore provide greater insight into how external social adversity influences psychological functioning (Costa et al., 2025). It can be viewed as a form of internalization of the larger social stigma from a minority stress perspective. Negative social perceptions can be internalized and can lead to greater psychological vulnerability and emotional suffering. Thus, a focus on internalized shame in conjunction with the gender minority stress is important to understanding how social stressors can become psychologically internalized.

Social support is the material and psychological resources that can be obtained from a person's social network which can help them to cope with stress (Cohen & Wills, 1985). This can involve emotional, practical and informational support though interpersonal relationships (Collet et al., 2023). Social support can be a protective factor because it offers people the resources to deal with stressful situations and minimize the impact of stress. Transgender people may find emotional security, acceptance, practical support, and coping tools in supportive relationships in the face of stigma, discrimination, or rejection. In settings where transgender people are not socially accepted, the availability and quality of social support might be especially significant.

Resilience is the effective utilization of personal strengths and interpersonal and environmental resources. It can help to adapt to chronic minority stressors and can help to function psychologically in the face of discrimination, stigma, and rejection. Social relationships and other contextual resources can, therefore, be a factor in the development and maintenance of resilience (Gorman et al., 2022). It can help people cope with major life changes and access their own strengths, social, and environmental supports. It can be a process that enables transgender people to adjust to chronic minority stressors and cope with discrimination, stigma, and rejection without experiencing psychological dysfunction. Social support can also play a role in resilience by offering interpersonal resources to help with adaptive coping (Giordano, 2018).

Gender minority stress (stigma, discrimination, rejection, and victimization) has shown negative effect on psychological problems among gender-diverse individuals. Social support, resilience, coping, and supportive social networks buffer against mental health problem (Kyle, 2019). Family rejection and sociopolitical stress may worsen mental-health issues, and resilience and social resources may facilitate adaptation (Puckett et al., 2024. Dejanipont et al. (2024) also emphasized the adaptive coping resources of forgiveness, social support, and resilience.

1.1 Conceptual Framework

This study is based on the Minority Stress Theory (Meyer, 2003) which suggests that prejudice, discrimination, rejection and other social stressors related to minority status contribute to the stress experienced by members of stigmatized minority groups. In the proposed model, gender minority stress is viewed as the main social stressor and internalized shame is seen as a possible psychological process by which external stigma can impact resilience. Perceived social support and resilience are psychosocial protective factors that can help with adaptation to chronic stress. Studying these constructs in a single framework enables the study to take into account both vulnerability and protection, and offers a more comprehensive understanding of psychological adjustment among transgender people.

These experiences can lead to internalized shame, which is the internalization of negative social attitudes and stigma (Wilson et al., 2024). Thus, the framework suggests that increased gender minority stress experiences are linked to increased internalized shame. Social support and resilience are conceptualized as protective psychosocial resources at the same time. Social support offers emotional, practical and informational resources that can help people manage stress (Helsen et al., 2022). These resources can thus facilitate more adaptive reactions to gender minority stress.

The theoretical contribution of the present study is to consider these constructs together as opposed to individually. The main purpose of Minority Stress Theory is to account for the psychological vulnerability that can result from stigma-related stressors. Specifically, internalized shame is a potential psychological pathway by which minority stress can be internalized, while social support and resilience are psychosocial resources that can help adaptation to persistent stressors. The study also extends the Minority Stress Theory to the Pakistani sociocultural context. While minority stress has been widely studied in Western societies, the expression of this stress can vary across cultures due to differences in family structure, cultural expectations, religious and social values, stigma, and interpersonal relationships that can influence the experiences in these individuals (Testa et al., 2012). Thus, a combined examination of GMS, internalized shame, social support, and resilience among transgender people in Pakistan offers culturally specific evidence of the applicability of Minority Stress Theory outside of Western contexts.

