Vol. 24(2), 2024, pp.211-232, ISSN: 2072-0394(Print), ISSN: 2663-8886(Online)

Personality Traits, Suicidal Ideation and Psychological Distress among Transgenders

Madiha Sattar
Ruqayya Rehabilitation Center

Dr. Urooj Sadiq
Department of Professional Psychology
Bahria University, Lahore Campus

&

Musfirah Nasr Chaudhry
Department of Behavioral Sciences
Azra Naheed Dental College
Superior University, Lahore

Abstract

The current study set out to look at the connection between transgender people's psychological distress, suicide ideation, and personality traits. A cross-sectional research design was used in the current study. The sample consisted of 100 transgenders including 53 males and 47 females (*M*=29.39, *SD*= 6.1) (according to their physical features) were taken through a purposive sampling technique. NEO Personality Inventory (Maples et al., 2014), the Suicidal Ideation Attribution Scale (Bregje et al., 2014), and Depression Anxiety and Stress Scale (Lovibond & Lovibond, 1995) were used to measure the personality traits, suicidal ideation, and psychological distress among transgenders respectively. Descriptive statistics, Pearson product-moment correlation, independent sample t-test, and hierarchical regression in SPSS were used to analyze the results. The study found that personality traits like extroversion and conscientiousness negatively correlate with psychological distress, while agreeableness and neuroticism positively correlate with distress and suicidal ideation among transgender individuals. However, there were no significant differences in these factors between male and female transgenders. Neuroticism was found to be a significant predictor of psychological distress and suicidal ideation, while suicidal attempts and extraversion were found to be negative predictors.

Keywords: Micro-finance & Economic Empowerment, Socio-Cultural Norms, Gender Dynamics, Social and Cultural Barriers, Sustainable Empowerment.

Introduction

In the Islamic Republic of Pakistan, the word "transgender" stands for Intersex (Hornsby & Guest, 2016). The people born with a vague gentile and have both or neither regenerative part of the body. The term transgender is referred to the native language as hijra, Khwaja sira, or khusra. In June 2009, the Pakistani government appointed a registration to count the number of "third gender" citizens within the state (Pasquesoone,

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2014). After finding the presence of transgender in Pakistan was about 80,000 to 300,000, the Supreme Court gave an order to issue national identity cards and perceive transgender as the nation's legal "third gender." In 2012, the Pakistani government granted khawaja sara similar rights to other Pakistanis, including voting, legacy privileges, free education, work opportunities, and healthcare, as well as other human services (Kilbride, 2015). The American Psychiatric Association defines personality as individual differences in feelings, behaviour, and thinking patterns. It focuses on understanding specific personality features and how individual parts work together as a single unit. (Kazdin, 2000). The Big Five personality traits are 1) Openness, 2) Agreeableness, 3) Extraversion, 4) Conscientiousness, and 5) Neuroticism (Maples et al., 2014).

Transgender individuals experience psychological distress, which can manifest as stress, sadness, anxiety, or even psychotic symptoms, and can be experienced in various levels and severity. (Ridner, 2004). Depression is a prevalent mental illness marked by melancholy, disinterest, low self-esteem, and inattentiveness. Violence towards transgender individuals can further damage their sense of self and be correlated with increased depression levels, potentially acting as a predictor of depression. (Hoffman 2014).

As indicated by the Australian Psychological Society (2022), stress, often referred to as over-burdened, tense, and strained, can lead to suicide, an intentional act of self-harm, with potential reasons including psychological illness (For example, depression, personality disorder, alcohol dependence, or schizophrenia), and a few physical diseases, for example, neurological illnesses, HIV disease, or cancer (WHO, 2016).

Review of the Literature

Isometsa and Jylha (2006) study found a negative correlation between extraversion and anxiety and depression symptoms in transgender individuals, with 46% experiencing psychological distress, 15% experiencing major depression, and 31% repeating lifetime suicide attempts. The association between conscientiousness and psychological distress is less studied (Mustanski, Garofalo, & Emerson, 2010;). Transgender individuals face common psychological health issues such as anxiety, depression, and stress, with a prevalence rate of 51.4% in depressive symptoms and 40.4% in anxiety symptoms in transgender women and 47.5% in men (Nuttbrock, et al., 2010). The studies indicate that Transgender individuals experience higher depression prevalence compared to the general population, influenced by factors like violence, social support, gender identity, and sex work. (Bradford, Reisner, Honnold, & Xavier, 2013).

Transgender individuals face higher rates of depression, suicidal thoughts, and attempted suicide compared to the general population, with 62% reporting a high lifetime prevalence of depression, which can significantly impact daily functioning and life

activities. It is estimated that depression can be highly linked to suicide (Hoffman, 2014; Amelia, et al., 2009; Eskin, et al., 2007). Previous studies have shown a significant correlation between suicidal ideation and depression, with very depressed patients having greater suicide risks and requiring additional care for suicide prevention (Fang et al., 2014). Studies show that transgender individuals face higher psychological distress due to reduced social acceptance, lack of respect, economic hardship, and sexual abuse from male members. Their gender may be the sole reason for job or promotion denial, and their gender may also be the sole reason for their denial. (Ridner, 2004; Bockting, 2013; Grossman & Augelli, 2007; Jessica, Kathleen, & Benjamin, 2011).

