

## INTERNALIZED TRANSPHOBIA, COPYING STATERGIES AND COMMON MENTAL DISORDERS IN TRANSGENDER

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### ABSTRACT

The current study was conducted to examine the relationship between Internalized Transphobia, Coping Strategies, and Common Mental Disorders in Transgender. It also aims to determine the role of Coping Strategies in mediating the relationship between Internalized Transphobia and common Mental Disorders in Transgender. Correlational study design and purposive sampling technique were used. For data collection Transgender Identity Scale (Bockting, Miner, Robinson, Rosser, & Coleman, 2010), Coping Strategies Questionnaire (Kausar & Munir, 2004) and Symptom Checklist-Revised (Rahman, Dawood, Rehman, Mansoor, & Ali, 2009) were used. Pearson product moment correlation and PROCESS were used to find the correlation, prediction and mediation. The results found that Internalized Transphobia was significantly negatively correlated with Active Practical Coping, Religious Focused and it was significantly positively correlated with Active Distractive Coping, Avoidance Focused Coping and Common Mental Disorders. Internalized Transphobia predicted Avoidance-Focused Coping Strategy and all Common Mental Disorders.

**Keywords:** Internalized Transphobia, Coping Strategies, Common Mental Disorders, Transgender.

### INTRODUCTION

The umbrella term of Transgender is used to describe people who are not according to exact gender division of male and female. The symbol used to show Transgender community is formed by combing male and female category of gender along with another third arm showing Transgender people (Stetzer, 2009). Terms like Male to female transgender or transwomen usually refer to people who are biologically by birth males but identify themselves and choose to live as women (Israel & Tarver, 1997). Transgender man refers to a female identifying as male and vice versa with transgender woman. The term cisgender is also used, meaning one's gender that aligns with their biological sex characteristics (Cook, 2004). Transgender as a wide category which shows variety of multifold experiences which differ greatly depending upon one's culture. The terms bisexuals, gay and lesbians show sexual orientations whereas transgender is more of a gender orientation (though the two spheres are not mutually exclusive) (Gainor, 2000).

Dean, Meyer and Robinson (2000) defined internalized transphobia as taking negative attitudes of society on oneself resulting in demeaning of oneself, lack of self-esteem and personal conflicts. When transgender accept their discriminated sexual orientation, a process called coming out starts. The term Internalized homophobia depicts type of stress that is internal and insidious. Worldwide Male to female transgender (MtF) community faces

disgrace and disrespect in different spheres of life. According to Goffman (1963), such individuals experience a lot of anxiety while interacting with people around. Transgender correctly perceive that people won't accept them equally. Internalized Transphobia is due to difficulty in the process of coming out to get rid of discrimination, negative attitude and completely overcoming biased perception about self. This transphobia effects psychological functioning of trans people throughout their lives. Most common is concealed form of transphobia as it disrupts sufferers in many ways (Gonsiorek, 1988).

Transphobia may result into many health issues like difficulty sleeping, nightmares, diarrhea, headache, excessive crying, increase in use of substance, irritability and disturbed relations (Garnets et al., 1990). Trans people are likely to experience biasness in attitude of health-care provider like disregard, insult, negation of services and harassment resulting into decreased self-esteem and symptoms of depression so Transphobia is associated with or results into chances of suicide and increased psychological issues. Internalizing negative opinions of people may result into minority stress and transphobia depicted as problems in individual's relationships, decreased self-esteem and symptoms of depression (Hellman & Klein, 2004). Transgender think that they have been embodied wrongly resulting into gender dysphoria, anxiety, depression, guilt, and even suicide (Cook, 2004). According to Ross (1985), mental disorders are more caused due to anticipation of social rejection than undesirable experiences in reality. The relationship between Internalized Transphobia and Common Mental Disorders is influence by some factors like Social Support available to them and the way they cope from the psychological distress of internalized feelings of transphobia.