1.2 Rationale of the Study

The individual effect of gender minority stress, internalized shame, social support, and social resilience have been examined, these factors in the context of transgender individuals in Pakistan. While these constructs have been examined separately or in Western populations, little research has examined the interaction between external minority stressors, internal psychological processes and protective psychosocial resources in an Eastern sociocultural context. The Pakistani context is significant because family relationships, social acceptance, cultural expectations, stigma, and community networks can have a significant impact on the experience of minority stress and coping for transgender individuals. Thus, relationships formed in other sociocultural settings cannot be taken for granted to be the same in Pakistan. In the current study it is explored the associations between gender minority stress, internalized shame, social support and resilience among transgender people in Pakistan, based on Minority Stress Theory. The purpose of this study is to offer culturally relevant evidence to the GMS theory and examining the concepts of vulnerability and protective psychosocial constructs in an integrated conceptual framework.

1.3 Hypotheses

1. There will be a significant relationship between gender minority stress internalized shame, and resilience in transgender individuals.
2. Gender minority stress, internalized shame, and social support will be significant predictors of resilience in transgender individuals.
3. Internalized shame mediates the relationship between the gender minority stress and resilience.
4. Social support moderates the relationship between gender minority stress and resilience in transgender individuals.

2. Methods

2.1 Sampling and Research Design

A correlational research design was used. Purposive sampling technique has been used to recruit the 210 participants calculated through G*Power with an alpha level of .05, a

statistical power of 0.80, and a small effect size. Volunteer transgender adults who could complete the study measures and had the necessary demographic and literacy requirements were included and those who did not meet the inclusion criteria were excluded.

Table 1. Demographic Profile of Transgender Individuals (N=210)

Variables	Categories	*f*	%	Variables	Categories	*F*	%
Age	*M=29.85, SD=6.73*			Monthly income of respondents	Below 50k Above 50k Above 1 lac	80 129 1	38.1% 61.4% 0.5%
Sex assigned at birth	Male Female	110 100	52.4% 47.65	Reaction of family	Neutral Rejecting	123 87	58.6% 41.4%
Gender identification	Male Female	100 110	47.6% 52.4%	Society reaction	Neutral Rejecting	19 191	9% 41.2%
Birth Order	First Middle Last	69 83 58	32.9% 39.5% 27.6%	Reaction of respondent	Acceptance Neutral Rejecting	108 94 8	51.4% 44.0% 3.8%
Education Level	Matric Intermediate Bachelors	138 67 25	65.7% 31.9% 11.9%				

The data summarized in the table 1 gives information about the standard of living and socio-economic status of the transgender individuals.

2.2 Demographic Information Sheet

Demographic data were gathered on participants' age, sex at birth, transgender identity (transgender male or transgender female), education, socioeconomic status, and family type.

2.3 Gender Minority Stress and Resilience Measure (GMSR)

It is a self-report measure developed by Testa et al. (2015) having 58 items grouped into nine subscales named at gender-related discrimination, rejection, victimization, and non-affirmation of gender identity, internalized transphobia, negative expectations for the future, and nondisclosure of gender identity, pride and, community connectedness. It uses a five-point response format scale ranging from Strongly Disagree to Strongly Agree. The higher the score, the more the phenomenon measured in each subscale is endorsed. Table 2 presents Cronbach alpha reliability on the current sample.

2.4 Multidimensional Scale of Perceived Social Support (MSPSS)

It is developed by Zimet et al (1988) having 12 self-reported items with three subscales named as family (items 3, 4, 8, and 11), friends (items 6, 7, 9, and 12), and significant others support (items 1, 2, 5, and 10). It used the seven-point Likert response format pattern very strongly disagree to very strongly agree. Table 2 reports Cronbach's alpha reliability coefficient of the scale.

2.5 External and Internal Shame Scale (EISS)

It has eight item self-report measure developed by Ferreira et al. (2022) having two domains like external shame and internal shame. The scale was created in the evolutionary biopsychosocial framework of shame and is designed to measure both aspects in one scale. There are 4 items on external shame and 4 items on internal shame in the EISS. The items are related to four main areas of shame: inferiority/inadequacy, sense of exclusion, uselessness/emptiness, and criticism/judgement. It has five-point Likert response format ranged from 0-4 never to always. Table 2 presents the Cronbach's alpha reliability coefficient of the scale.