Initial results of a 2009 U.S. National Transgender Discrimination Survey results confirmed that 47% of transgender living in adverse conditions just because of their gender position. This included not getting employment (44%), being deprived of a promotion (23%), or being fired (26%). Transgender individuals face a double jobless rate and 40% lack employer-based insurance coverage, affecting access to physical fitness and psychological well-being care, leading to a high rate of suicide, depression, substance abuse, and anxiety. (Clements-Nolle, et al., 2001). As transgender reported the family's rejection is a specific stressor (Grossman & Augelli, 2007), and recurrent facing of discrimination were revealed by the transgender adults (Clements-Nolle, Marx, & Katz, 2006). Personality traits significantly influence psychological distress, with negative personalities often leading to higher distress and positive, outgoing personalities promoting positive psychological well-being (Vollrath & Torgersen, 2000). Vearing and Mak (2007) conducted a study on 242 Australians and discovered a negative association between conscientiousness and depression symptoms, with neuroticism and conscientiousness playing a significant role, accounting for 32.8% of the variance. High neuroticism individuals experience increased anxiety and stress, increased risk of illness, and shorter survival spans (Hampson, 2012; Roberts et al., 2007).

Significance of the Study

This study aims to evaluate the relationship between suicidal ideation and personality traits as indicators of psychological distress in transgender people. The birth of a transgender child can be emotionally painful, causing parents and families to feel shame, isolation, anger, or depression. Rejection from family can lead to personality traits associated with psychological distress or suicidal ideation. Transgender individuals often face limited attention in research, interventions, or suicide prevention programs. Studies show that violence against transgender individuals is related to increased distress and may be a predictor of distress. This study aims to provide information on transgender personalities and their relationship with psychological distress, enhancing the literature and providing valuable information for practitioners, investigators, and policymakers involved in developing educational and therapeutic interventions for transgenders.

The following hypotheses were formulated for studying variables in the current study:

1. There is likely to be a significant relationship between personality traits, suicidal ideation, and psychological distress among transgenders.

2. There is likely to be a significant difference in personality traits, suicidal ideation, and psychological distress among male and female transgenders.

3. Personality traits are likely to significantly predict psychological distress and suicidal ideation among transgenders.

Research Methodology

Sample and Research design

In this study, a cross-sectional research strategy was adopted. Purposive sampling was used to obtain the sample. G*Power 3.1.7 (Faul et al., 2009) was used to perform a power analysis to establish the necessary minimum sample size. With a medium effect size (f2=0.15), a 0.05 significance level, 0.95 goal power, and six predictors, it was determined that a minimum of 89 individuals were needed for this investigation. The research involved 100 transgender individuals 53 males and 47 females from Khawaja Sara Society in Lahore, aged 20-40, with a minimum matriculation education. The study excluded transgenders with other medical conditions or physical handicaps, while including both males and females aged 20-40.

Assessment Measures

Demographic Information Sheet

A self-prepared demographic sheet containing personal information such as age, education, residential area, socioeconomic status, occupation, religion, income, birth order, birthplace, alcohol and tobacco consumption, and suicidal attempts.

Depression Stress and Anxiety Scale (DASS)

DASS is a device comprised of a 21-item self-report tool designed to examine the three connected negative emotional conditions of anxiety, stress, and depression. In DASS every sub-scale is comprised of 7 items, distributed into 2-5 items of sub-scales with the same content. It has a 4-point severity/frequency scale of 0 (not at all) to 3 (every time). Other languages have also had translations and validations of DASS. The internal consistency of the English and non-English versions is strong (Cronbach's alpha values are more than 0.7). The current study

used an Urdu-translated version, and Cronbach's alpha was 0.88 (Lovibond & Lovibond, 1995).

The NEO Personality Inventory

This Personality Inventory is the standard questionnaire that consists of 120 items and provides information on the five major domains used for personality assessment. The main five domains that are measured by scale are extroversion (E), Agreeableness (A), Conscientiousness (C), Neuroticism (N), and Openness to Experience (O). The Neuroticism subscale's coefficient alpha is .88 and the Correlation is .87 [.97], the subscale of Extraversion's coefficient alpha is .84 and correlation is .85 [.98], the Openness To Experience sub scale's coefficient alpha is .85 and the correlation is .84 [.96], the Agreeableness's coefficient alpha is .81 and the correlation is .76 [.90] and the last subscale Conscientiousness's coefficient alpha is .84 and the correlation of conscientiousness is .80 [.92]. Overall, the coefficient alpha of scale is .68 and the correlation is .66 [.91] (Maples et al., 2014).

Suicidal Ideation Attribution Scale (SIDAS)

The suicidal ideation scale measures societal suicidal thoughts and their severity using five items: frequency, resistance ability, nearness to attempt suicide, distress level, and influence on daily life. The scale uses a 10-point scale to measure responses from the sample. The items on the scale are coded therefore the greater total score indicates more severe suicidal ideations. The SIDAS validated high internal consistency and good convergent validity. Frequency and resistance ability of ideations were more strongly correlated with suicide ideas and attempts than other attributes measured. Scores ≥ 21 showed the greater possibility of a suicide attempt. The scale was translated into Urdu language according to MAPI guidelines. The Urdu version of the scale was used in the current study whose internal consistency was .874 (Bregje et al., 2014).

