Depression, Anxiety and Coping Strategies among Trans genders: An Exploratory Study

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Abstract

The present study explored the association among depression, anxiety, and ways of coping in the transgender population (n = 100). The association between the variables was assessed on the following psychological measures; the Siddique Shah Depression Scale, State-Trait Anxiety Inventory, and Ways of Coping Questionnaire - Revised Urdu Edition. All the instruments were translated into Urdu for the feasibility of participants. The study found that there was no association between depression, anxiety, and ways of coping in transgender people. A negative correlation was found between anxiety and escape avoidance, distancing and anxiety, self-control, and accepting responsibility. About 60% of cases scored moderate and severe depression and 92% scored high anxiety on State-Trait Anxiety Inventory. The coping strategies used by the participants were: rational and active problem solving (low 5%, moderate 55%, and high 40%), escape avoidance and distancing (low 4%, moderate 38% and high 57%), self-control and accepting responsibility (low 13%, moderate 53% and high 34%) and tension reduction (low 26%, moderate 57% and high 17%).

Keywords: Depression, anxiety, coping strategies, transgender, Pakistan

Transgender is an umbrella term used to describe a person whose perceived gender identity and expression are not congruent with his/her biological sex. Transgender people may identify themselves as male, female, both, transman or transwoman. They do not feel themselves to be fitting into the dichotomous sex categorization; rather select their gender by their will (Lees, 2022). It includes people who usually pursue medical interventions like hormones or gender replacement surgery (Yarbrough, 2018). Due to social isolation and limited understanding of their lives or experiences, transgender individuals face many challenges to their mental health and well-being (Yadegarfard, et al., 2014).

The transgender population suffers from an extensive range of negative emotions due to the biased attitude of society (Worthen, 2013) and low acceptance of them as a separate group (Testa, Michaels, Bliss, Rogers, Balsam & Joiner, 2017) including social isolation, depression, suicidal ideation (Yadegarfard, et al 2014) and anxiety (Budge, Adelson & Howard, 2013).

Depression is defined as a mood state characterized by persistently low mood, loss of interest in pleasurable activities, weight gain or loss, insomnia or hypersomnia, psychomotor retardation, fatigue, feelings of worthlessness, and suicidal ideation (American Psychiatric Association, 2022). Depression is a commonly experienced disorder by the transgender population in Pakistan as well (Azeem, et al., 2019). Most transgender individuals use hormones to bring congruence between their perceived gender and their sexual status (Martin et al., 2021). Many of these individuals also report illegal and non-medical use of prescription drugs such as anxiolytics, analgesics, stimulants, sedatives, and hormones. The use of these drugs has been reported to induce low self-esteem and increased gender-identity discrimination with feelings of depression and anxiety (Pachankis & Safren, 2019).

Anxiety is also a psychological issue, frequently seen in the transgender population (Budge, Adelson & Howard, 2013). It is

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defined as a worry, concern, or apprehension regarding a perceived or anticipated event. Anxiety is not always harmful but when elevated beyond a point, it can lead to adverse consequences. Anxiety disorders are a group of mental health conditions characterized by excessive and persistent feelings of fear, worry, or apprehension. These feelings often interfere with daily activities, relationships, and overall well-being. The symptoms can range from physical manifestations like rapid heartbeat and sweating to psychological symptoms like excessive rumination and avoidance behaviors (APA, 2022). Transgender individuals not only experience a normal level of anxiety but also are prone to social anxiety due to the constant.

Puckett et al. (2019) examined the discrimination encountered by transgender individuals and its association with anxiety and depression symptoms. Detachment and blame internalization leads to psychological distress and mental health issues. Hughto et al. (2021) examined how negative transgender-related messages affect the mental health of transgender individuals and lead to psychological distress. Valentine and Shipherd (2018) studied mental health and social stress among transgender individuals. When they are exposed to social stressors like discrimination, stigma, and bias it leads to several mental health problems.

Pariseau et al. (2019) examined how family acceptance rejection affects the psychosocial functioning of transgender youth. Low levels of primary care and least acceptance increase internalized problems and mental health concerns like depression and anxiety. Yousuf et al., (2021) in their study examined a significantly high rate (17.5%) of sexually transmitted diseases in transgender causing depression and other mental health-related issues in them. Manzoor, et al., (2022) in their research found a similar finding of common health problems in transgender as 56% reported symptoms of depression. While 59% reported the feeling of anxiety. Slatch et al., (2018) examined suicidal rates and depression among transgender in their study. Results indicated that 14% of transgender were affected by depression and had a high risk of suicidal ideation.