2.6 Connor–Davidson Resilience Scale (CD-RISC)

It has 25 self-report scale developed by Connor and Davidson (2003). It reflects aspects of adaptive functioning in stressful situations such as coping ability, persistence, adaptability, perceived competence and tolerance of negative experiences. Its response format is ranged from 0 to 4 (not true at all to true nearly all the time). The total scores range from 0 to 100, with higher scores representing higher perceived resilience. The CD-RISC had good psychometric properties in the original validation study, with Cronbach's alpha of .89 and test–retest reliability of .87.

2.7 Procedure

The Institutional Review Board of the University of Lahore (UOL/IREB/26/21/08/0021) approved permission to conduct the study. Permission from the institutions was granted and data were collected from the transgender community centers, Fountain House Lahore, and the Birth Defect Foundation Lahore. Participants filled out a demographic information sheet and then measures of gender minority stress, internalized shame, perceived social support, and resilience. The dignity, privacy, confidentiality and psychological wellbeing of the participants were safeguarded throughout the data collection process. The study included potentially sensitive experiences and psychological first aid administered to those who had emotional distress or were triggered during the study consisted of recitation of Surah Al-Rahman sound therapy (Bukhari, 2020) by Qari Abdul Basit Abdul Samad. Those who did not want to undergo the therapy or needed extra assistance were directed to a psychologist. SPSS Version 26 is used, demographic variables are analyzed through descriptive statistics, Pearson product–moment correlations, hierarchical regression analysis, PROCESS Macro Model 1 and 4.

3. Results

Gender minority stress, internalized shame, perceived social support, and resilience relation has been explored in the current study. The study sought to determine what factors make people resilient in this population. It also explored the mediation role of internalized shame between GMSR and the moderation role of perceived social support between gender GMSR. The Cronbach's Alpha values indicating good reliability of these scales which means these are measuring what these are supposed to measure. The skewness and the kurtosis range from -1 to +1 and the range of the kurtosis is -.34 to .82, respectively which show normality of the data.

Results from the correlation analysis indicated that gender minority stress is significantly correlated with its dimensions (internalized shame, social support, and resilience). Gender minority stress ($r = -.11$, $p < .01$) and negative expectations, non-affirmation, internalized transphobia, and non-disclosure are all negatively correlated with resilience. Internalized, external, and internal shame are negatively correlated with resilience, while pride ($r = .12$, $p < .01$) and friends' social support ($r = .14$, $p < .05$) are positively correlated with resilience. There was a positive correlation between internalized shame and gender minority stress ($r = .17$, $p < .01$).

Table 2. Psychometric Properties of the Measures (N = 210)

Variables	*K*	*α*	*M*	*SD*	Actual	Potential	Skew	Kurt
Gender Minority Stress and resilience Scale	58	.70	207.4	9.09	186-257	5-285	.76	.32
Discrimination	5	.64	9.81	2.80	5-16	4-20	.33	.33
Rejection	6	.67	17.3	1.60	14-22	4-24	-.10	.07
Victimization	6	.83	13.0	3.41	6-18	4-24	-.32	-.62
Non-affirmation	6	.65	26.5	3.80	21-75	5-30	-9.9	.12
Internalized transphobia	8	.71	35.1	2.42	27-39	5-40	-.88	.93
Negative expectations	8	.62	33.6	2.797	28-41	5-45	.08	-.03
Non-disclosure	5	.70	20.7	2.125	17-25	5-30	.29	-.34
Pride	8	.61	28.5	2.130	24-32	5-40	-.20	-.86
Community Connectedness	5	.71	22.8	1.696	20-25	5-25	-20	-.22
Multidimensional Perceived Social Support Scale	12	.88	67.6	6.751	57-77	12-84	-.35	-0.4
Significant others support	4	.66	23.2	2.178	20-26	4-48	-.29	-0.3
Friend support	4	.80	22.8	1.954	19-26	4-48	-.37	-.13
Family support	4	.75	21.5	3.346	16-26	4-48	-.29	-.11
Conor Davidson Resilience Scale	25	.73	90.3	5.396	79-98	25-125	-.57	-.83
External and Internal Shame Scale	8	.71	25.5	2.107	20-32	8-40	.57	.32
External shame	4	.56	12.7	1.168	10-16	4-20	.16	.82
Internal shame	4	.63	12.7	1.281	10-16	4-20	.16	-.24