Procedure

The research's purpose, sample, assessment, and data collection were approved by authorities. Permission was obtained to use translated versions of the Depression Stress and Anxiety Scale (DASS), Neo personality inventory, and Suicidal Ideation Attribution Scale from respective authors, as the native language of Pakistan is Urdu, making it easier for participants to respond accurately. The Suicidal Ideation Attribution Scale was translated into Urdu following MAPI guidelines, and the study was approved by Khawaja Sara society authorities. A rapport-building process was conducted with participants to understand the study's goals and improve outcomes. Informed consent was acquired before administering questionnaires, ensuring participant agreement. Participants completed demographic forms and filled Neo Personality Inventory, Suicidal Ideation

Attribution Scale, and Depression, Anxiety, and Stress Scale. They were allowed to ask research-related questions. Participants and Khawaja Sara organization's higher authority were thanked for their cooperation and time.

Ethical Considerations

Questionnaires were administered individually to minimize social desirability bias and maintain a homogenous setting. Participants were assured of privacy, with collected data and results kept confidential for research purposes. Instructions were given according to the scale's manual, and no time limit was set for completion. Post-collection, standardized scoring procedures were used, following the scale's manuals.

Data Analysis

Hierarchical regression analysis, independent samples t-test, Pearson product-moment correlation, and descriptive statistics were employed. Version 25.0 of the SPSS program was used to calculate the results.

Results

Table 1

Summary of demographics characteristics of the sample, (N= 100)

Variables		**F**	**%**
Gender	Male	53	53.0
	Female	47	47.0
Religion	Islam	99	99.0
Education	Matric	69	69.0
	Intermediate	24	24.0
	Graduation	7	7.0
Profession	Employed	83	83.0
	Unemployed	17	17.0
Residential Area	Urban	94	94.0
	Rural	6	6.0
Socio Economic Status	Lower	37	37.0
	Middle	54	54.0
	High	9	9.0

Drugs Addiction	Yes	43	43.0
	No	57	57.0
Addiction Treatment	Yes	0	0.0
	No	100	100.0
Suicidal Attempts	Yes	36	36.0
	No	64	64.0
Residence	Family	41	41.0
	Community	59	59.0

Sample age (M= 29.39, SD= 6.1)

Note. F = Frequency, % = percentage, M = Mean, SD = Standard Deviation

Table 2

Psychometric properties of major study constructs of the study

					Range			
Scales	**No of Items**	**α**	**M**	**SD**	**Min**	**Max**	**Skewness**	**Kurtosis**
DASS	21	.963	30.02	16.90	.00	54.0	.089	-1.40
PI	120	.916	379.1	27.56	294.0	44.0	-.479	.547
SIAS	5	-.308	16.89	15.57	.00	433.0	.439	-1.27

Note. α= Cronbach Alpha, M= Mean, SD= Slandered Deviation.

It was hypothesized that there is likely to be a significant relationship between personality traits, suicidal ideation, and psychological distress among transgenders. For this purpose, Pearson product-moment correlation analysis was carried out. See Table 3.

Table 3

Pearson Product-Moment Correlation Between Psychological Distress, Suicidal Ideation, and Personality Traits.

Variables	1	2	3	4	5	6	7	8	9	10	11
1. Neuroticism	—	-.73**	-0.12	.31**	-.30**	.793**	.69**	.77**	.80**	.67**	-0.08
2. Extraversion		—	.38**	-.38**	.19*	-.78**	-.69**	-.77**	-.79**	-.58**	.34**
3. Openness			—	-.44**	-0.09	-.205*	-0.04	-.206*	-0.16	-0.16	0.15
4. Agreeableness				—	.52**	.28**	0.18	.37**	.30**	.39**	.59**
5. Conscientiousness					—	-.21*	-.27**	-0.11	-.21*	-0.05	.81**
6. Depression						—	.80**	.89**	.95**	.69**	-.20*
7. Stress							—	.83**	.91**	.45**	-.23*
8. Anxiety								—	.96**	.66**	-0.09
9. Psychological Distress									—	.65**	-0.18
10. Suicidal Ideation										—	0.04

Personality Traits

***Note. N* = 100**p < .01*p < .05**

The study found that transgender individuals with neuroticism and agreeableness are more likely to experience psychological distress and suicidal ideation, while those with extraversion traits are negatively associated with these issues. Transgenders who are more open to social interaction are at a lower risk of experiencing these issues. Transgenders with depression, stress, and anxiety also show a significant positive relationship with suicidal ideation. However, depression and stress are negatively related to personality traits, while anxiety is not significantly related.

Conscientiousness, another personality trait, has a significant negative association with psychological distress. The study also found a correlation between personality traits and their subscales, with most subscales being associated with psychological distress. It was hypothesized that there is likely to be a significant difference in personality traits, suicidal ideation, and psychological distress among male and female transgenders. For this purpose, Independent Sample t-test analysis was carried out. See table 4

Table 4

Independent Sample t-test Comparing Male and Female Transgenders in terms of Psychological Distress, Suicidal Ideation, And Personality Traits.

Variable	**Males**		**Females**									
	(n=53)		(n=47)				*95% CI*					
	M	*SD*	*M*	*SD*					*t(98)*	*p*	*LL*	*UL*
	Psychological Distress	29.32	16.36	30.81	17.65	-.43	.66	-8.24	5.26			
	Suicidal Ideation	17.62	16.21	16.06	14.95	.49	.62	-4.66	7.77			
Personality Traits	380.74	29.82	377.45	24.99	.59	.55	-7.71	14.29				

***Note. N*=100. *M* = Mean, *SD* = Standard Deviation, *CI* = Confidence Interval, *LL* = Lower Limit, *UL*= Upper Limit.**

The assumption of homogeneity of variance was found to be assumed (F = 1.19, .82, 2.50, p > 0.05). The study found no significant differences in psychological distress, suicidal ideation, and personality traits among male and female transgenders, suggesting that both genders experience similar levels of these psychological issues.