Rationale of the study

In Pakistan, stigma regarding the transgender population is an extreme concern that hinders their well-being. Most of the research conducted on transgendered individuals is related to HIV, AIDS, and sexual health-related topics. Although less data is present on mental health-related issues it is seen that sexual abuse victims usually cope with their traumas by accepting, ignoring, or downplaying the abuse (International Day and Lesbians Human Rights Commission, 2014). Transgender individuals often face significant societal challenges and discrimination related to their gender identity, potentially leading to mental health issues. While research has indicated elevated rates of depression and anxiety in transgender populations globally, limited data exists for Pakistan. Transgender individuals are at a higher risk of experiencing mental health disorders, such as depression and anxiety, due to the stressors associated with gender dysphoria, societal rejection, and lack of legal recognition (Manzoor, et al., 2022). Existing research has shown varying prevalence rates of depression and anxiety in transgender populations globally, but there is a paucity of data specifically focused on Pakistan. Understanding the prevalence of these mental health concerns within the context of Pakistani culture is vital for tailoring effective interventions and support systems. Furthermore, exploring coping mechanisms used by transgender individuals in Pakistan can provide insights into culturally appropriate approaches to enhancing mental resilience. By uncovering the unique socio-cultural factors influencing mental health outcomes and identifying effective coping strategies, this study aims to contribute to improved well-being for transgender individuals in Pakistan.

Methodology

Sampling

Purposive sampling was used in the study to recruit 100 adult transgender individuals between the ages of 15 years to 65 years. The mean age of the sample was 34.9 years (± 9.07). Participants for this study were sourced from Lahore as well as other cities including Karachi, Sheikhupura, Jhang, Faisalabad, Islamabad, Rawalpindi, Kasur, Multan, and Sialkot.

Instruments

The researcher has taken permission from the authors to use and translate sales for this study.

Siddiqui Shah Depression Scale

The scale was developed by Siddiqui and Ali Shah (1997). It is an indigenous depression scale in Pakistan developed in the Urdu language. The scale consists of 36 items, 12 in each category of depression (mild, moderate, and severe). Split half reliability of the scale for the clinical group has a significant value of r = 0.79 (p< .001***). The Alpha coefficient for the clinical and non-clinical samples was 0.91 and 0.89 respectively. Scores obtained in the range of 26-36 show mild depression, 37–49 show moderate depression, and a score above 50 shows severe depression (Siddiqui & Shah, 1997).

State-Trait Anxiety Inventory

It is comprised of separate self-report scales for measuring two distinct anxiety concepts, State anxiety (A-State) and Trait Anxiety (A-Trait). The concurrent validity of STAI with the anxiety scale questionnaire and manifest anxiety scale is .73 and .85. Reliability is .54 for state and .86 for trait anxiety. STAI varies from a minimum score of 40 to a maximum score of 80 on

each sub-scale. The higher scores on the scale indicate greater anxiety (Spielberger et al., 1983).

Ways of Coping Questionnaire-Revised

Ways of Coping Questionnaire-Revised, Urdu version (WCQ-R-U) is used to assess coping strategies. (WCQ-R-U) was originally developed by Folkman and Lazarus (1984) which was later translated into Urdu by Sitwat (2005) and adapted for the Pakistani population by Sitwat and Malik (2007). It is scored on a 0-4 Likert scale. Its internal consistency was reported to be 0.72 on the population of Pakistan. Folkman and Lazarus factor analyzed the items and produced an eight-factor solution providing the basis of eight scales corresponding to eight coping dimensions. The eight factors are Confrontational Coping, Distancing, Self-Controlling, Seeking Social Support, Accepting Responsibility, Escape Avoidance, Planned Problem Solving, and Positive Reappraisal. The version used in the present study collates these factors into four i.e. RAPS – Rational and Active Problem Solving; EAD – Escape Avoidance and Distancing; SCAR - Self Control and Accepting Responsibility; TR – Tension Reduction (Sitwat & Malik, 2007).

Procedure

The study was initiated by seeking approval from the Doctoral Program Committee of the Centre for Clinical Psychology, Punjab University, Lahore, Pakistan. The topic of the research was extensively speculated by the committee and suggestions were given on how to deal with the sensitive population. After the approval process, permission for the use of questionnaires was obtained from each author. When all prerequisites were met, the recruitment process was started by contacting eighteen 'gurus' out of whom only eleven responded. The gurus helped the researcher to find and contact any participant who met the criteria of the study. Informed consent was signed by each participant. It took almost 45 minutes to complete the questionnaire booklet by each respondent. All the participants were compensated by giving 300 rupees for completing the questionnaire Data were gathered and analyzed through SPSS to test the hypothesis.

Ethical Considerations

The study undertook a sensitive population that was already met with stigma and derogation. Special attention had to be paid when the researcher interacted with them. Researchers took extra care to avoid stigmatized labels which were commonly used in the community. Moreover, areas that disturbed the participants and were not relevant to the research were avoided to the maximum. The researcher also ensured each participant had access to psychotherapy if any of them felt distressed after the study questions. The consent of the respondents and their will to continue up to the end of the research was also ensured. Informed consent, the anonymity of participants, no risk, and reporting accurate data were ensured.