According to Skinner and Wellborn (1994), Coping is the way through which people manage their behavior, feelings and attitudes during mental stress. Coping can be defined as continuous and active process that is contingent on the nature of tough event. The process of coping which aims to regulate behavior includes solving problems, regulation of emotions through a positive outlook. Coping is alteration of behavioral and cognitive attempt to manage the situations considered as problematic or which are beyond one's control (Folkman and Lazarus, 1986). Denying one's identity is common when transitioning process begins which results in emotional avoidance of the distress accompanying this stage (Budge et al., 2012). Avoidant coping is likely to be used in this stage to buffer the effects of minority stress, but in the long run it can cause more depressive and anxious symptoms (Budge, et al., 2013). Methods of coping used by Transgender include self-affirmative coping (i.e. asserting one's sense of self and strengths), cognitive-reframing (i.e. thinking positively), social relational coping (i.e. seeking social report), and resource-accessing coping (i.e. seeking legal counsel) (Mizock & Mueser, 2014). Factors associated with significant increase in lifetime Substance Use Disorder (SUD) are older age, higher educational attainment, low income, Male to Female Gender identity, gender affirming medical care, intimate partner violence, posttraumatic stress disorder, depression, mental health treatment, discrimination, unstable housing, and sex work. Transgender used Substance as a way to cope with stress (Wilson, 2013).

As Transgender live in a world which doesn't accept them so they make use of adaptive and maladaptive coping strategies to overcome it. Different coping styles used by them may include problem focused and emotion-focused coping and also termed as avoidant and facilitative, respectively. Trying not to show an emotional response to problems is considered

as avoidant coping which includes eating or drinking excessively, decreasing the problem or trying not to face its consequences. Coping strategies reduce the negative consequences of psychological distress caused as a result of stigma, discernment, violence and internalized transphobia (Meyer, 2003). Other strategies used to cope with Internalized Transphobia may include Active Distractive Coping. To overcome negative attitude of people, Coping strategies used by transgender include using instrumental and emotional support, active coping strategies and self-distraction. Among these, the self-distraction to cope with the stressor was reported to be the most frequently utilized (80%) (Huynh, 2015).

## LITERATURE REVIEW

The present study finds the Coping Strategies one uses when he internalizes the transphobic attitude of people and as a result of this discriminatory attitude, gets proneness of mental health issues. Transphobia (discrimination based on one's identity as transgender) is a serious problem experienced by 63% transgender individuals (Hellman & Klein, 2010). According to Grant, Flynn, Odlag and Schreiber, (2011) sampling over 6,500 transgender people, the overwhelming majority reported experiencing discrimination in one facet of life or another. For example, 47% experienced an adverse job because of their trans identity and 90% of adult respondents reported harassment or discrimination in the work place. 19% of respondents report being refused medical care because of their transgender status, half of respondents had to teach their medical provider about care for transgender people while visiting them. Internalized Transphobia and disgrace given to sexual minority groups are linked with mental and physical health of such people. Perceived stigmatization, stigma-specific coping strategies, internalizing stigma, distress, using substance, confronting stigma and detachment were found in 354 individuals who identified themselves as lesbian, gay, transgender and bisexuals. It was found that perceived stigma predicted level of stress, depression and anxiety; Internalized stigma mediated as well as moderated the relation of stigma and anxiety. It was also found that relationship of stigma and depression, stress and anxiety was mediated by substance use (Ngamake, Walch, & Raveepatarakul, 2016). Another study conducted by Shahida and Aneeza (2014) found the level of perceived stigmatization, its relationship with loneliness and mediating role of coping strategies in relation of both in 153 transgender chosen by snowball sampling from organizations. The study found significant relation between stigmatization and loneliness. Perceived stigmatization also resulted into loneliness and the relation was mediated by coping strategies.

## Rationale

The current study found the impact of discriminatory attitude faced by one of the sexual minority group-Transgender which is one of the major group facing biasness but their issues are under-studied and least addressed. It was pertinent to find the effect of transphobia faced by trans community, the way they cope with the distress associated with trans stigma and its impact on their mental health (Budge, Rossman, & Howard, 2013). The present research was conducted to explore the role of different coping strategies when transgender are faced with transphobic attitude which they internalize leading to severe mental health consequences. It will help to know about the ways of overcoming negative impact and mental health consequences of internalizing phobic attitude of people towards Trans so better strategies to avoid or overcome the biasness of society can be targeted in future.

## Objectives

- The study will examine the Transphobia Internalized by Transgenders, the type of coping used by them and Common Mental Disorders due to Internalization of Transphobia.
- It will also help in determining the type of coping which is mediating relationship between Internalized Transphobia and Common Mental Disorders.

