

A STUDY OF DEPRESSION, ANXIETY AND STRESS AMONG TRANSGENDER: A COMPARATIVE ANALYSIS

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ABSTRACT

Being a human does not mean being a male or female only. Lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ) individuals represent sexual and gender minorities who face substantial sexual and social stigma in India. The present study aimed to compare depression, anxiety and stress among transgender and cisgender. The sample consisted of 45 subjects(15 transgender, 15 males and 15 females) and age range was 20-25 years and subjects were randomly selected from Ambala and Chandigarh. The Depression Anxiety Stress Scale (DASS-21) (Lovibond & Lovibond, 1995) was uniformly administered. To check the group differences one way ANOVA was applied. After getting significant values on ANOVA, post hoc test was done by applying SCEFFE'S test for multiple comparisons. Results were tabulated. Transgender were high on depression, anxiety and stress in relation to females and males. It can also be observed that females are high on depression, anxiety and stress in relation to males.

KEYWORDS: Transgender, Cisgender, Depression, Stress, Anxiety.

INTRODUCTION

Being a human does not mean being a male or female only. Lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ) individuals represent sexual and gender minorities who face substantial sexual and social stigma in India. While a fair amount is known about stigma directed at homosexual individuals, much less is known about the stigma faced by transgender individuals. Transgender individuals include a range of people whose behaviour, appearance, and/or identity cross, transcend, and/or do not conform to culturally defined norms for persons of their assigned birth sex (APA, 2009). Our society rarely realises or cares to realise the trauma, agony and pain which the members of Transgender community undergo, nor appreciates the innate feelings of the members of the Transgender community, especially of those whose mind and body disown their biological sex. Our society often shames, ridicules and abuses the Transgender community and in public places like railway stations, bus stands, schools, workplaces, malls, theatres, hospitals, they are sidelined and treated as untouchables, forgetting

the fact that the moral failure lies in the society's unwillingness to contain or embrace different gender identities and expressions, a mindset which we have to change. If we trace the historical background of the third gender identity in India and the position accorded to them in the Hindu Mythology, Vedic and Puranic literatures, and the prominent role played by them in the royal courts of the Islamic world, etc.

Transgender (TG) is generally described as an umbrella term for persons whose gender identity, gender expression or behaviour does not conform to their biological sex. TG may also takes in persons who do not identify with their sex assigned at birth, which include Hijras/Eunuchs who, describe themselves as "third gender" and they do not identify as either male or female. Hijras are not men by virtue of anatomy appearance and psychologically, they are also not women, though they are like women with no female reproduction organ and no menstruation. Since Hijras do not have reproduction capacities as either men or women, they are neither men nor women and claim to be an institutional "third gender". Among Hijras, there are emasculated (castrated, nirvana) men, non-emasculated men (not castrated/akva/akka) and inter-sexed persons (hermaphrodites). TG also includes persons who intend to undergo Sex Re-Assignment Surgery (SRS) or have undergone SRS to align their biological sex with their gender identity in order to become male or female. They are generally called transsexual persons. Further, there are persons who like to cross-dress in clothing of opposite gender, i.e transvestites. Resultantly, the term "transgender", in contemporary usage, has become an umbrella term that is used to describe a wide range of identities and experiences, including but not limited to pre-operative, post-operative and non-operative transsexual people, who strongly identify with the gender opposite to their biological sex; male and female.

DEPRESSION

Depression is more than just sadness. People with depression may experience a lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt and recurrent thoughts of death or suicide. Depression is the most common mental disorder.

The death of a loved one, loss of a job or the ending of a relationship are difficult experiences for a person to endure. It is normal for feelings of sadness or grief to develop in response to such situations. Those experiencing loss often might describe themselves as being "depressed."

