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Abstract

Purpose: This study explored minority resilience of trans and gender non-confirming individuals within a non-Western, collectivist society in Sri Lanka.

Design: Fifteen interviews were analyzed with the multi-method qualitative text and discourse analysis framework; by incorporating the depth of discourse analysis with the breadth of thematic analysis.

Findings: Four narratives emerged (jealousy and competition; authentic expression; othered or shunned; and conditional acceptance), located at the convergence of the two interview foci, 'group membership' and 'level of support'. Study findings strengthen the Transgender Resilience Intervention Model with evidence from a non-Western context, highlighting unique findings from Sri Lanka.

Limitations: The sample size, focus on one nationality, exclusion of minors, and recruitment of participants with access to digital devices may limit generalizability of study findings. Some responses on autobiographical data required prompting by the researcher, and retrospective recollections may not be reliable.

Originality: This research is one of the first studies in South Asia to explore minority resilience with TGNC individuals. The findings add to the growing body of South Asian scholarship and further expand the predominantly Global North literature by providing a collectivist perspective.

Introduction

The Trans and Gender Non-Conforming (TGNC; Yarbrough et al., 2017) community experienced increased restrictions on their autonomy in the past years (e.g., Faye, 2021; Lester, 2018; Jones et al., 2017). This comes together in a wider hostility against gender minority communities, led by right-wing political actors and gender-critical commentators (Butler, 2024; Holzberg, et al 2024). A key example is anti-Trans regulations limiting access to health resources for TGNC youth (Amery & Mondon, 2024; Barbee et al., 2022) and care approaches that scholars criticize as *gate-keeping* (i.e., restricting access to resources or services; Denny et al., 2007; Jones et al., 2017; Lester, 2018; Schulz, 2018). A viable approach to offering

effective and appropriate care comes in the form of the *Power-Threat-Meaning Framework* (PTMF; Johnstone & Boyle, 2018), a non-pathologizing alternative to the bio-medical diagnostic model, which conceptualizes distress as a maladaptive response to perceived threats (Johnstone & Boyle, 2018).

Minority Distress in the TGNC Community

The TGNC community experiences increased levels of distress, within an increasingly challenging societal context where expressions of transphobia in some contexts are normalized and unchallenged (Amery & Mondo, 2024; Hobson, 2023). This is linked to the term *minority stress* by Meyer (2003), a sociological concept which recognizes that members at the fringes of society can often experience high levels of chronic stress due to their social position (Meyer, 2003). In the case of the TGNC community, this is due to their opposing nature to hetero- and cis-normative mainstream cultures (e.g., Helsen et al., 2022). The disparity in health of persons belonging to gender minority communities (such as TGNC) can be explained through social causation, locating the origin of distress in society's reaction and treatment of disenfranchised communities, as opposed to an inherent flaw within those individuals (Dohrenwend, 2000).

In addition to the societal focus, another influencing factor within the exploration of TGNC distress is *gender dysphoria* (Toomey, 2021), which describes a clinical presentation where individuals display persistent levels of discomfort due to mismatch between their gender identity and the sex they were assigned at birth (American Psychiatric Association [APA], 2013). The lack of positive narratives in media and research has inspired TGNC individuals to invent the term *gender euphoria* (Ashley & Ells, 2018), which speaks to the satisfaction and happiness that individuals experience in moments of gender congruence (e.g., Owen-Smith et al., 2018). The focus on resilience is also reiterated by experts (Henrich, 2023), who favor a strength-based view of their TGNC clients to fulfil their needs. This moves the understanding of professionals working with the community from distress avoidance towards resource maximization, including support networks, knowledge level about adaptive coping mechanisms (such as binding or padding), and ultimately the experience of gender congruence.

