

Mental Health Issues in Transgender Population: A Biopsychosocial Perspective

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If they see
breasts and long hair coming
they call it a woman,
if beard and whiskers
they call it a man;
but, look, the Self that hovers in between
is neither man nor woman.

Devara Dasimaiya
(Indian devotional saint, tenth century C.E.)

Abstract

Transgender is an inclusive term, an umbrella concept that includes all people who are gender variant. When issues related to transgenderism are raised socially, various reactions, usually negative crop up. Because transgenderism is viewed as pathology, such people often face several challenges and are also likely to suffer from various mental health issues. These issues and challenges faced by them are often the sequelae of the various physical, psychological and social factors. There is an urgent need to talk about and raise awareness regarding the LGBTQ community so as to help them gain the status in society that they much desire.

Key words: Transgender, mental health, biopsychosocial, awareness


Introduction

The contemporary society is grappling with understanding the issues related to gender and cross gender transgression. Both, professionals and laypeople are impacted alike by the shifting concepts of gender. The subject of transgenderism is one that produces myriad reactions so much so that many people find themselves confused and even uncomfortable in dealing with the idea of transsexualism. Transgendered is an inclusive term, an umbrella concept that includes all people who are gender variant. According to Pfäefflin and Coleman (1997), "Transgender is a new term which transcends the restricting and extant categories of gender identity, is more neutral regarding etiology and encompasses the vast complexity of gender manifestations and identities."

When issues related to transgenderism are raised socially, conversation suddenly changes even though people pose themselves to be not judgmental. The difficulties faced by LGBTQ people like social phobia, depression, anxiety, suicidality, acting out, etc. might be symptoms and sequelae of their social denigration rather than a proof of their gender-related mental illness because transgenderism is often viewed as a pathology in the society. The stigma and shame that intersexed people face, might be more related to the secrecy surrounding their medical conditions and the shame of not just being different but being wrong and needing to be fixed.

Mental health issues in transgender population

The reports from National Institute on Mental Health, America suggest that an estimated 26% of adults, 18 years and older suffer from mental illness in a given year. People belonging to the LGBTQ community also experience mental illnesses just like everyone else. First of all, however, it must be remembered that being gay, lesbian, bisexual, or transgender is not a mental illness in and of itself. By merely identifying themselves as LGBTQ doesn't automatically mean that such people will experience a mental



illness. However, LGBTQ people may face unique risks to their mental health and well-being.

As per the largest survey done till date on transgenders, the US Transgender Survey Report (2015) covering all the fifty states, 10% of transgender people experience violence from some family member; 54%, 24% and 13% of transgender people are likely to be victims of verbal harassment, physical attacks and sexual assault respectively in school environments; 39% of the respondents in the survey experienced serious psychological distress and 40% of them had attempted suicide.

According to National Alliance on Mental Illness (NAMI)-


- It is three times more likely that individuals belonging to the LGBTQ community will experience a mental health condition such as major depression, generalized anxiety disorder or post traumatic stress disorder as compared to others. It may be because they are afraid of coming out in the public, as they feel they will be discriminated against, because of their different sexual orientation and gender identities.
- Also, the LGBTQ community is at a high risk for committing suicide because they face harassment, mental health conditions and substance abuse and lack peer support. For LGBTQ people aged 10-24 years of age, suicide is one of the leading causes of death.
- Approximately 38-65% of transgender individuals experience suicidal ideation. Also, youth belonging to the LGBTQ community are four times more likely to attempt suicide, have suicidal thoughts or engage in activities like self-harm as compared to straight people.
- Family support is of vital importance in


decreasing the likelihood of suicide. Transgender individuals who faced rejection after revealing their identities to their families were more than eight times more likely to have made a suicide attempt in comparison to those who were accepted by their families after revealing their sexual orientation.

- The usage rates for substances like drugs, alcohol and tobacco are also reported to be higher in people belonging to the LGBTQ community as compared to that of straight people. Factors like prejudice, discrimination, lack of cultural competency in the health care system and lack of peer support may often be responsible for this difference.
- When compared to the general population, an estimated 20-30% of LGBTQ people abuse substances and 25% of LGBTQ people abuse alcohol.

Mustanski et al (2010), examined associations of race/ethnicity, gender, and sexual orientation with mental disorders in a sample of 246 lesbian, gay, bisexual, and transgender (LGBT) youths. One third of participants met criteria for at least one mental disorder, 17% for conduct disorder, 15% for major depression, and 9% for posttraumatic stress disorder. Anorexia and bulimia were found to be rare. About 31% had attempted suicide. Few racial/ethnic and gender differences were also found to be statistically significant. Youth belonging to the LGBT community had higher prevalence of mental disorder than youths in national samples. Suicides behaviors of LGBT community were comparable to representative youth samples of the same geographic area.