But sadness and depression are not the same. The grieving process is natural and unique to each individual and shares some of the same features of depression. Both grief and depression may involve intense sadness and withdrawal from usual activities. They are also different in important ways:

- In grief, painful feelings come in waves, often intermixed with positive memories of the deceased. In major depression, mood and/or interest (pleasure) are decreased for most of two weeks.
- In grief, self-esteem is usually maintained. In major depression, feelings of worthlessness and self-loathing are common.
- For some people, the death of a loved one can bring on major depression. Losing a job or being a victim of a physical assault or a major disaster can lead to depression for some

people. When grief and depression co-exist, the grief is more severe and lasts longer than grief without depression. Despite some overlap between grief and depression, they are different. Distinguishing between them can help people get the help, support or treatment they need.

STRESS AND ANXIETY

Stress is often described as a feeling of being overwhelmed, worried or run-down. Stress can affect people of all ages, genders and circumstances and can lead to both physical and psychological health issues. By definition, stress is any uncomfortable "emotional experience accompanied by predictable biochemical, physiological and behavioral changes." Some stress can be beneficial at times, producing a boost that provides the drive and energy to help people get through situations like exams or work deadlines. However, an extreme amount of stress can have health consequences and adversely affect the immune, cardiovascular, neuroendocrine and central nervous systems.

Everyone worries or feels nervous from time to time. Anxiety is a normal human reaction to stressful situations. But for people with anxiety disorders, those fears and worries aren't temporary. Their anxiety persists, and can even get worse over time.

Anxiety disorders can severely impair a person's ability to function at work, school and in social situations. Anxiety can also interfere with a person's relationships with family members and friends. Fortunately, though, there are effective treatments for anxiety.

Anxiety is an emotion characterized by an unpleasant state of inner turmoil, often accompanied by nervous behavior, such as pacing back and forth, somatic complaints, and rumination. It is the subjectively unpleasant feelings of dread over anticipated events, such as the feeling of imminent death. Anxiety is not the same as fear, which is a response to a real or perceived immediate threat, whereas anxiety is the expectation of future threat. Anxiety is a feeling of uneasiness and worry, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing. It is often accompanied by muscular tension, restlessness, fatigue and problems in concentration. Anxiety can be appropriate, but when experienced regularly the individual may suffer from an anxiety disorder.

REVIEW OF LITERATURE

Clinicians have reported that an increasing proportion of parents accept gender-variance while being primarily concerned for their child's wellbeing and are uncertain as to how to manage the challenge (Gregor, Hingley-Jones & Davidson, 2014). However, some parents strongly reject gender variance and their responses can include, shock, fear, anger, sadness, shame, or even disgust (Malpas, 2011). Several authors have argued it is other people's distress (e.g. parents') that is the underlying issue in the distress experienced by the gender variant child (Bartlett, Vasey, & Bukowski, 2000).

Factors that affect the experiences of transgender youth were explored by Grossman and D'Augelli (2006) using three focus groups. Three themes emerged from an analysis of the groups' conversations. The themes centred on gender identity and gender presentation, sexuality and sexual orientation and vulnerability and health issues. Most of them reported feeling they were transgender at puberty and experienced confusion and negative reactions to their gender

atypical behaviours. The four problems they noted related to their vulnerability in health areas were: the lack of safe environments, poor access to physical health services, inadequate resources to address their mental health concerns, and a lack of continuity of caregiving by their families and communities.

A huge majority of the transgender community in India is highly aware of sexually transmitted diseases and HIV/AIDS and their prevention, according to a survey conducted in 2007 by a Chennai-based NGO. The survey was carried out among 200 members of the transgender community. A huge 58 percent said they were rejected by their families and friends as soon as their gender status was known and added they were still existing in the fringes of society despite positive intervention from NGOs and the government. Sixteen percent stressed that transgender people should not be thrown out by parents as they too are individuals with emotional needs and aspirations.