Note. K = Total number of items, *M* = Mean, *SD* = Standard Deviation, *Skew* = Skewness, *Kurt* = Kurtoses

Table 3. Correlation between Study Variables (N=210)

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1 GMS	.09*	.36**	.39*	.51**	.47**	.57**	.47**	-.48**	-.08**	-.18**	-.38*	-.08**	-.07**	-.11**	.166**	.10*	.09**
2 D		.20**	.03*	.05**	.03**	.34**	.30**	-.23**	-.15*	-.19**	-.04*	-.23**	-.33**	-.10**	.40**	.36**	.33**
3 R			.13	.00	.02*	.23**	.15*	-.10	-.00	-.20**	-.02	-.36**	-.25**	-.29**	.10**	.18**	.00
4 V				.07	.00	.24**	.12	-.12	-.25**	-.09	-.09	-.05	-.10	-.26**	.11	.01	.16*
5 N					.07	.12	.23**	-.09	-.03	-.06	-.09	-.05	-.10	-.26**	.11	.06	.04
6 I						.20**	.30**	-.32**	-.08	-.13	-.19*	-.05	-.05	-.07*	.18**	.25**	.07
7 NEF							.32**	-.32**	-.10	-.07	-.16*	-.09	-.04	-.36**	.41**	.23**	.47**
8 ND								-.35**	-.03	-.27**	-.49*	-.05	-.14*	-.13*	.03	.16*	.09
9 P									.05	.47**	.48**	.29**	.45**	.12**	-.27**	-.29**	-.10
10 CC										-.05	.04	-.06	-.04	.14*	-.13	-.15*	-.07
11 SS											.911*	.86**	.90**	.61**	-.03**	-.28**	-.20**
12 FAM												.63**	.70**	.53**	-.02	-.22**	-.22**
13 FND													.79**	.57**	-.14*	-.38**	-.10
14 SIG														.53**	-.04	-.19**	-.17*
15 CDR															-.15**	-.13**	-.36**
16 EISS																.84**	.87**
17 EXT																	.47**
18 INT																	

Note. ***p<.00`1, **p < .01, *p < .05(2-tailed) *GMSR* = Gender minority stress, *D* = Discrimination, *R* = Rejection, *V* = Victimization, *N* = non-affirmation, *I* = Internalized transphobia, *NEF* = Negative expectations, *ND* = Non-disclosure, *P* = Pride, *CC* = Community connectedness, *SS* = Social support, *FAM* = Family, *FND* = Friends, *SIG* = Significant others, *CDR* = Conor Davidson Resilience, *EISS* = Internalized shame, *EXT* = External shame, *INT* = Internal shame.

The hierarchical regression results show that social support is a significant positive predictor of resilience among transgender people. Gender minority stress dimensions are significantly associated with resilience, after controlling for social support, with negative expectations, victimization, and internalized transphobia being negatively associated with resilience, and discrimination, non-affirmation, and non-disclosure showing smaller significant associations. In the last step, external and internal shame were strong negative predictors of resilience (B = −.45, β = −.27, p < .01), and social support remained a positive predictor. Overall, the results indicate that social support is positively related to resilience, while minority stress and shame processes are negatively related to resilience.