It was hypothesized that personality traits are likely to significantly predict psychological distress and suicidal ideation among transgenders. For this purpose, hierarchical multiple regression analysis was carried out twice. See table 5 and table 6. Moreover, the preliminary assumptions for regression models were assumed. See Figures 1 and 2.



Figure 1

Note. The normal p-p plot showed data points follow a straight line, with slight deviations. Therefore, the assumption of normality of residuals was assumed.

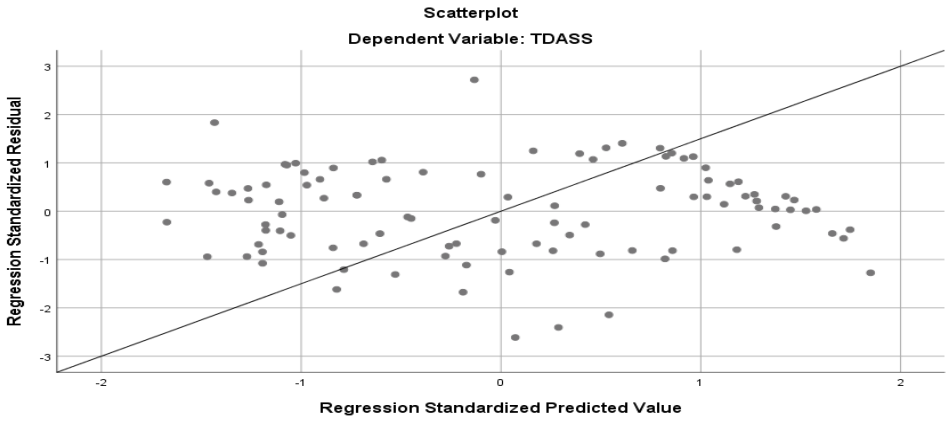


Figure 2

Note. The scatter plot presented data points on the x and y axis, between -3 and +3. The homoscedasticity was also relatively assumed, as the residual scores were homogeneously scattered on each data point.

The assumption of independence of errors was assumed as the Durbin Watson was 2.25. Hence, residuals were independent, where the standard residual values lay between min = -2.61 and max = 2.71, while the Cook's distance was found to be below one, such as Di=.09. Whereas, there was no multicollinearity found in the data as the tolerance values for all the predictors were greater than 0.2. Meanwhile, the variance inflation factor (VFI) values for the variables were less than 10.

Table 5

Hierarchical Multiple Regression Analysis for Psychological Distress Among Transgenders

Variable	***B***	**95% CI for B**		***SEB***	**β**	R^2	ΔR^2
		LL	***UL***				
Step 1						.08	.08
Gender	0.08	-6.90	7.06	3.51	0.00		
Age	0.14	-0.43	0.72	0.29	0.05		
Education	-1.66	-7.81	4.48	3.09	-0.06		
Birth Order	1.12	-1.52	3.76	1.33	0.09		
Profession	3.32	-6.28	12.92	4.83	0.07		
Residential Area	8.27	-6.34	22.87	7.35	0.12		
Socioeconomic Status	-3.15	-9.14	2.85	3.02	-0.12		
Living Status	2.97	-2.80	8.73	2.90	0.11		
Step 2						.25	.17***
Gender	0.70	-5.66	7.07	3.20	0.02		
Age	0.25	-0.28	0.79	0.27	0.09		
Education	1.04	-4.69	6.77	2.88	0.04		
Birth Order	1.17	-1.26	3.60	1.22	0.09		
Profession	0.65	-8.22	9.53	4.47	0.01		

Residential Area	3.79	-9.73	17.31	6.80	0.05		
Socioeconomic Status	-4.01	-9.49	1.46	2.76	-0.15		
Living Status	1.32	-4.56	7.19	2.96	0.05		
Suicidal Attempts	-15.97	-23.22	-8.72	3.65	-0.46***		
Drug Usage	1.11	-6.71	8.93	3.94	0.03		
Step 3						0.79	.53***
Gender	-0.68	-4.25	2.90	1.80	-0.02		
Age	0.39	0.09	0.70	0.15	0.14*		
Education	1.18	-1.99	4.35	1.59	0.04		
Birth Order	0.37	-1.07	1.80	0.72	0.03		
Profession	-5.32	-10.33	-0.30	2.52	-0.12*		
Residential Area	-1.37	-9.11	6.37	3.89	-0.02		
Socioeconomic Status	0.93	-2.23	4.10	1.59	0.03		
Living Status	-0.04	-3.31	3.23	1.65	0.00		
Suicidal Attempts	-6.16	-10.56	-1.75	2.22	-0.18**		
Drug Usage	0.12	-4.41	4.66	2.28	0.00		
Neuroticism	0.69	0.41	0.97	0.14	0.46***		
Extraversion	-0.49	-0.65	-0.32	0.08	-0.51***		
Openness	0.02	-0.29	0.33	0.16	0.01		
Agreeableness	-0.12	-0.32	0.08	0.10	-0.11		
Conscientiousness	0.10	-0.07	0.27	0.09	0.09		

Note. N* = 100. *CI* = confidence interval; *LL* = lower limit; *UL* = upper limit; *B* = Beta Coefficient; *SEB*= Standard Error of Beta Coefficient. *$p < .05$ **$p < .01$ $p < .001$.**

Hierarchical regression was carried out to find out the predictive effect of Personality Traits on Psychological Distress. Preliminary analysis showed that assumptions of regression were assumed. Regression was carried out in 3 steps.