## Hypotheses

- Internalized Transphobia is likely to correlate positively with Active Distractive Coping, Avoidance Focused Coping and Common Mental Disorders i.e. Depression, Somatic Symptoms and Anxiety.
- Common Mental Disorders are likely to correlate negatively with Active Practical Coping and Religious Focused Coping.
- Common Mental Disorders are likely to positively predict Active Distractive Coping and Avoidance Focused Coping.
- Common Mental Disorders are likely to negatively predict Active Practical Coping and Religious Focused Coping.
- The relationship of Internalized Transphobia and Common Mental Disorders is likely to be mediated by different Coping strategies.

## METHODOLOGY

### Research Design

The research design was proposed to be correlational in nature as it investigated the relationship between Internalized Transphobia, Coping Strategies and Common Mental Disorders.

### Sampling Strategy

The sampling strategy was purposive in nature.

### Sample

Sample consisted of 150 male to female Transgender (tentatively determined through G-Power analysis).

### Inclusion and Exclusion Criteria

The inclusion criteria for including participants included the following

- The age range of Transgender was from 19 -55 years. (This was because above this age they are said to be called/ become Gurus)
- Participants recorded and identifying as Male to Female (MtF) transgender i.e. those who were males by birth but identify themselves as females were included.
- Transgender from institutes/organizations were approached only.

The exclusion criteria for the participants included:

- Participants from homes were not approached.
- Gurus were not selected.

- Female to male transgender and eunuchs by birth were not selected.
- Participants having any chronic physical illness, disability and/or diagnosed psychological disorder.

## **Operational Definitions**

### **Internalized Transphobia**

Transgender Identity is a measure of the integration of one's transgender identity into the self-identity whereas Internalized Transphobia refers to detachment or being uncomfortable from one's transgender identity due to stigmatized attitude of people (Bockting, Miner, Robinson, Rosser & Coleman, 2010).

### **Coping Strategies**

These are the strategies which an individual use to adjust with the difficult situations and stressors. The coping strategies include Active Practical/Focused Coping, Active Distractive Coping, Avoidant Focused Coping and Religious Focused Coping (Kausar & Munir, 2004).

### **Common Mental Disorders**

These include disorders common and prevalent including Depression, Somatic Symptoms, Anxiety and Level of Frustration Tolerance (Rahman, Dawood, Rehman, Mansoor & Ali, 2009).

## **Assessment Measures**

### **Demographic Information Sheet**

It included the information related to Transgender's lives. It was divided into various sections by the researcher which included general descriptive information of Transgender, Identity-related information.

### **Transgender Identity Scale (Bockting, Miner, Robinson, Rosser & Coleman, 2010)**

Internalized transphobia was measured through Transgender Identity Scale (TGIS). The higher scores on scale represent positive transgender identity and lower level of internalized transphobia. It consists of 26 items and has four subscales of Pride, Passing, Alienation and Shame.

### **Coping Strategies Questionnaire (CSQ; Kausar & Munir, 2004)**

Coping Strategies Questionnaire (CSQ) is a 62 items tool and developed for Pakistani population. It has 4-point likert scale. It measures four different types of coping like active-practical coping, active-distractive coping, religious-focused coping and avoidance focused coping.

### **Symptom Checklist Revised (SCL-R, Rahman, Dawood, Rehman, Mansoor & Ali, 2009)**

SCL-R assessed the level of depression, somatic symptoms and anxiety. SCL-R. comprises of 148 items with total of six subscales. Four subscales: Depression (24 items), Somatic

Symptoms (24 items) and Anxiety (29 items) were administered and each participant was asked to rate the severity of each symptom on 0-3 Likert Scale.

### Translation Of The Scale

Translation of Transgender Identity Scale (TGIS) was done after getting permission from author with the aim of attaining Urdu version of the English instrument for better comprehension of participants. For translating the scale, MAPI guidelines (UK) were followed which included the process of forward and backward translations. The focus was to develop a conceptually translated tool rather than a literally translated one to make it easy to understand in native language for participants of research.