From the above data, it goes without doubt that without good mental health one cannot be healthy. It is but natural for all individuals to experience emotional ups and downs from time to time caused by events in their lives. However, mental health conditions go beyond these emotional reactions to specific situations and





cause changes in how an individual thinks and feels and in his/her mood. The mental health issues encountered by the lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) community is similar to the rest of the population. Infact, they may experience more negative mental health outcomes due to prejudice and other biases they go through.

Understanding the mental health issues as per the bio-psycho-social model


Until the late 1970s, transsexualism was viewed as a sin, a crime and a sickness. Early health research on LGBTQ people placed heavy emphasis on demonstrating the 'health' and 'nomalcy' of LGBTQ people. However, the present day research documents and emphasizes the health difficulties and illnesses that affect the people belonging to this community (Terry, 1990). LGBTQ health, whether 'good' or 'bad', is influenced by multiple factors including the prevailing ideologies in the community. Most research addressing LGBTQ health and illness today, is informed by the biopsychosocial model and there has been a push in some countries (e.g., the USA) for LGBTQ people to be the subjects of biopsychosocial research (Epstein, 2003).

In some ways, physical health has been a neglected topic in LGBTQ health research. Genetic abnormalities like trisomy may lead to transgenderism. Also, many people undergo castration or may indulge in reconstructive surgery of the genitals which may lead to lack of gender specific hormones thus resulting in unwanted biological changes in the body. Hormonal imbalances may force them to resort to treatments like hormone therapy. However, recent research indicates that, for some transmen, long-term hormone therapy has significant cumulative effects on their health.

Research on the physical health of transmen highlights both positive and negative side effects of hormonetherapy. Regarding the positive effects of hormone therapy, recent findings suggest that testosterone treatment can help to maintain or develop bone density, a significant factor in determining the likelihood of osteoporosis. However, this may only be the case for transmen who also undergo the removal of their ovaries, if not a complete hysterectomy (Turner et al., 2004). Talking of the negative effects of hormone therapy, general research on breast cancer suggests that there is an association between increased levels of androgens (such as testosterone) and breast cancer risk (Burcombe et al., 2003; Andrews, 2008). This is especially pertinent for transmen undergoing hormone therapy for lengthy periods of time. In addition, it has been suggested that elective mastectomies undertaken by transmen as part of their transition do not necessarily prevent future instances of breast cancer because of the above mentioned factors. This research highlights the physical complexities of gender reassignment for trans people. While the psychological effects of transitioning may be positive for trans people (i.e., they may feel that their bodies finally match their gender identity), the physical effects can be long term and potentially life threatening.

On the psychological level, hundreds of thousands of people experience uncertainty and emotional distress regarding gender identification and are often treated with negative reactions by family members, friends, acquaintances and also the public at large. Individuals experiencing concerns about their gender identity may suffer from social isolation, emotional anguish and distorted self-image. As a consequence, harmful external forces may have adverse impact on mental health of transgenders through moral condemnation, physical and emotional violence, refusal to communicate and also professional misdiagnosis. Very often, body-image distortions lead to development of eating






disorders within the individual (Katz, 2011). Apart from dilemma related to gender identity, several personality factors may also play a role in determining the mental health status of such individuals. Some people tend to be more prone to depression and anxiety, are less resilient and more vulnerable to falling prey to adverse consequences of distress. In a recent study, it was reported that persons with gender identity disorder, compared to cisgender heterosexuals have higher presence of Personality Disorders (PDs), particularly Paranoid PDS, Avoidant PDs, and comorbid PDs. In addition, it was found that transwomen have a more severe psychopathological profile (Duisin et al., 2014). In an earlier study conducted by Bodlund et al. (1994), it was reported that transgender people had a higher presence of cluster B (antisocial, borderline, histrionic and narcissistic) personality disorders as compared to healthy controls. Similarly, they were also more susceptible to the presence of multiple personality pathologies.

With regards to the social aspect, the LGBTQ people face social distress in the form of stigma and isolation which in turn affects their mental health adversely. People belonging to the LGBTQ community often face 'dual stigma'. Mental illness is regrettably still stigmatized in our society and so is being lesbian, gay, bisexual or transgendered. An LGBTQ person with mental illness may be in the unfortunate position, then, of having to contend with both stigmas. It is often the case that such people experience a mental health care system that is not comfortable with or sensitive to issues related to sexual orientation, while their community is not sensitive to or educated about serious mental health issues. This societal stigma can contribute to and also further exacerbate existing mental health problems. A sense of never fully belonging to the community often prevails within them and results in feelings of isolation and estrangement, which may in turn lead to increased psychological vulnerability to mental illness. In a study conducted by Pitts et

al.(2009), it was reported that bisexual women and transgender people are particularly susceptible to mental health problems and taken together, the incidence of mental health problems attributable to stress and prejudice in people belonging to the LGBTQ community is likely to be considerable. Not only do transgender people deal with prejudice and stigma, they often become the victims of social violence and abuse as well, which may in turn lead to social isolation. The societal stigma and prejudice against LGBTQ people may manifest in the form of verbal and physical violence. Such experiences of violence can have lasting adverse consequences on mental health of these people.