Minority Resilience in the TGNC Community

Álvarez et al. (2022) categorizes resilience within gender minority communities according to three levels: 1) individual, 2) socio/relational, and 3) community, with socio-ecological factors being present across all. The individual category includes themes of self-efficacy and self-reliance, supported by positive attitudes towards their own identity and spirituality. Socio/relational and community support categories included more general support against negative live events (e.g., family), specialized services, such as foster care, and community initiatives. This is supported by The 'Transgender Resilience Intervention Model' (TRIM; Matsuno, E., & Israel, T., 2018) as well, which categorizes factors which promote resilience among trans individuals as *personal* (self-worth, self-acceptance and/or pride, self-definition, hope, transition) and/or *group* (social support, community belonging, family acceptance, participating in activism, having and being positive role models) factors. The majority of existing literature aligns with these frameworks (Alessi, 2016; Bockting et al., 2019; Bry et al., 2017; Doyle et al., 2021; Garro et al., 2022; Gorman et al., 2022; Koziara et al., 2022; Kurusattra et al., 2021; Lazaro et al., 2021; Schultz et al., 2024; Smith et al., 2021; Stanton et al., 2016; Valente et al., 2020) and according to Trimpey et al. (2020), social networking sites (SNS) have further enhanced opportunities for social interaction by overcoming geographical barriers while maintaining anonymity and preserving privacy.

However, contrasting evidence suggests that TGNC individuals may experience emotional exhaustion and stigmatization from interactions with other community members (Bowling et al., 2020). Egli (2023) adds to this by testing part of the TRIM model, examining the moderating effect of identity pride on the relationship between two minority stressors (rejection and negative future expectations) and mental health outcomes among 514 trans and gender-diverse adults in the U.S. Those with higher levels of 'identity pride' were more negatively affected by rejection, increasing vulnerability to depression and anxiety related to gender identity. Similarly, the study by Helsen (2022) on Flemish and Dutch transgender adults (n = 143) supports Egli's findings, indicating that internalized transnegativity and expectations of rejection were linked to higher mental health difficulties. Community connectedness did not appear to affect mental health or act as a moderator, suggesting it may not promote resilience in transgender adults. Furthermore, Valente et al. (2020) found that not only did community connectedness lack significant impact, but family support also

did not moderate the effect of gender-related discrimination on psychological distress, with transgender activism being positively associated with distress. Cross-cultural evidence from Zhang (2022) also shows that while social support, identity pride, and resilience can buffer against negative mental health outcomes, community consciousness (e.g., exposure to peer pressure to transition and activism) has led to emotional burnout and increased risk of discrimination.

This calls for further cross-cultural research on transgender resilience to determine whether minority resilience of gender-diverse individuals differs from or aligns with findings from Global North contexts. As per Alessi et al. (2016), African and Caribbean participants reported that "spiritual upkeep" strengthened their resilience. Babcock (2022) further explored this intersection between gender-diverse identities and non-affirming religions, where participants described how they used grit, courage, self-awareness, and support from family, friends, community, and artistic expression to navigate non-affirming environments. These participants emphasized that self-reflection and intricate thought processes were essential to continue participating in non-affirming religious spaces, with their faith in God providing foundational support for their resilience. In contrast, Bowling et al. (2022) revealed that some participants reported experiencing mental health difficulties and rejection due to conflicts between their religious/spiritual identities and their gender/sexual identities. TGD individuals who followed philosophies of Buddhism reported experiencing dissonance upon realizing that Buddhism was not as inclusive of diverse genders as they had believed.

Buddhism does not explicitly forbid LGBT+ rights, and ancient texts like the "Vinaya Pitaka" mention multiple genders (e.g., *ubhatobyanjanaka*; those with dual sexual nature; Equite, 2023). Despite the perception that Buddhism affirms the status of gender-diverse individuals, there appears to be a discrepancy between religious teachings and actual practice within some Buddhist communities. Therefore, further research is needed to better understand the impact of religion and culture on resilience among TGNC individuals in non-Western contexts.

Post-colonial Religious, Cultural and Legal Contexts in Sri Lanka

Though Buddhism is widely practiced globally, Sri Lanka remains one of the few countries (even after colonization) to predominantly observe Theravada school of

Buddhism, which is believed to remain the closest to the original teachings of Buddha (BBC, 2002). Sri Lanka is a multi-religious and ethnic country with a collectivist culture, and Buddhism has been the dominant faith for over 2,550 years. Prior to colonization, Sri Lankan society engaged in liberal sexual practices (e.g., polyandry under the Kandy law, King Buwanekabhahu III had same-sex partners), which changed during the British colonial rule through introduction of laws that aimed to "Christianize" local practices and protect Christians from "native corruption" by criminalizing non-heteronormative sexual practices (Wijethunga, 2023). Despite over 76 years of independence, the British-imposed penal code, which criminalizes consensual same-sex acts, still remains in force in Sri Lanka (Wijethunga, 2023). A 2016 Human Rights Watch report highlighted arbitrary detentions, anal and vaginal examinations, and physical and sexual abuse (including rape) by law enforcement authorities targeting those who challenge post-colonial 'traditional gender norms' in Sri Lanka (Equal Ground, 2023; Equite, 2024).