### Procedure

After getting topic approved by Departmental Doctoral Program Committee, permission of the measuring instrument used in the present study was taken from the original authors and the authors who translated them. Transgender Identity Scale (TGIS) was translated using MAPI guidelines (UK) of tool translation. Permission was sought from the Heads of the organizations.i.e. Akhuwat Foundation, Fountain House and Khwaja Sira Society (KSS) to collect data and data collection time and date was coordinated. They were also informed about the purpose and nature of research. A total of 150 participants were included in the main study. All the research questionnaires were administered by the researcher. Participants were approached at the institutes. The information sheet was given to the participants prior to the research and they were also asked to sign the consent form to assure their voluntary participation.

### RESULTS

The aim of the study was to investigate the relationship between Internalized Transphobia, Coping Strategies and Common Mental Disorders in Transgender. The data was analyzed using SPSS-21. The demographic characteristics of participants are described as below:

Table 1: Descriptive Statistics of Demographic Characteristics of the Participants (N=150)

| Variables                    | M (SD)               | f (%)      |
|------------------------------|----------------------|------------|
| Age                          | 34.64 (11.78)        |            |
| Personal Monthly Income      | 12,823.33 (20084.23) |            |
| Brought Up                   |                      |            |
| Family                       |                      | 139 (93)   |
| Community                    |                      | 11 (7)     |
| Sex Work                     |                      |            |
| No                           |                      | 72 (42)    |
| Yes                          |                      | 78 (58)    |
| Guru in Life                 |                      |            |
| No                           |                      | 8 (5.3)    |
| Yes                          |                      | 142 (94.7) |
| Contact with Dera            |                      |            |
| No                           |                      | 26 (17.3)  |
| Yes                          |                      | 124 (82.7) |
| Religion                     |                      |            |
| Islam                        |                      | 130 (86.7) |
| Christianity                 |                      | 20 (13.3)  |
| Received Religious Education |                      |            |
| Yes                          |                      | 111 (74)   |
| No                           |                      | 39 (26)    |

Note. M= Mean, SD= Standard Deviation, f= Frequency.

Table 1 shows that majority of the participants were Muslims, received religious education, were brought up by family and had history of sex work. Most of them had Gurus and contact with Dera.

Table 2: Psychometric Properties of Questionnaires (N=150)

| Variables                 | k  | M     | SD    | Min Scores | Max Scores | $\alpha$ |
|---------------------------|----|-------|-------|------------|------------|----------|
| Internalized Transphobia  | 26 | 108.5 | 26.2  | 53         | 176        | .86      |
| Alienation                | 3  | 14.1  | 5.46  | 3          | 21         | .72      |
| Passing                   | 7  | 23.80 | 8.88  | 7          | 49         | .70      |
| Pride                     | 8  | 40.43 | 10.37 | 10         | 56         | .801     |
| Shame                     | 8  | 30.11 | 12.75 | 8          | 56         | .85      |
| Active Practical Coping   | 16 | 57.65 | 8.02  | 34         | 77         | .77      |
| Active Distracting Coping | 9  | 28.92 | 4.91  | 13         | 41         | .5       |
| Avoidance Focused Coping  | 24 | 82.89 | 9.88  | 50         | 105        | .71      |
| Religious Coping          | 13 | 46.24 | 8.41  | 27         | 91         | .78      |
| Depression                | 24 | 29.40 | 15.71 | 00         | 60         | .92      |
| Somatic Symptoms          | 34 | 31.57 | 21.56 | 00         | 88         | .95      |
| Anxiety                   | 29 | 39.21 | 24.51 | 00         | 112        | .94      |

Note. k= Number of Items in the Subscale, M= Mean, SD= Standard Deviation, Min Score= Minimum Score, Max Score= Maximum Score,  $\alpha$ = Reliability Co-efficient

The results shown in table 2 indicate that the Cronbach alpha reliability of Internalized Transphobia, Coping Strategies and Common Mental Disorders is high. The reliability of one subscale of Coping Strategies i.e. Active Distractive Coping is moderate. However, the internal reliabilities of all the subscales are acceptable.