The US Transgender Survey (2015), reported the following estimates of pervasive mistreatment and violence faced by the transgendered people:

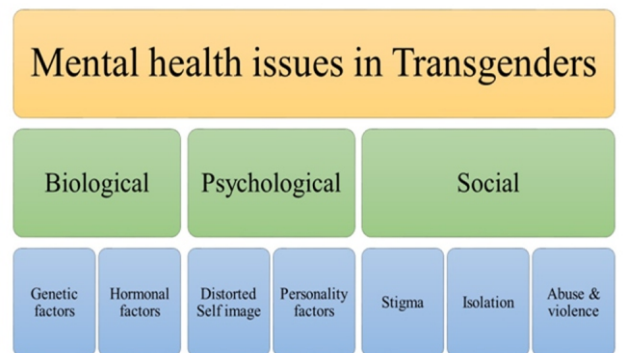
- High levels of mistreatment, harassment, and violence in almost all the aspects of life. For approximately 10% of the sample, at least one family member of the individuals revealing their sexual orientation to their family was violent towards them because they were transgender and 8% were asked to leave the house because they were gender variant.
 - At school, those who were out as or perceived to be transgender, experienced some form of mistreatment- being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%). Tragically, 17% experienced such severe mistreatment that they had to leave school.
 - At the workplace, approximately 30% of respondents reported being fired, denied a promotion, or experiencing some other form of mistreatment like being physically or verbally harassed or sexually assaulted because of their gender identity.
 - In relationships, more than half (54%) of
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the respondents had been through some form of intimate partner violence, including acts involving coercive control and physical harm.

- Overall, 46% of respondents had been verbally harassed; 9% physically attacked and nearly half (47%) sexually assaulted at some point of time in their lives, because of being transgender.

Apart from facing stigma, isolation, violence and abuse, transgender people often indulge in activities like substance abuse and unprotected sexual activities which may lead to human immunodeficiency virus (HIV) infection and sexually transmitted infections (STIs). Transgender people can be heavy users of alcohol (Hughes and Eliason, 2002), cigarettes (Ryan et al., 2001) and recreational drugs (Skinner and Otis, 1996). In some studies, LGBTQ people's use of such substances is significantly higher than heterosexuals' usage (Lee, 2000), and younger LGB people, in particular, seem to be more at risk of substance abuse (Savin-Williams, 1994). A number of possible explanations have been put forward to explain the growing incidence of health harming behaviours in such people. The limited range of social networking options available to LGBTQ people (i.e., bars and clubs in urban areas) may shape LGBTQ people's consumption of substances like alcohol and drugs etc. In other words, many LGBTQ people socialize in bars and clubs and these environments actively encourage substance use. Another explanation is that substance (mis)use may be a 'survival strategy' or a form of escape from experiences of heterosexism, homophobia, biphobia and transphobia (Hiller et al., 2004).

The biopsychosocial model can be summarized as follows:



Raising awareness of LGBTQ people's health related behaviours in order to provide 'culturally appropriate' health services and support is the need of the hour, but the narrow focus on individual health behaviours can again potentially lead to 'blaming the victim' and labelling LGBTQ people as pathological.


What needs to be done?

Several issues need to be addressed in order to help the people belonging to the LGBTQ community and so that they too can lead an enriching life. Some of the key issues that need to be addressed are as follows:

Acceptance in the society: First of all, LGBTQ people need to be accepted within the community as equally normal and healthy individuals as heterosexuals. Moreover, LGBTQ people facing serious mental illnesses need to be treated and given consideration.

Sexuality is not addressed: There is an unspoken assumption that the clients must not have sexuality because sexuality is only discussed as a problem. This needs to be addressed.

Poor knowledge and attitude of the health professionals: Not only the public, but also health care professionals suffer from high levels of ignorance and prejudice related to LGBTQ people. Usually there are many false assumptions like transgender people are HIV



positive, or they are man hating or sexual predators, etc. these notions result in maltreatment of the clients because often professionals lack expertise in dealing with clients belonging to this marginalized group.

Peer intolerance: There is disregard from other communities and also often from different sections within the community. Such issues need to be addressed.

Lack of health statistics: There is an absence of robust public health statistics about incidence of illness and disease in LGBTQ groups. More and more surveys need to be done to address this issue and also there is a need to include sexuality and gender identity as a part of routine demographic information in population based health surveys.

Conclusion

Transgender people often experience oppression because of gender nonconformity. They represent an extremely stigmatized population at high risk of developing mental health problems. Everyday discrimination and internalized transphobia increase depression, anxiety, and suicidal ideation. Factors like social support and resilience may help in ameliorating the impact of stress on mental health. Beyond this, social and public policy initiatives are needed to understand and reduce stigma faced by the transgender populations that in turn may result in positive physical and mental health outcomes.

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