Table 4. Predictors of Resilience in Transgender Individuals (N = 210)

Predictor	*B*	*SE*	β	95% CI LL	95% CI UL
Step 1					
Social support	.49	.04	.61***	.40	.57
Step 2					
Social support	.53	.03	.65***	.45	.60
Negative expectations	−.67	.08	−.35***	−.85	−.50
Victimization	−.38	.07	−.24***	−.52	−.24
Discrimination	.26	.09	.13**	.09	.44
Non-affirmation	.17	.06	.12**	.06	.30
Internalized transphobia	−.24	.10	−.10*	−.43	−.05
Non-disclosure	.28	.13	.11*	.02	.54
Step 3					
Social support	.47	.04	.59***	.39	.54
Negative expectations	−.46	.10	−.24***	−.65	−.26
Victimization	−.30	.10	−.19***	−.44	−.15
Discrimination	.35	.09	.18***	.16	.53
Non-affirmation	.12	.06	.08*	.02	.26
Internalized transphobia	−.27	.10	−.12**	−.46	−.07
Non-disclosure	.23	.13	.09*	−.02	.48
External and internal shame	−.45	.08	−.27**	—	—

Note. $p < .05$. $p < .01$. $p < .001$. LL = lower limit; UL = upper limit.

Table 5. Internalized Shame as a Mediator between Gender Minority Stress and Resilience

		Gender Minority Stress		
Mediator		*Effects*	R^2	*F*
Total B		-.118*	.082	18.94*
Internalized Shame	Direct B	-.052*	.214	27.63**
	Indirect B	-.066**	95%CI [-.104, - .031]	

Table 5 shows that the overall effect of gender minority stress on resilience is significant (B = −.118, p = .05). The direct effect is no longer significant when internalized shame has been added to the model (B = −.056, p = .176), suggesting that the relationship between gender minority stress and resilience is no longer significant after the mediator was included. The results also showed that the indirect effect of gender minority stress on resilience via internalized shame is statistically significant (bootstrapped 95% CI: -.104, -.031). The results suggest that the internalized shame is a mediator between the gender minority stress and resilience.

Table 6. Moderating Role of Social Support in the Relationship Between Gender Minority Stress and Resilience (N = 210)

Predictor	*B*	95% CI [LL, UL]
Constant	483.56***	[−599.91, 367.21]
Gender minority stress	−2.07***	[−2.64, −1.51]
Social support	5.46***	[−7.20, −3.73]
Gender minority stress × Social support	0.03**	[0.02, 0.04]
R^2	.532	
ΔR^2	.106	
F	78.07*	
ΔF	46.42*	

Note. LL = lower limit; UL = upper limit. $p < .05$. $p < .01$. $p < .001$.

The moderation analysis showed that social support significantly moderated the relationship between gender minority stress and resilience. The overall model accounted for 53.2% of the variance in resilience ($R^2 = .532$) and the interaction accounted for an additional 10.6% ($\Delta R^2 = .106$, $\Delta F = 46.42$, $p < .001$). The interaction effect is significant (B = .03, $p < .01$), suggesting that the relationship between gender minority stress and resilience is moderated by social support, meaning that greater social support may help to buffer the negative effects of gender minority stress on resilience

4. Discussion

Relationship between gender minority stress, its components, internalized shame, social support, and resilience in transgender people have been explored. The results are generally consistent with the GMS model (Meyer, 2003; Hendricks & Testa, 2012) which states that distal stressors (discrimination and victimization) are linked to proximal stressors (internalized transphobia, negative expectations, non-affirmation, and non-disclosure), and that these stressors are associated with poorer adaptive outcomes. GMS and some of its dimensions are negatively associated with resilience. Specifically, victimization, internalized transphobia, discrimination, and non-affirmation are significant predictors of lower resilience (Turone et al., 2025). Repeated experiences of discrimination, harassment, identity invalidation, and negative self-beliefs can create a psychological burden that can disrupt adaptive functioning. This interpretation aligns with the Minority Stress Model and prior studies that have found that rejection, victimization, and internalized stigma are linked to poorer psychological functioning among transgender people (Meyer, 2003; Hendricks & Testa, 2012; Testa et al., 2015). Internalized shame is also closely related to minority stress and resilience. The results indicated positive relationships between shame and various dimensions of minority stress, specifically negative expectations and internalized transphobia, and a negative relationship between shame and resilience.