Correlation analysis was run to find correlation of study variables and demographic variables

Table 3: showing Correlation between Internalized Transphobia, different Coping Strategies and Common Mental Disorders and Demographic Characteristics of Participants (N=150)

|                      | 2     | 3     | 4     | 5     | 6      | 7      | 8      | 9    | 10     | 11     | 12     | 13    | 14     | 15    | 16    |
|----------------------|-------|-------|-------|-------|--------|--------|--------|------|--------|--------|--------|-------|--------|-------|-------|
| 1. IT                | -.15* | -.00  | .33** | .01   | .34**  | .21**  | .29**  | .00  | -.06   | .09    | -.16*  | .11   | -.05   | -.07  | .08   |
| 2.APC                |       | .43** | .11   | .42** | -.36** | -.26** | -.31** | -.01 | .15*   | .04    | .07    | .02   | .00    | -.06  | -.02  |
| 3.ADC                |       |       | -.03  | .11   | -.12   | -.01   | -.08   | -.03 | .04    | .12    | .10    | .02   | .11    | -.03  | .03   |
| 4.AFC                |       |       |       | .32*  | .18*   | .15*   | .16*   | .06  | -.02   | -.02   | -.19** | -.10  | .05    | .13   | -.01  |
| 5.RFC                |       |       |       |       | -.14*  | .04    | -.07   | .02  | -.03   | -.23** | .18*   | -.17* | -.01   | -.13  | -.14* |
| 6.Depression         |       |       |       |       |        | .73**  | .8**   | -.13 | -.14*  | .03    | -.04   | -.08  | .28**  | .06   | .04   |
| 7.Somatic Symptoms   |       |       |       |       |        |        | .82**  | -.00 | -.17*  | -.02   | -.06   | -.03  | .13    | .03   | -.03  |
| 8.Anxiety            |       |       |       |       |        |        |        | -.05 | -.16*  | -.02   | -.07   | -.05  | .15*   | .01   | -.03  |
| 9.Age                |       |       |       |       |        |        |        |      | -.23** | -.09   | -.14*  | .02   | -.08** | .10   | -.17* |
| 10. Monthly Income   |       |       |       |       |        |        |        |      |        | .08    | .06    | .02   | .01    | .01   | .07   |
| 11. Religion         |       |       |       |       |        |        |        |      |        |        | .05    | -.04  | .06    | .09   | .18*  |
| 12. Received RE      |       |       |       |       |        |        |        |      |        |        |        | -.18* | .19**  | -.14* | -.03  |
| 13. Brought up       |       |       |       |       |        |        |        |      |        |        |        |       | -.09   | .07   | -.01  |
| 14. Sex Work         |       |       |       |       |        |        |        |      |        |        |        |       |        | .07   | .09   |
| 15. Guru             |       |       |       |       |        |        |        |      |        |        |        |       |        |       | .05   |
| 16.Contact with Dera |       |       |       |       |        |        |        |      |        |        |        |       |        |       |       |

Note. IT= Internalized Transphobia, APC= Active Practical Coping, ADC= Active Distractive Coping, AFC= Avoidance focused Coping, RFC= Religious Focused Coping, GI= Gender Identity, RE= Religious Education, OP = Opting Profession.

Table 3 shows correlation between Independent Variable Internalized Transphobia, Mediating variable Coping Strategies, and Dependent variable, Common Mental Disorders i.e. Depression, Somatic Symptoms, Anxiety. Internalized Transphobia is significantly positively correlated with Avoidance Focused Coping, Depression, Somatic Symptoms, Anxiety So the hypothesis was proved. Active Practical/ Focused Coping is significantly negatively correlated with Common Mental Disorders. Avoidance Focused Coping is significantly positively correlated with Common Mental Disorders. The hypothesis that there is likely to be significant negative correlation of Common Mental Disorders and Religious Focused Coping was not proved true as Religious Focused Coping is only significantly positively correlated with Depression.



**Prediction and Mediation Analyses**

A series of analyses were run on PROCESS developed by Hayes (2012) to the hypotheses of mediation and mediation.