Ryan , Huebner , Diaz and Sanchez (2009) found significantly higher rates of mental and physical health problems among LGBT young adults who experienced high levels of rejection from their parents while they were adolescents . Compared with LGBT young adults who experienced very little or no parental rejection, LGBT young adults who experienced high levels of rejection were nearly six times as likely to have high levels of depression; more than eight times as likely to have attempted suicide and more than three times as likely to use illegal drugs and engage in unprotected sexual behaviors that put them at increased risk for HIV and other sexually transmitted infections.

Lakshmanan and Victor (2010) did a study on transgenders in Chennai using qualitative and quantitative techniques of data collection and analysis. A standardized Tamil version of the Wellbeing Questionnaire -12 was used. 75.76% of the transgenders belonged to the "Average Wellbeing category" while the rest were in the "Better Wellbeing Category". From the in-depth interviews it was inferred that the socio-economic status of transgender was very poor and they felt inferior to others and were constantly humiliated and ill- treated by the society at large. However, support within the community was strong.

METHODOLOGY

The type of research that was used in this study was qualitative research and quantitative research. Qualitative research aimed to gather an in-depth understanding of behaviour of cisgender population towards transgender population and the reasons that govern such behavior.

SAMPLE

The present study aimed to compare depression, anxiety and stress among transgender and cisgender. The sample consisted of 45 subjects(15 transgender, 15 males and 15 females) and age range was 20-25 years and subjects were randomly selected from Ambala and Chandigarh. The Depression Anxiety Stress Scale (DASS-21) (Lovibond & Lovibond,1995) was uniformly administered.

STATISTICAL ANALYSIS

Firstly distribution of data was checked by using KMO test, data was normally distributed.

To check the group differences one way ANOVA was applied. After getting significant values on ANOVA, post hoc test was done by applying SCEFFE'S test for multiple comparisons. Results are tabulated below.

RESULTS

TABLE 1: (A) SHOWING RESULTS FOR DEPRESSION

GENDER	N	MEAN	SD
TRANSGENDER	15	20.26	2.73
FEMALES	15	12.13	2.55
MALES	15	9.46	3.31

(B) ANOVA

	sum squares	df	mean square	F	sig
Between groups	949.511	2	474.756	56.906	0.000
within groups	350.400	42	8.343		
Total	1299.911	44			

(C) POST HOC

Multiple Comparisons						
Dependent Variable: DEPRESSION						
Scheffe						
(I) GENDER		Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
T	G	8.13333*	1.05469	.000	5.4568	10.8098
	B	10.80000*	1.05469	.000	8.1235	13.4765
G	T	-8.13333*	1.05469	.000	-10.8098	-5.4568
	B	2.66667	1.05469	.051	-.0098	5.3432
B	T	-10.80000*	1.05469	.000	-13.4765	-8.1235
	G	-2.66667	1.05469	.051	-5.3432	.0098

*. The mean difference is significant at the 0.05 level.

TABLE 2: (A) SHOWING RESULTS FOR ANXIETY

GENDER	N	MEAN	SD
TRANSGENDER	15	15.86	3.181
FEMALES	15	8.53	1.76
MALES	15	5.86	2.64

(B) ANOVA

	sum of squares	df	mean square	F	sig
Between groups	804.444	2	402.222	56.652	0.000
within groups	283.200	42	6.743		
Total	1087.644	44			

(C) POST HOC

Multiple Comparisons						
Dependent Variable: ANXIETY						
Scheffe						
(I) GENDER		Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
T	G	7.33333*	.94818	.000	4.9271	9.7395
	B	10.00000*	.94818	.000	7.5938	12.4062
G	T	-7.33333*	.94818	.000	-9.7395	-4.9271
	B	2.66667*	.94818	.027	.2605	5.0729
B	T	-10.00000*	.94818	.000	-12.4062	-7.5938
	G	-2.66667*	.94818	.027	-5.0729	-.2605

*. The mean difference is significant at the 0.05 level.