Findings of the current study remained consistent with the theory of stigma internalization, which suggests that repeated exposure to social devaluation can lead to internalization of negative self-evaluations and shame-based self-schemas (Dejanipont et al., 2024). These also argue that minority stress can impact resilience not only through external experiences, but also through internal psychological processes. This process is further explained by the mediation analysis. The relationship between gender minority stress and resilience is mediated by internalized shame, suggesting that internalization of negative social experiences may play a role in the relationship between gender minority stress and resilience. Theoretically, this finding aligns with the Gender Minority Stress Model, which posits that external stigma-related experiences can lead to internalized stigma and negative self-evaluations, which in turn can impact psychological adaptation (Kyle, 2019). Social support is

identified as a protective factor. The stress-buffering theory (Cohen & Wills, 1985) was supported by the significant prediction of perceived social support for resilience. When facing stigma-related stress, supportive relationships can offer emotional, interpersonal and practical supports that enhance coping and adaptive functioning. Additionally, the positive relationship between pride and community connectedness implies that identity affirmation and belonging might help to increase access to supportive interpersonal and community resources (Miller-Perusse et al., 2024). Notably, social support also buffered the link between gender minority stress and resilience.

The relationship between minority stress and resilience has been negative at lower levels of social support, and weaker at higher levels of social support. The results of this study lend empirical support to the stress-buffering model and indicate that supportive social environments can buffer the negative impact of minority stress on psychological adaptation. Combined, the findings build on the current minority stress literature by combining stress exposure, internalized shame, social support, and resilience in one explanatory framework (Puckett et al., 2024; Rimmer et al., 2023). The findings indicate that resilience in transgender people should not be seen as a personal trait, but as a product of the interplay between stigma-related experiences, internal psychological processes, and social resources. This holistic view has implications for interventions that seek to decrease discrimination and identity invalidation and increase social support, identity affirmation, and psychological coping resources.

5. Limitation and Future Directions

The present study used a correlational research design which does not allow for causal interpretations about the changes in gender minority stress, internalized shame, social support, and resilience over time. Longitudinal designs will be required in future research to explore the temporal changes in these variables and to assess whether chronic exposure to minority stress leads to greater internalized shame or less resilience. The sampling method and the recruitment of participants from certain transgender community venues in a specific geographic and cultural context also restrict the generalizability. The sample size has been relatively large but the results may not be representative of all transgender people in Pakistan. More diverse and, if possible, probability or multi-site sampling should be used in future research.

6. Implications

The results have significant implications for psychological practice, community support, and public awareness about transgender people in Pakistan. The study emphasizes the importance of raising awareness about gender diversity and addressing stigma, discrimination, and social exclusion that can be associated with gender minority stress. Mental-health professionals should offer culturally competent and gender affirming psychological care that focuses on minority stress, internalized shame, coping, identity affirmation, emotional regulation, and resilience. Since supportive relationships can buffer the negative psychological consequences of minority stress and foster resilience. Therefore, it is potential for transgender community organizations and mental-health services to create safe, confidential, and affirming support programs that include psychoeducation, coping-skills training, strategies to build resilience, and opportunities for positive identity development. “Surah Al-Rahman sound therapy” can be used as a supportive psychological first-aid measure for temporary distress reduction technique or as a psychological first aid during sensitive research encounters with the consent of the participants.

7. Conclusion

The associations between GMS, internalized shame, perceived social support, and resilience in transgender people. Findings indicated that the GMS is correlated with decreased resilience, and internalized shame is a significant psychological pathway between gender minority stress and resilience. The relationship between gender minority stress and resilience was fully mediated by internalized shame, suggesting that the association between stress and resilience is indirect and that it is mediated by internalized emotional processes. Perceived social support was protective factor, positively predicting resilience, and it also moderated the relationship between GMSR, such that higher levels of social support reduced the negative association between gender minority stress and resilience. In general, the results indicate that there are interrelated social, cognitive, and emotional factors that affect resilience. Thus, fostering the psychological health of transgender people is not simply about mitigating minority stressors like discrimination, victimization, and non-affirmation, but also about enhancing supportive relationships and delivering culturally affirming, gender affirming, and shame-sensitive psychological care.

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