Table 4: showing Mediation Analysis of Active Practical Coping, Avoidance Focused Coping as mediators between Internalized Transphobia and Depression (N=150)

|     | Direct Effect |            |            |            |            | Indirect Effect |            |            |            |            |
|-----|---------------|------------|------------|------------|------------|-----------------|------------|------------|------------|------------|
|     | <i>b</i>      |            |            |            |            | <i>B</i>        |            |            |            |            |
|     | <i>Dep</i>    | <i>APC</i> | <i>ADC</i> | <i>AFC</i> | <i>RFC</i> |                 | <i>APC</i> | <i>ADC</i> | <i>AFC</i> | <i>RFC</i> |
| IT  | .14**         | -.01       | .00        | .01**      | -.00       | B               | .21        | -.01       | .02        | -.01       |
| APC | -3.75*        |            |            |            |            | LL              | -.00       | -.47       | -.01       | -.29       |
| ADC | 1.63          |            |            |            |            | UL              | .6         | .32        | .06        | .17        |
| AFC | 2.04          |            |            |            |            |                 |            |            |            |            |
| RFC | -.69          |            |            |            |            |                 |            |            |            |            |

Note: IT=Internalized Transphobia (Predictor), APC= Active Practical Coping (Mediator), AFC= Avoidance Focused Coping (Mediator), Dep=Depression (Outcome)

Table 4 shows that Internalized Transphobia had significantly predicted dependent variable i.e. Depression ( $b=.14$ ,  $p<.01$ ), with 12% variance explained in Depression by Internalized Transphobia,  $F(1, 148) = 19.83$ ,  $p<.01$ . Internalized Transphobia predicted mediator Avoidance Focused Coping ( $b=.01$ ,  $p<.01$ ) with 11% variance explained in Avoidance Focused Coping by Internalized Transphobia,  $F(1, 148) = 18.30$ . The direct effect of mediator on dependent variable show that Active practical Coping predicted Depression,  $b=-3.75$ ,  $p=.00$ . The overall model including was significant with  $F(6, 143) = 10.38$ ,  $p<.001$  and 30% variance explained in Depression by all mediators i.e. Active Practical coping, Active Distractive Coping, Avoidance Focused Coping, Religious Focused Coping and independent variable i.e. Internalized Transphobia. All the four mediators didn't mediate the indirect relationship between Internalized Transphobia and Depression (MacKinnon, 2008; Preacher & Kelley, 2011).

Table 5: showing Mediation Analysis of Active Practical Coping, Avoidance Focused Coping as mediators between Internalized Transphobia and Somatic Symptoms (N=150)

|     | Direct Effect  |            |            |            |            | Indirect Effect |            |            |            |            |
|-----|----------------|------------|------------|------------|------------|-----------------|------------|------------|------------|------------|
|     | <i>b</i>       |            |            |            |            | <i>B</i>        |            |            |            |            |
|     | <i>Som Sym</i> | <i>APC</i> | <i>ADC</i> | <i>AFC</i> | <i>RFC</i> |                 | <i>APC</i> | <i>ADC</i> | <i>AFC</i> | <i>RFC</i> |
| IT  | .18**          | -.01       | .00        | .01**      | -.00       | B               | .03        | .00        | .02        | -.00       |
| APC | -5.12*         |            |            |            |            | LL              | .00        | -.02       | -.02       | -.03       |
| ADC | 2.63           |            |            |            |            | UL              | .09        | .02        | .07        | .02        |
| AFC | 2.03           |            |            |            |            |                 |            |            |            |            |
| RFC | 2.27           |            |            |            |            |                 |            |            |            |            |

Note: IT=Internalized Transphobia (Predictor), APC= Active Practical Coping (Mediator), AFC= Avoidance Focused Coping (Mediator), Som Sym= Somatic Symptoms (Outcome)

Table 5 shows that Internalized Transphobia had significantly predicted dependent variable i.e. Somatic Symptoms ( $b=.18$ ,  $p<.01$ ), with 5% variance explained in Anxiety by Internalized Transphobia,  $F(1, 148) = 7.02$ . Internalized Transphobia predicted mediator

Avoidance Focused Coping ( $b = .01, p < .01$ ) with 11% variance explained in Avoidance Focused Coping by Internalized Transphobia,  $F(1, 148) = 18.30$ . The direct effect of mediator on dependent variable show that Active practical Coping predicted Somatic Symptoms,  $b = -5.12, p = .01$ . The indirect effect shows that only Active Practical Coping was indirectly mediating the relationship between Internalized Transphobia and Somatic Symptoms.