In 2016, a significant milestone for LGBTQIA+ rights was achieved when the Sri Lankan government passed a circular (No 01-34/20163) allowing transgender individuals to change their sex-assigned-at-birth on official documents (i.e., birth certificates and identity cards; Wijethunga, 2023). Furthermore, a Private Members' Bill seeking to amend anti-LGBTQIA+ laws was deemed constitutional by the Supreme Court in 2023, marking a significant step toward reform (Equite, 2024). However, due to lack of awareness and stigma, requests for the Gender Recognition Certificate (GRC) are often hard to obtain or rejected (Equite, 2023), and transgender individuals are still referred to by derogatory terms like "Napunsakaya" (eunuch) and "Ponnaya" (slang) in the civil service sector and in the wider society.

There are no dedicated healthcare clinics for transgender individuals, despite many working in the sex industry and needing regular health screenings (Wijethunga, 2023). Discriminatory practices in healthcare include sexual harassment by doctors, lack of informed consent for invasive examinations, insufficient knowledge of community needs, a narrow focus on commercial sex work and STIs, unsolicited advice influenced by personal biases, and pseudoscientific conversion efforts. Conversion therapy remains widely practiced in Sri Lankan medical and religious institutions despite being globally discredited and made illegal (Equal Ground, 2023).

In the Malalagama et al., (2018) study, most participants reported distress over issues related to legal documents, hormone treatment, and gender-affirming surgeries. Depression was the most common psychiatric disorder, and participants had typically sought support only during critical moments and had not maintained regular contact with service providers. This study emphasized on incomplete legal transition as a significant risk as it is essential to assure increased access and quality of gender-affirming healthcare.

Research Objective

Whilst negative aspects such as discrimination and victimization are well-researched, the exploration of positive aspects like resilience of the TGNC community in the Global South remains understudied, and had not been studied in Sri Lanka until this research. The present study identifies universal and culturally unique areas of resilience within the TGNC community in Sri Lanka to better inform mental health scholars and practitioners on influencing factors and concepts to consider in care trajectories of TGNC persons.

Methodology

Based on the *multi-method qualitative text and discourse analysis* (MMQTDA) framework proposed by Alejandro and Zhao (2024), the depth of discourse analysis (DA; Potter & Wetherell, 1987) was combined with the breadth of thematic analysis (TA; Braun & Clarke, 2022). In the current study, the DA is deductive, as it is based on previously outlined theories surrounding resilience and minority stress. Meanwhile, the TA was framed as inductive, assessing remaining interviews for patterns, leading to the development of hypotheses on how representative the DA findings were for the explored sample. This combination of DA and TA allows for a full exploration of the available data without being reductionistic (Clarke et al., 2014), while also increasing generalizability (Carter et al., 2014).

Lastly, the findings were presented to individuals with lived experiences to include their understanding following Potter (1996). The need for co-production is pronounced in the field of Trans studies (e.g., Singh et al., 2013; Katz-Wise et al., 2019) as participatory research shall take into account of existing power differences between members of the research team and the TGNC community.

Ethics Approval

Ethics approval was obtained by the [redacted] (09/06/2022) and collaborating UK partners, [redacted] (SCIENCE 0217) and the [redacted].

Recruitment

Participants were recruited with informed consent by circulating a study information sheet via non-government aid organizations which provide support services to TGNC personnel. All participants were compensated with a one-off payment of Sri Lanka rupees 1,500 (approx. five USD) for internet data.

Interviews

Fifteen semi-structured interviews were conducted online via Zoom/WhatsApp between November 2022 and February 2023. The average interview length was one hour and 21 minutes (*Min* = 44 minutes; *Max* = 2 hours, 19 minutes). Fourteen interviews were done in Sinhalese and one interview in English (Interview 14).

Interviews were transcribed and translated verbatim, and followed the PTMF approach (Johnstone & Boyle, 2018), as outlined by Henrich (2022; 2023). Interview questions focused on individual gender identity, experiences of minority stress, and factors contributing to resilience.