In step 1, the study found that demographic factors such as gender, age, religion, education, birth order, profession, and living status only explained 0.8% of psychological distress variance, and none were significant predictors.

In step 2, the study found that individuals who reported suicidal attempts and drug usage explained 17% of psychological distress variance, with suicidal attempts being a significant negative predictor and drug usage being a non-significant predictor.

In step 3, The study analyzed personality traits like neuroticism, extraversion, openness, agreeableness, and conscientiousness, which explained 53% of psychological distress variance. Age and neuroticism were significant positive predictors, while suicidal attempts and extraversion were significant negative predictors.

To conclude age, suicidal attempts, neuroticism, and extraversion collectively explained 79% variance in psychological distress.

For the second part of this hypothesis, the following assumptions were also assumed before proceeding to interpret the results of hierarchical regression analysis. See figure 3 and figure 4.

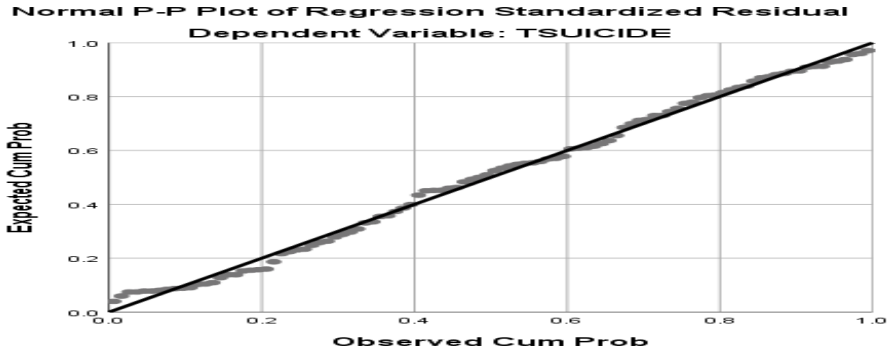


Figure 3

Note. **The normal p-p plot showed data points on a straight line, with negligible deviations. Therefore, the assumption of normality of residuals was assumed.**

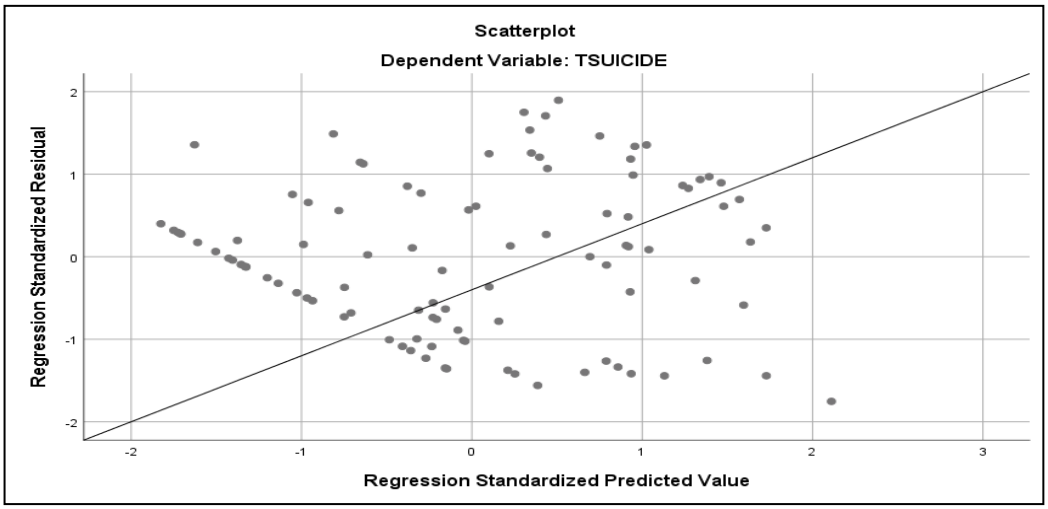


Figure 4

Note. The scatter plot presented data points on the x and y axis, between -3 and +3. The homoscedasticity was also relatively assumed, as the residual scores were homogeneously scattered on each data point.

The assumption of independence of errors was assumed as the Durbin Watson was 1.64. Hence, residuals were independent, where the standard residual values lay between min = -1.75 and max = 1.89, while the Cook's distance was found to be below one, such as D_i=.10. Whereas, there was no multicollinearity found in the data as the tolerance values for all the predictors were greater than 0.2. Meanwhile, the variance inflation factor (VFI) values for the variables were less than 10.

Table 6

Hierarchical Multiple Regression Analysis for Suicidal Ideation Among Transgenders

Variable	***B***	**95% CI for B**		***SEB***	**β**	R^2	ΔR^2
		LL	***UL***				
Step 1						.12	.12
Gender	-2.02	-8.28	4.24	3.15	-0.07		
Age	-0.33	-0.85	0.19	0.26	-0.13		
Education	-1.13	-6.64	4.38	2.77	-0.04		