Table 6: showing Mediation Analysis of Active Practical Coping, Avoidance Focused Coping and as mediators between Internalized Transphobia and Anxiety ( $N=150$ )

|     | Direct Effect |      |     |        |      | Indirect Effect |      |      |      |      |
|-----|---------------|------|-----|--------|------|-----------------|------|------|------|------|
|     | <i>b</i>      |      |     |        |      | <i>B</i>        |      |      |      |      |
|     | Anx           | APC  | ADC | AFC    | RFC  |                 | APC  | ADC  | AFC  | RFC  |
| IT  | .27***        | -.01 | .00 | .01*** | -.00 | B               | .03  | .00  | .03  | -.00 |
| APC | -5.91**       |      |     |        |      | LL              | -.00 | -.02 | -.02 | -.02 |
| ADC | 3.05          |      |     |        |      | UL              | .10  | .03  | .09  | .01  |
| AFC | 2.62          |      |     |        |      |                 |      |      |      |      |
| RFC | .44           |      |     |        |      |                 |      |      |      |      |

Note: IT=Internalized Transphobia (Predictor), APC= Active Practical Coping (Mediator), AFC= Avoidance Focused Coping (Mediator), Anx= Anxiety (Outcome)

Table 6 shows that Internalized Transphobia had significantly predicted dependent variable i.e. Anxiety ( $b = .27, p < .001$ ), with 9% variance explained in Anxiety by Internalized Transphobia,  $F(1, 148) = 13.76$ . Internalized Transphobia predicted mediator Avoidance Focused Coping ( $b = .01, p < .01$ ) with 11% variance explained in Avoidance Focused Coping by Internalized Transphobia,  $F(1, 148) = 18.30$ . The direct effect of mediator on dependent variable show that Active practical Coping predicted Anxiety,  $b = -5.91, p < .01$ . All the four mediators didn't mediate the indirect relationship between Internalized Transphobia and Anxiety.

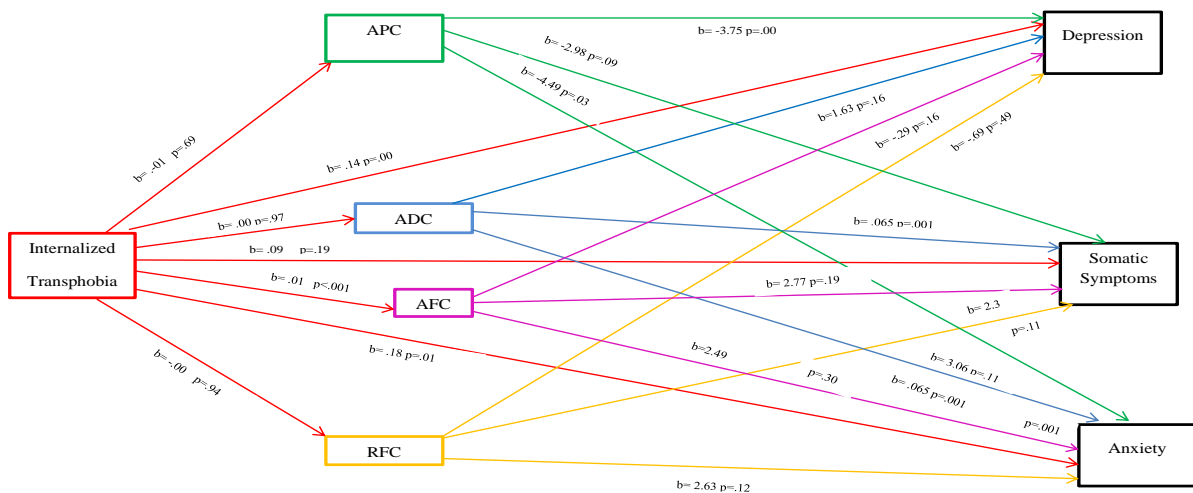


Figure 1 showing results of PROCESS when hypothesized model was tested, with different Coping strategies as Mediator between Internalized Transphobia and Common Mental Disorders. Note. APC=Active Practical coping, ADC= Active Distractive Coping, AFC=Avoidance Focused Coping, RFC= Religious Focused Coping.