Results and Discussion

The participant age ranged from 20 to 47 years (*M* = 29), with nine participants identifying as women (one participant reported to be intersex), five participants identifying as male, and one participant identifying as non-binary. Other demographic information is presented below in Table 1:

Table 1: Demographic information of interviewees

Interview	Education Level	Residential Province	Place/Type of Employment	Income/Financial Support (LKR)	Religion	Ethnicity
1	Grade 12 exam completed	Southern	Non-government aid organization	51k - 150k	Buddhism	Sinhalese
2	Grade 12 exam completed	North Central	Self-employed (business)	15k - 25k	Buddhism	Sinhalese
3	Grade 12 exam completed	Southern	Non-government aid organization	26k - 50k	Buddhism	Sinhalese

4	Postgraduate degree	Southern	Self-employed (tourism)	26k - 50k	Buddhism	Sinhalese
5	Graduate degree	Western	Non-government aid organization	26k - 50k	Buddhism	Sinhalese
6	Grade 12 exam completed	Western	Student	26k - 50k	Buddhism & Catholicism	Sinhalese
7	Postgraduate degree	Western	Non-government aid organization	51k - 150k	Buddhism	Sinhalese
8	Graduate degree	North	Student	Less than 15k	Catholicism	Sinhalese
9	Grade 12 exam completed	Western	Non-government aid organization	26k - 50k	Buddhism	Sinhalese
10	Graduate degree	Western	Non-government aid organization	26k - 50k	Buddhism	Sinhalese
11	Grade 12 exam completed	Western	Non-government aid organization	26k - 50k	Buddhism	Sinhalese
12	Grade 11 not completed	Western	Non-government aid organization	15k - 25k	Buddhism	Sinhalese
13	Grade 11 not completed	Western	Self-employed (sex worker)	15k - 25k	Buddhism	Sinhalese
14	Graduate degree	Western	Non-government aid organization	26k - 50k	Atheist	Tamil
15	Grade 11 not completed	Western	Self-employed (sex worker) and non-government aid organization	26k - 50k	Buddhism	Sinhalese

The first six interviews were analyzed with DA, which were subjected to monthly inter-rater sessions among five independent raters. As data saturation was achieved after the sixth transcript, the remaining nine interviews were analyzed with TA. DA and TA results are presented jointly and together with the discussion, allowing reflections to contextualize findings with current literature.

Interviewees utilized a variety of discourse strategies, such as humor, self-depreciation, positive self-talk, trivialization of experienced violence, avoidance or psychological distancing of the interview content, and/or positive reframing. The strategies do not only originate from the interview context, where different

participants built different kinds of trust and rapport with the researcher but arguably also stem from complex and diverse lived experiences of participants.

Overall, four narratives were observed in the DA of the first six interviews: (1) *jealousy and competition*; (2) *authentic expression*; (3) *othered or shunned;* and *(4) conditional acceptance.* The four narratives are located at the convergence of two interview foci, namely 'group membership' and 'level of support'. Figure 1 (Appendix 1) visualizes this relationship with the level of support being represented on the x-axis on a spectrum, ranging from supporting to opposing TGNC interviewees. The y-axis represents who the interviewees talked about, either their perceived in- or their out-group (i.e., TGNC community or the wider cis-gendered society). Meanwhile, other identities in the LGBQIA+ community occupy a double role here, settling both within and outside the in-group, depending on the respective interviewee.

[Insert Figure 1; see Appendix 1]

The narratives appeared reflective of the entire sample, as indicated by TA. However, where TA found divergence of the trend, it is highlighted. The narratives often did not occur independently but are presented here in such a manner to increase readability.

(1) Jealousy and Competition. The legal, historical, and cultural context in Sri Lanka has composed a unique position for TGNC individuals, which is not commonly observed in the Western discourse. Interviewees describe how they are seen as separate from the rest of the LGBQIA+ community because TGNC individuals seemingly have more legal protection and societal recognition (i.e., after obtaining the Gender recognition certificate; GRC, TGNC persons have similar rights as cisgender individuals).

Although participants recognized that this perceived 'protection' might not be due to acceptance but due to 'pity' (e.g., P3), it seemingly separates the TGNC community from other gender and sexual minorities. Participants viewed themselves closer to normality, as expressed by P1:

> P1: 'One thing I am proud of is that within the LGBT community, I am T. If I do a procedure, I can be normal in Sri Lanka. I mention this to my friends a lot, that though I am trans, I am happy that I fell into the Male to Female category.