Birth Order	-0.36	-2.73	2.01	1.19	-0.03		
Profession	6.25	-2.36	14.86	4.33	0.15		
Residential Area	10.86	-2.24	23.95	6.59	0.17		
Socioeconomic Status	-3.31	-8.69	2.07	2.71	-0.13		
Living Status	3.86	-1.31	9.03	2.60	0.15		
Step 2						.26	.13***
Gender	-1.51	-7.32	4.29	2.92	-0.05		
Age	-0.23	-0.72	0.26	0.25	-0.09		
Education	1.05	-4.18	6.28	2.63	0.04		
Birth Order	-0.36	-2.57	1.86	1.12	-0.03		
Profession	3.96	-4.14	12.06	4.08	0.10		
Residential Area	7.32	-5.02	19.67	6.21	0.11		
Socioeconomic Status	-4.01	-9.01	0.99	2.52	-0.16		
Living Status	2.78	-2.59	8.14	2.70	0.11		
Suicidal Attempts	-13.33	-19.95	-6.71	3.33	-0.41***		
Drug Usage	1.75	-5.39	8.89	3.59	0.06		
Step 3						.56	.29***
Gender	-2.94	-7.66	1.79	2.37	-0.09		
Age	-0.21	-0.61	0.20	0.20	-0.08		
Education	1.36	-2.82	5.55	2.10	0.05		
Birth Order	-0.02	-1.91	1.87	0.95	0.00		
Profession	0.81	-5.82	7.43	3.33	0.02		

Residential Area	3.68	-6.54	13.89	5.14	0.06		
Socioeconomic Status	-1.98	-6.16	2.20	2.10	-0.08		
Living Status	1.68	-2.64	6.00	2.17	0.07		
Suicidal Attempts	-5.30	-11.11	0.52	2.93	-0.16		
Drug Usage	-0.70	-6.69	5.29	3.01	-0.02		
Neuroticism	0.59	0.22	0.96	0.19	0.43**		
Extraversion	-0.14	-0.36	0.08	0.11	-0.16		
Openness	0.04	-0.37	0.45	0.21	0.02		
Agreeableness	0.17	-0.09	0.43	0.13	0.16		
Conscientiousness	0.06	-0.17	0.28	0.11	0.06		

Note. N* = 100. *CI* = confidence interval; *LL* = lower limit; *UL* = upper limit; *B* = Beta Coefficient; *SEB*= Standard Error of Beta Coefficient. *p < .05 **p < .01p < .001.**

Hierarchal regression was carried out to find out the predictive effect of Personality Traits on Suicidal Ideation. Preliminary analysis showed that assumptions of regression were assumed. Regression was carried out in 3 steps.

In step 1, demographics such as gender, age, religion, education, birth order, profession, and living status were considered, but only 12% of the variance in suicidal ideation was explained by these factors, with none being significant predictors.

In step 2, the study analyzed the relationship between suicidal attempts and drug usage, the finding showed that this variable showed a 13% variance in suicidal ideation, suicidal attempts were a significant negative predictor of suicidal ideation, while drug usage was found to be non-significant.

In step 3, the personality traits such as neuroticism, extraversion, openness, agreeableness, and conscientiousness were entered as a predictors. Analysis showed that these variables explained a 29% variance in suicidal ideation. Only the trait neuroticism was found to be a significant positive predictor of suicidal ideation.

To conclude suicidal attempts and neuroticism collectively explained 56% variance in suicidal ideation.

Discussion

Studies show that certain personality traits can lead to psychological distress, making them a significant factor in mental health issues among transgender individuals. The study found that transgender individuals predominantly have negative personality traits, and the reasons behind this can vary. Therefore, understanding the role of personality traits in mental health issues is crucial. The result indicated that neuroticism and agreeableness in their personality are significantly and positively related to the signs of psychological distress and suicidal ideation (Table 3). The study reveals that transgender individuals with higher agreeableness tend to have positive views about others and society, yet they often face rejection and discrimination from family and society, as reported in the literature (Akhtar, 2016), therefore transgender individuals often experience feelings of worthlessness and insecurity when their community expectations are not met, making them more vulnerable to psychological distress. A study found that high neuroticism traits are significantly correlated with increased levels of psychological distress (Aaseth et al., 2011). Transgender individuals often face rejection and discrimination in family and society, leading to the development of negative personality traits and psychological distress (Ryan et al., 2010)

The results also showed that Extraversion personality traits were negatively associated with psychological distress and suicidal ideation (Table 3). Transgender individuals with low extroversion personality traits experience high psychological distress due to their less social, pessimistic nature, and lack of leisure time. Conversely, those with high extroversion personality traits exhibit optimistic emotions, entrepreneurship, and social activities, making them daring, energetic, joyful, and able to re-examine problems positively. (Lajunen, 2001). Moreover, conscientiousness which was another personality trait explored in transgenders and had a significant negative association with psychological distress (Table 3). Transgender individuals with lower conscientiousness are more likely to experience psychological distress, despite experiencing self-efficacy, orderliness, and achievement striving. Conversely, those with increased conscientiousness are often leaders and social workers advocating for the rights of the transgender community and playing a crucial role in welfare foundations.

The openness to experience is the third personality trait and is considered a healthy personality trait (table 3), the study found that transgender individuals' decreased openness to experience does not significantly cause high levels of psychosocial distress, possibly due to their avoidance of socialization due to rejection, harassment, and physical and emotional abuse from society (Akhtar, 2016). The present study results show a significant positive correlation between psychological distress and

suicidal ideation among transgender (Table 3). A study found that LGBT individuals face risk factors for suicidal ideation, depression, substance abuse, and forced sex. Societal risk factors like gender-related harassment and discrimination also contribute to psychological distress and are correlated with suicide attempts, as found in similar studies (Cochran & Mays, 2000). The results showed no significant differences found in terms of Psychological Distress, Suicidal Ideation, and Personality Traits of male and female transgenders (table 4). Societal pressures, family behaviours, harassment, and abuse are faced equally by both male and female genders, with no observed differences, as per previous studies, which also found similar findings (Ridner, 2004; Bockting, 2013). Studies show that both genders face similar physical and mental pressure, making it challenging to identify those who experience more suicidal attempts and distress.