TABLE 3: (A) SHOWING RESULTS FOR STRESS

GENDER	N	MEAN	SD
TRANSGENDER	15	28.20	2.596
FEMALES	15	16.00	3.484

GENDER	N	MEAN	SD
MALES	15	12.93	1.86

(B) ANOVA

	sum squares	df	mean square	F	sig
Between groups	1956.578	2	978.289	131.132	0.000
within groups	313.333	42	7.460		
Total	2269.911	44			

(C) POST HOC

Multiple Comparisons						
Dependent Variable: STRESS						
Scheffe						
(I) GENDER		Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
T	G	12.20000*	.99735	.000	9.6690	14.7310
	B	15.26667*	.99735	.000	12.7357	17.7976
G	T	-12.20000*	.99735	.000	-14.7310	-9.6690
	B	3.06667*	.99735	.014	.5357	5.5976
B	T	-15.26667*	.99735	.000	-17.7976	-12.7357
	G	-3.06667*	.99735	.014	-5.5976	-.5357

*. The mean difference is significant at the 0.05 level.

DISCUSSION

As mentioned in the above table 1 A and B, it has been observed that there are significant differences among groups in relation to depression. The mean values are 20.26, 12.13 and 9.46, f value is 56.906 and it is significant at 0.05 level. Schffe's test was used for multiple comparisons. When transgender were compared with females and males the values came out to be 8.13333 and 10.8000, values are significant at 0.05 level. When females were compared with transgender and males the values came out to be -8.13 and 2.66, values are significant at 0.05 level. When males were compared with transgender and females the values came out to be -10.800 and -2.66, values are significant at 0.05 level.

As mentioned in the above table 2 A and B, it has been observed that there are significant differences among groups in relation to anxiety. The mean values are 15.86, 8.53 and 5.86, f value is 59.65 and it is significant at 0.05 level. Schffe's test was used for multiple comparisons.

When transgender were compared with females and males the values came out to be 7.33 and 10.00, values are significant at 0.05 level.

When females were compared with transgender and males the values came out to be -7.33 and 2.66 values are significant at 0.05 level. When males were compared with transgender and females the values came out to be -10.00 and -2.66, values are significant at 0.05 level.

As mentioned in the above table 3 A and B, it has been observed that there are significant differences among groups in relation to stress. The mean values are 28.20, 16.00 and 12.93, f value is 131.132 and it is significant at 0.05 level. Schffe's test was used for multiple comparisons. When transgender were compared with females and males the values came out to be 12.20 and 15.26, values are significant at 0.05 level.

When females were compared with transgender and males the values came out to be -12.20 and 3.06 values are significant at 0.05 level. When males were compared with transgender and females the values came out to be -15.26 and -3.06, values are significant at 0.05 level. Transgender were high on depression, anxiety and stress in relation to females and males. It can also be observed that females are high on depression, anxiety and stress in relation to males.

There can be numerous reasons for the depression, anxiety and stress among the transgender. One reason could be the isolation that many transgender people experience in relation to their gender identity.

Another explanation could be the guilt that typically accompanies their cross-gender identification.

In our society, there is strong social pressure to conform to gender norms. Everyone is expected to be either clearly masculine/male or clearly feminine/female; and people can become uncomfortable, or even angry, if they are unable to readily determine someone's gender

People who identify as transgender can and often do experience stigma, discrimination, violence, and internalized homophobia/transphobia. Family, friends, and romantic partners may not understand the transition and not be able to provide the needed support. There is also a danger of job loss or financial loss, especially for transgender women.

In either case, trans people are often seen by others as non-conforming to a natural or inherited identity and so they are stigmatized; and prone to depression. Transgender people, as a whole, face multiple forms of oppression in this country. Discrimination is so large and pronounced, especially in the field of health care, employment, education, leave aside social exclusion. Various reports highlight the extreme necessity of taking emergent steps to improve their sexual health, mental health and also address the issue of social exclusion.

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