> For someone who is a drag queen, it would be tougher for them. I have seen some of my friends who don't want to do the complete procedure, interact with boys and it's like they are acting. If I were gay or a lesbian, then legality and such would be a problem. I would tell people that being bi or trans within the community is the biggest happiness.'

Most interviewees identify 'jealously' as a significant factor for the separation between the TGNC and the remaining community (e.g., P1, P3, P5, P7), which is expressed through community lingo, such as 'beeshanaya' (disaster) or 'hodanowa' (shaming). However, a sense of jealousy and competition could also be experienced within the TGNC community. For example, P7 outlines how she experienced being targeted by rumors from another in-group member, which she thought originated from her friend being jealous of her transition progression.

> P7: 'But afterwards I became successful, she could not bear it, so she started telling bad things about me to others at the village. Even now it's like that. She didn't do the transition, but I achieved my goal. she is pretending to be a cisgender man.'

P6 attributed this in-fighting as a result of scarce resources that encourage this type of competition for access. She characterized services in Sri Lanka as limited, while P14 viewed them as 'commercialized'. With several community members seemingly vying for same access, this can result in vindictive behavior, such as the spreading of disinformation about services, as described by P5:

> P5: 'Yes, even until today, I've helped a few people who've come to me with issues like that, to guide them and consult with doctors and stuff like that. Most people say that procedures cost about LKR 10,000, 15,000 or even 70,000 but if I'm being honest, it takes less than LKR 1,000 sometimes. It's actually our own people within the community who sent out this misinformation.'

This weighs especially heavy, as participants described how lack of correct information, for example, about transition pathways, is one of the biggest obstacles.

Throughout this narrative, participants appeared to psychologically distance themselves from others within their own community, for example, making value

judgements on how much less critics have transitioned themselves yet (P12) or how they behave inappropriately, not aligned with wider cultural values in Sri Lanka (P5):

> P5: '[…] We have to know to dress according to the occasion so when people go in with their helmets and jackets wearing baggy clothing or a pair of shorts, people won't accept us or show us respect. Had we dressed up with the shirt tucked into a pair of trousers, the treatment we'd receive would be much more different. […], so some people might either wear really short skirts or short clothing, flick their hair and do something like that. So when that happens, those actions are highlighted.'

It appears that these statements replicated existing notions of power that also exist in the wider heteronormative society. P10 contextualized this through patriarchal power structures when mentioning similar issues and stated that Trans men usually enforce this perceived hierarchy by being more aggressive and assertive. Both participants implicitly recognize that this dynamic plays out in a binary gender system, seemingly discounting gender non-conforming expressions. P3, who identifies as gender non-binary themselves, reported first-hand experiences of this, stating that they felt on the fringes of their own community. Refuting the binary system appears to undermine progress and betray the ultimate goal for most participants, which is to seamlessly integrate into mainstream society (e.g., P4, P3, P11).

This theme adds to the existing narrative that being connected with the in-group community may not always be helpful and could conversely lead to further stigmatization and psychological distress (Bowling et al., 2020).

(2) Authentic Expression. Embracing a gender expression that falls within the binary system of mainstream culture is usually called 'passing' (e.g., Anderson et al., 2020, p. 45) and refers to not being perceived as 'trans' by cis-gendered others. This term is explicitly used by participants as well, for example, P4 settles this in the context of transition-related goals:

> P4: '[…] No. I didn't face any problem like that. Because with my appearance, nobody can say that I'm a community member. So far, I'm staying without a problem, but many of my friends had experienced some problems during

COVID. Even now, there are problems at hospitals. In two clinics in the same hospital, they treat us in two different ways.'

Achieving this goal is characterized by a strong sense of satisfaction, matching concepts related to 'gender euphoria':

P7: 'Sometimes when I'm walking on the road and there is a girlfriend and boyfriend going on their bike, and the boyfriend glances at me sneakily from the side while his girlfriend is there, that makes me happy. It's not a malicious pleasure. It's like, Thank God I'm in the right track because that person is looking at me without recognizing that I'm a trans individual. So I have achieved that goal I had in my life for a long time, so there's also a small innocent happiness as well, at those times."