The results of the regression analysis showed that neuroticism was a significant positive predictor of psychological distress (Table 5 & 6). Many studies showed that Neuroticism predicted high levels of depression, stress reactions, and anxiety indications (Gramstad, Gjestad, & Haver, 2013). Whereas, suicidal attempts and extraversion were found to be significant negative predictors of psychological distress (table 5 & 6). Suicidal ideation and attempts are influenced by various clinical and psycho-social factors, with personality traits and depression severity potentially playing a significant role in predicting suicide attempts (Sokero et al., 2003). The birth of a transgender individual can be emotionally traumatizing due to stigma and limited opportunities for education and extra-curricular activities. The environment plays a crucial role in developing personality traits, but some may not develop properly. Harassment and violence from society can prevent transgender individuals from developing positive traits like extroversion and conscientiousness, leading to negative traits like neuroticism and agreeableness. Therefore, a supportive environment is essential for transgender individuals to develop their unique personality traits. (Lajunen, 2001). People do not respect them and treat them as non-human. These features and experiences predict suicidal ideation and distress among the transgender community of our society.

Conclusion

Personality plays a crucial role in fostering positive thinking, communication, self-confidence, and physical health. Some traits, like extroversion and conscientiousness, are considered healthy and reduce distress. However, a study found a negative correlation between these traits and psychological distress in transgender individuals. Conversely, agreeableness and neuroticism showed a positive correlation with psychological distress. This suggests that high levels of agreeableness and neuroticism are directly linked to psychological distress in transgender individuals. Societal and family pressures can contribute to the development of personality traits and predict suicidal ideation and psychological distress. The present study results

show, that there is not a significant correlation between the personality trait openness to experience and psychological distress, which may be due to their avoidance of socialization, as they reported they experienced rejection and harassment from society. They are psychologically healthier when they just interact with the transgender community.

Limitations and Recommendations

The study's limitations include a small sample size, making the findings ungeneralizable. To improve reliability, it's recommended to increase the sample size and distribute it equally in urban and rural areas, ensuring diversity and equal application to the entire transgender population. Transgender belongs to rural areas should also be given an equal chance to come on board and share their problems regarding mental and physical health and social discrimination. The study offers valuable insights for practitioners, researchers, and policymakers in planning and implementing educational and therapeutic interventions for transgender individuals in Pakistan. It highlights the lack of research on transgender communities and the limited availability of mental and physical healthcare providers, highlighting the need for further research.

References

Aaseth, K., Grande, R. B., Leiknes, K. A., Benth, J. S., Lundqvist, C., & Russell, M. B. (2011). Personality traits and psychological distress in persons with chronic tension-type headache: The Akershus study of chronic headache. *Acta Neurologica Scandinavica, 124*(6), 375-382. https://doi.org/10.1111/j.1600-0404.2011.01490.x

Akhtar, M. (2016). *Transgender in Pakistan*. News Pakistan. Retrieved from http://www.nytimes.com

Amelia, A., O'Grady, K., Caldeira, K., Vincent, K., Wilcox, H., & Wish, D. (2009). Suicide ideation among college students: A multivariate analysis. *Archives of Suicide Research, 13*(3), 230–246. https://doi.org/10.1080/13811110903044351

Australian Psychological Society. (2022). *Stress*. Psychology.org.au. https://psychology.org.au/for-the-public/psychology-topics/stress

Bockting, O. W., Miner, H. M., Swinburne-Romine, E. R., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the United States transgender population. *American Journal of Public Health, 103*(5), 943–950. https://doi.org/10.2105/AJPH.2013.301241

Bradford, J., Reisner, S. L., Honnold, J. A., & Xavier, J. (2013). Experiences of transgender-related discrimination and implications for health: Results from the Virginia Transgender Health Initiative Study. *American Journal of Public Health, 103*(10), 1820–1829. https://doi.org/10.2105/AJPH.2012.300796

Bregje, A. J., Spijker, V., Batterham, P. J., Calear, A. L., Farrer, L., Christensen, H., Reynolds, J., & Kerkhof, A. J. F. M. (2014). The Suicidal Ideation Attributes Scale: Community-based validation study of a new scale for the measurement of suicidal ideation. *Suicide and Life-Threatening Behavior, 44*(4), 408-419. https://doi.org/10.1111/sltb.12063

Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health intervention. *American Journal of Public Health, 91*(6), 915-921. https://doi.org/10.2105/AJPH.91.6.915

Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality, 51*(3), 53–69. https://doi.org/10.1300/J082v51n03_04

Cochran, S. D., & Mays, V. M. (2000). Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: Results from NHANES III. *American Journal of Public Health, 90*(4), 573-578. https://doi.org/10.1176/appi.ajp.161.2.278

Eskin, M., Ertekin, K., Dereboy, C., & Demirkiran, K. (2007). Risk factors for and protective factors against adolescent suicidal behavior in Turkey. *Psychology, Health & Medicine*, 12(2), 131–139. https://doi.org/10.1027/0227-5910.28.3.131