## DISCUSSION

The present study explores the effects of Internalized Transphobia on Common Mental Disorders when Transgender try to cope with the stress of Transphobia. Previous researches show that stigma faced because one's identity have serious negative impact and it worsens when individuals internalizes or adopts them as a part of his thoughts and personality. Individuals reported high level of Internalized Transphobia as indicated by Mean and SD of scores of Gender Identity Scale. It is in accordance with previous research states that Transgenders face a lot of stigma, discriminating and biasness from society. According to a Survey by Hellman & Klein (2004) Transphobia is a grim that affects 63% of the Transgender community. Results show a positive correlation between Internalized Transphobia and Common Mental Disorders. Internalized Transphobia also predicts these Common Mental Disorders except for Somatic Symptoms. The positive relationship between Internalized Transphobia and Common Mental disorders has also been supported by previous empirical evidences. A research finds that Transgender individuals encounter stigma related to nonconforming gender identity, contributing to elevated symptoms of depression, anxiety, and suicidality (Mizock & Mueser, 2014). Transgender are prone to develop Anxiety and Depression due to Transphobic attitude of general public thus Internalized Transphobia doesn't only relate with but also predicts symptoms of Anxiety and Depression as found by the results of present study and supported by previous researches. Gender-related stigma increases a transgender person's vulnerability to such mental health concerns as substance abuse, anxiety, depression, and personality disorders. In a recent national study of the United States transgender population, 35% of those surveyed reported anxiety and 44% reported depression (Rosser, Oakes, Bockting, & Miner, 2007). When individual face transphobic attitude of people, they use different types of coping strategies to reduce or overcome that stigma. Internalized Transphobia was found to be significantly negatively correlated with Active Practical Coping while it was significantly positively correlated with Avoidant Practical Coping- IT and Avoidant Practical Coping. Nemoto et al., (2004) found that Transgender may use substance as a mean of coping strategy to avoid thinking about stressor and divert their attention from stressor. A significant positive correlation was found between Avoidance Focused Coping and Common Mental Disorders. These results can be related with a previous finding that Escapism and Avoidance Strategies for dealing with stress predominate in individuals having emotional distress and deprived mental health (Badura, Reiter, Altmaier, Rhomberg, Elas, 1997; Binzer & Kullgren, 1996).

The pathway shows that although Active Practical Coping can result in reduction of Depression and Anxiety but Internalized Transphobia doesn't predict Active Practical Coping. As a result of Transphobia, Transgender don't use Active Practical Coping because they of their minority status resulting in lack of opportunities available to them. Internalized Transphobia doesn't result in Active Distractive Coping because Transgender internalize negative feelings of stigma and peoples' phobic attitude so it becomes difficult for them to overcome or distract themselves when they have to face discrimination at every step of their lives. Internalization itself refers to accept or absorb an idea, opinion, belief, etc. so that it becomes part of one's character (Grossman, D'Augelli, Salter, & Hubbard, 2005). When one makes these strategies a part of their character, they find it difficult to distract themselves.

Religious Focused Coping didn't mediate the relationship between Internalized Transphobia and Common Mental Disorders. This result is similar to another study by Shahida and Aneeza (2014) which finds that religious coping didn't mediate the relationship between perceived discrimination and loneliness among transgender. Another research states that the

spiritual aspects of the transgender coming-out process facilitate in psychotherapy (Grossman, D'Augelli, Salter, & Hubbard, 2005). So it may be the degree of spirituality and not the practicing religiosity which is playing role in Transgender's lives. Internalized Transphobia significantly predicts Avoidance Focused Coping but it doesn't significantly predict Depression, Anxiety and Somatic Symptoms. When individual faces humiliation from society and internalizes it, he usually avoids things which make him stressful (Kidd & Witten, 2008). Using such Avoidance coping strategies would not result in these Common Mental health problems. As Depression, Anxiety and Somatic Symptoms are not outcome of Avoidance focused coping strategy so this coping is not mediating the relationship between Internalized transphobia and Common Mental Disorders.

## CONCLUSIONS

Findings of the study shows that Internalized transphobia was negatively correlated with active practical coping, religious focused coping while it was significantly positively correlated with active distractive coping, avoidance focused coping and common mental disorders. Research findings identified that Internalized Transphobia results into use of more Avoidant Coping strategy and Common Mental Disorders and lessens use of Problem-focused/Active Practical Coping strategies due to Internalization of people's phobic attitude towards Transgender. Internalized Transphobia results into common mental disorders and use of Avoidance-focused coping strategy.

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