Passing is also directly linked to safety, as outlined by P1, who remarked being recognized as trans in public is 'scary'. In this context, participants identified their own community as a double-edged sword, as visible association with other gender non-conforming individuals could expose them as well. In fact, in this sample, especially Trans women, refuted the label 'trans' entirely, stating that their transition goal is to be recognized and referred to as a 'cisgender' woman (e.g., P6: 'I usually don't advertise that I am trans, I rather be known as cisgender.'). Discursive strategies often appeared to include psychological distancing, where participants seemed keen to separate themselves from the trans community. The interviewer is unable to affirm whether this distancing is a linguistic strategy to cope with external negative beliefs threatening the self-image like internalized transphobia (Bockting et al., 2015; Henrich et al., 2022) or whether it reflects a behavioral coping mechanism that allows her to blend in with real-life situations, and thus, stay safe. It is a unique finding from this study that in contrast to developing resilience through pride in one's TGNC identity (Álvarez et al. 2022; Matsuno et al., 2018), some TGNC persons in Sri Lanka rejects their trans identity and/or express a strong desire to conform to heteronormative binary gender expressions for acceptance and safety.

Under this theme, several anecdotes of minority resilience, as outlined by the TRIM (Matsuno et al., 2018; i.e., self-definition, social support, community belongingness, participation in activism, and having and being a positive role model) are

reminiscent. These appear especially vital in the context of a society that is still seeing the TGNC community as different and something to be shunned.

(3) Othered or Shunned. Participants shared a wide variety of examples relating to harassment, victimization, and ostracization. However, most anecdotes were related to inaccessibility of resources and services (e.g., financial support, housing, mental health services), which complements local literature by community organizations (Equite, 2023; Equite, 2024; Malalagama et al., 2018; Wijethunga, 2023). When the interviewer explored about more direct forms of victimization (i.e., physical violence), participants appeared to downplay those experiences. For example, P9 refers to violence as unspecified 'issues', seemingly not willing to disclose more information ('Even if we go to a police station, in a bus halt, there are a lot of issues').

Meanwhile, P5's retelling of harassment by medical staff leading up to gender-affirming surgery makes it seem as if downplaying was already occurring for some interviewees during incidents:

> P5: 'They showed my photos to all the doctors there, and were like 'look at this beautiful girl, she's changed so much'. Even then, I thought 'it's OK' and waited for them to set a date for my procedure. All the doctors started talking about what a 'disaster' it was. Somehow after I finished everything at the clinic, I had to sit with female doctors for about an hour, listening to her and others rant about this.'

This example does not only portray sustained intensity of harassment but also the interviewee's mindset. He verbalized how he thought mentally downplaying the issue would be the only way to cope with this and yet still get access to his care. For others to comment on Trans people appears to be a common thread in the interviews, which is common in collectivist cultures (like Sri Lanka) to maintain the social status quo (Chung et al., 2014):

> P1: 'I do not receive any support from my family. They know about my gender identity but with the procedure, they were worried about how people living around them would react, as they had seen me as a boy […]. In the area I lived, I have a good name. After I passed my scholarship exam, I went to [redacted school name], and I reasonably passed the exams. So, there was a

> sort of 'good image' attached to our family and my mother was scared that
> this image would be tarnished.'

P14 emphasize the importance of recognizing intersectional issues, as he appeared to endure severe discrimination by staff and peers at a higher education center, simply because he belongs to a minority ethnic community (i.e., Tamil) in Sri Lanka. Meanwhile, P13 discussed institutional abuse experienced by TGNC persons who engage in sex work to generate their income:

> P13: 'The police are the only people who have a problem. A huge problem
> with trans people. Everyone else already knows who a transgender person is
> and it's very normalized. It's just lawmakers and police officers who have an
> issue with us. They always put us down, treat us really bad and say that we're
> abnormal.'

Similar reports of police brutality have been recorded by community organizations in Sri Lanka (Equal Ground, 2023; Equite, 2024), outlining increased vulnerabilities of TGNC persons who engage in sex work to generate their income. Similarly, P10 disclosed a complicated relationship with religious institutions due to her engagement in sex work, which aligns with the discrepancy mentioned by Bowling et al. (2022), between religious teachings and actual practice within Buddhist communities. Most participants not only mentioned feelings of being harassed or shamed but also mentioned provisional acceptance by wider society.