Fang, C., Chang, M., Chen, P., Lin, C., Chen, G., Lin, J., Hsieh, R., Chang, L., Chen, H., Wu, C., Lin, K., Chiu, Y., & Li, Y. (2014). A correlational study of suicidal ideation with psychological distress, depression, and demoralization in patients with cancer. *Supportive Care in Cancer, 22*(12), 3165–3174. https://doi.org/10.1007/s00520-014-2290-4

Faul, F., Erdfelder, E., Buchner, A., & Lang, A. G. (2009). Statistical power analysis using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods, 41*(4), 1149–1160. https://doi.org/10.3758/BRM.41.4.1149

Gramstad, T. O., Gjestad, R., & Haver, B. (2013). Personality traits predict job stress, depression and anxiety among junior physicians. *BMC Medical Education, 13*(1), 150. https://doi.org/10.1186/1472-6920-13-150

Grossman, H., & D'Augelli, R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life-Threatening Behavior, 37*(5), 527–537. https://doi.org/10.1521/suli.2007.37.5.527

Hampson, S. E. (2012). Personality processes: Mechanisms by which personality traits get outside the skin. *Annual Review of Psychology, 63*, 315–339. https://doi.org/10.1146/annurev-psych-120710-100419

Hoffman, B. (2014). An overview of depression among transgender women. *Depression Research and Treatment, 9*(3), 566–573. https://doi.org/10.1155/2014/394283

Isometsa, E., & Jylha, P. (2006). The relationship of neuroticism and extraversion to symptoms of anxiety and depression in the general population. *Depression and Anxiety, 23*(5), 281–289. https://doi.org/10.1002/da.20167

Jessica, C. E., Kathleen, J. B., & Benjamin, D. L. (2011). Examining victimization and psychological distress in transgender college students. *Journal of College Counseling, 31*(2), 143-157. https://doi.org/10.1002/j.2161-1882.2011.tb00269.x

Kazdin, A. E. (2000). *Encyclopedia of Psychology*. Washington DC. American Psychological Association, Retrieved from https://www.google.com.pk.Encyclopedia of Psychology Association. & spf =149960161038

Kilbride, E. (2015). *The forgotten: Pakistan's transgender population and the Islamic State*. E-International Relations. http://www.e-ir.info/2015/01/07/the-forgotten-pakistans-transgender-population-and-the-islamic-state/

Lajunen, T. (2001). Personality and accident liability: Are extraversion, neuroticism and psychoticism related to traffic and occupational fatalities? *Personality and Individual Differences, 31*(9), 1365-1373. https://doi.org/10.1016/S0191-8869(00)00182-0

Lovibond, S. H., & Lovibond, P. F. (1995). Manual for the Depression Anxiety Stress Scales. *Sydney: Psychology Foundation*.

Maples, J. L., Guan, L., Carter, N. T., & Miller, J. D. (2014). A test of the International Personality Item Pool representation of the revised NEO Personality Inventory and development of a 120-item IPIP-based measure of the Five-Factor Model. *Psychological Assessment, 26*(9), 1070–1084. https://doi.org/10.1037/pas0000005

Mustanski, B. S., Garofalo, R., & Emerson, E. M. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health, 100*(1), 2426–2432. https://doi.org/10.2105/AJPH.2009.178319

Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *The Journal of Sex Research, 47*(1), 12–23. https://doi.org/10.1080/00224490903062258

Pasquesoone, V. (2014). *7 countries giving transgender people fundamental rights the U.S. still won't*. Mic. Retrieved from https://mic.com/articles/87149/7-countries-giving-transgender-people-fundamental-rights-the-u-s-still-won-t

Ridner, H. S. (2004). Psychological distress: Concept analysis. *Journal of Advanced Nursing, 45*(5), 536–545. https://doi.org/10.1046/j.1365-2648.2003.02938.x

Roberts, W., Kuncel, R., Shiner, R., Caspi, A., & Goldberg, R. (2007). The power of personality: The comparative validity of personality traits, socioeconomic status, and cognitive ability for predicting important life outcomes. *Prospect of Psychology Science, 2*(4), 313–345. https://doi.org/10.1111/j.1745-6916.2007.00047.x

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

Sokero, P., Melartin, K., Rytsälä, J., Leskelä, S., Lestelä-Mielonen, S., & Isometsä, T. (2003). Suicidal ideation and attempts among psychiatric patients with major depressive disorder. *Journal of Clinical Psychiatry, 64*(9), 1094-1107. https://doi.org/10.4088/JCP.v64n0913

Vearing, A., & Mak, A. S. (2007). Big Five personality and effort-reward imbalance factors in employees' depressive symptoms. *Personality and Individual Differences, 43*(7), 1744–1755. https://doi.org/10.1016/j.paid.2007.05.016

Vollrath, M., & Torgersen, S. (2000). Personality types and coping. *Personality and Individual Differences, 29*(2), 367–378. https://doi.org/10.1016/S0191-8869(99)00202-3

World Health Organization. (2016). *Out of the shadows: Making mental health a global development priority***.** World Health Organization. https://www.who.int/mental_health/advocacy/wb_background_paper.pdf?ua=1

Hornsby, T. J., & Guest, D. (2016). *Transgender, intersex and biblical interpretation*. SBL Press. https://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=1271894

Madiha Sattar is a Director, Ruqayya Rehabilitation Center

Dr. Urooj Sadiq is a Senior Associate Professor, Department of Professional Psychology, Bahria University, Lahore Campus

Musfirah Nasr Chaudhry is a Lecturer, Department of Behavioral Sciences, Azra Naheed Dental College, Superior University, Lahore