(4) Conditional Acceptance. Despite the variety of narratives linked to aversive experiences, interviewees often expressed that they felt accepted by individuals who are not part of the LGBTQIA+ community. Examples with friends and neighbors included a lot of different life domains, such as finances or emotional support:

> P1: 'Friends help without a word, and neighbors also help me and
> mentally, like if I were to break up with someone, I can talk to them. They
> comfort me about my mother as well, telling me that my mother wouldn't kick
> me out of the house or that because I'm educated, there wouldn't be a
> problem.'

A notion prevalent here and throughout all interviews was that participant gender diverseness was not of concern, as long as participants and/or the wider community

viewed TGNC persons as 'meaningful contributors' of society. This was linked to 'good education' (P4) and subsequently 'good income' (P5):

> P6: 'Since I have a substantial educational background, I didn't have to turn to sex work, which I respect about myself. It relaxes my mind that I didn't have to do things that other community people had done.'

This perspective highlights the importance of recognizing intersecting social identities. For example, P14 did not receive support from friends or colleagues despite his educational background, as his ethnic identity seemingly overrode this. Similarly, P3 noted that their non-binary identity hindered them from connecting with the Trans community (P3: 'They said, either you are a woman or a man.'). To an extent, this is a unique finding from Sri Lanka:

> P6: 'I think that the Sri Lankan society still doesn't have a clear idea about the community. They largely feel pity towards us. That's where their understanding stops.'

While adding to existing literature (Álvarez et al. 2022; Matsuno et al., 2018; Valente et al., 2020), this research focuses on the importance of family and in-group support. Concurrently, it emphasizes the conditional nature of this support, which may influence resilience.

Conclusion

Four key narratives emerged: (1) *jealousy and competition* highlighted the dual role of the community as a source of support—offering access to health services, emotional comfort, and legal aid amid rejection from families and society—and a cause of distress, often stemming from competition for limited resources; (2) *authentic expression* revealed contrasting experiences between conforming to binary heteronormative gender roles for safety and societal acceptance whilst rejecting trans identity, or strengthening of bonds within the community through the transition process; (3) *being othered or shunned* captured experiences of stigma and discrimination, predominantly from service providers and law enforcement, but occasionally within the community itself; and (4) *conditional acceptance* outlines acceptance and support from both in-group and out-group persons, which was often conditional, influenced by socioeconomic factors such as high levels of education and financial stability.

Findings strengthen the Transgender Resilience Intervention Model (TRIM; Matsuno, E., & Israel, T., 2018) by providing evidence from a non-Western context, and by presenting unique findings from Sri Lanka, such as, the impact of intersectionality (e.g., ethnicity and socioeconomic background), provisional acceptance by family and in-group members, perceived self-importance based on education level and financial stability, and rejection of trans identity to ensure social acceptance and safety.

This study is one of the first in South Asia to explore minority resilience with a special focus on TGNC individuals, expanding existing literature predominantly from the Global North through a non-Western lens.

Limitations and Future Research

Generalizability of findings is restricted by the low sample size (*n*=15), singular nationality (Sri Lankan), and lack of representation by minors. The sampling was further limited by those who had access to digital devices. Even though the sampling did not comprise all ethnic communities (e.g., Muslim), it was representative of the wider ethnic makeup of Sri Lanka (i.e., Sinhalese and Buddhist majority).

Some interviewees did not generate their statements independently and needed to be prompted by the researcher following the interview structure. Furthermore, some autobiographical information could only be collected retrospectively, making the described links purely speculative.

Future research is encouraged to recruit larger samples from diverse ethnic and religious communities, and compare across different non-Western cultures/countries, in broader data sets (e.g., resident and migrant) of the TGNC community.

Methodological and Practical Implications

The intertwining of complementing qualitative approaches (i.e., the MMQTDA framework) allowed for a deepened understanding while recognizing broader trends across the entire sample. On a practical level, the utilization of the PTMF allowed a non-pathologizing exploration of interviewee experience, resulting in a clearer conceptualization of minority resilience. This is of particular importance, as it will inform practitioners and policymakers beyond existing literature focusing on

avoidance (e.g., gender dysphoria). It is hoped that findings will aid trauma-informed, culturally sensitive, evidence-based and person-centered transition facilitation of TGNC persons.

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Appendix 1

Figure 1: Graph Mapping Discourse Strategies Against the Interview Foci