Results

Results revealed the mean age range of participants to be 34.9 years (± 9.07) with the majority of participants in the range of 26 to 35 years. Most of the participants were Muslims and were illiterate. The maximum education any of the participants received was 14 years of education. The dominant patterns of occupation seen in the sample were either being a beggar or being involved in dancing or singing. Their income ranged from Rs. 6,000 to 10,000. Approximately 75% of the sample had complete or frequent contact with their families.

Table 1

Demographic variables of Transgenders

Variables	Frequencies	Percentages
Age	(*f*)	(%)
15- 25	18	18.0 %
26- 35	45	45.0 %
36- 45	27	27.0 %
46-55	9	9.0%
56-65	1	1.0%
Mean ± SD	34.9 years ± 9.07	
Religion		
Islam	92	92.0%
Christian	8	8.0 %
Education		
Illiterate	42	42.0 %
Less than primary	8	8.0 %
Primary	16	16.0 %
Middle	12	12%
Matric	13	13%
F.A / F.Sc	5	5%
B.A/ B.Sc	4	4%
Self-confidence		
Overconfidence	22	22.0%
Appropriate	73	73.0%
Not at all	5	5.0%
Income		
Rs 1000-5000	18	18%
Rs 6000-10000	57	57%
Rs 11000-15000	16	16%
Rs 17000-20000	04	4.0%
Rs 25000-30000	04	4.0%
Missing	01	1.0%

Income sources		
Government	1	1.0%
Nongovernment	9	9.0%
Shopkeeper	4	4. 0%
Begging	21	21.0%
Sex business	5	5.0%
Dancing and singing	36	36.0%
Any other	2	2.0%
More than one	22	22.0%
Purpose of makeup		
Show off	11	11.0%
Professional	48	48.0%
demand	21	21.0%
We like it	12	12.0%
Any other	8	8.0%
More than one		
Contact with other transgenders		
All the time	56	56.0%
To some extent	24	24.0%
Very little	5	5.0%
Not at all	15	15.0%
People's attitude toward them		
Disgraceful	52	52.0%
Immoral	13	13.0%
Unjust	3	3.0%
Maltreatment	1	1.0%
Being ridiculed and mocked	10	10.0%
More than one	21	21.0%

Table 2

Frequency and percentage of participants of the present study on the Siddique Shah Depression Scale (SSDS)

Category	Frequency	Percentage
Below cut off	16	16.0%
Mild	16	16.0%
Moderate	42	42.0%
Severe	25	25.0%
Missing	1	1.0%

The result of Table 2 indicates that Scores from the Siddique Shah Depression Scale revealed that only 16% of participants were below cut while the majority of respondents fell in the moderate and severe categories. 92% of the sample had high-level anxiety determined by the State-Trait Anxiety Inventory. Two coping strategies stood out in the sample; *1)* moderate level of Rational and Active Problem Solving and *2)* Escape Avoidance and Distancing.

Table 3

Frequency and percentage of participants of the present study on State-Trait Anxiety Inventory (STAI)

Category	Frequency	Percentage
Below 20	2	2.0%
20 to 80 (anxiety)	6	6.0%
80 and above (high anxiety)	92	92.0%

The result of Table 3 indicates that Scores on the State-Trait Anxiety inventory show that 92% of the population has high anxiety states and traits. They cope with their anxieties by speaking louder and making fun of each other or criticizing and complimenting others.

Table 4

Frequency and percentage of participants of the present study on Ways of Coping Factors

Factors	Low	Moderate High
F (%)	F (%)	F (%)
RAPS	5 (5.0%)	55 (55.0%)
40(40.0%)		
EAD	4 (4.0%)	38 (38.0%)
57 (57.0%)		
SCAR	13 (13.0%)	53 (53.0%)
34 (34.0%)		
TR	26 (26.0%)	57 (57.0%)
17 (17.0%)		

Note: RAPS – Rational and Active Problem Solving; EAD – Escape Avoidance and Distancing; SCAR - Self Control and Accepting Responsibility; TR – Tension Reduction, F- Frequency, %- percentage.

The result of Table 4 indicates that Correlation analyses showed only two significant relationships. The first significant correlation was between state-trait Anxiety and Escape Avoidance and Distancing coping strategies. The other significant correlation was between State-Trait Anxiety and Self-Control and Accepting Responsibility. The nature of both significant relationships was negative meaning that if the participant had a high score on either of the coping styles, then he had low levels of State or Trait Anxiety.

Table 5

Correlation of the Depression (on SSDS), Anxiety (on STAI), and ways of coping (4 factors) applied by transgender

	STAI	RAPS	EAD	SCAR	TR
SSDS	0.54	-0.29	-0.35	-0.17	-0.12
STAI	-0.21	-0.04*	-0.04*	-0.13	
RAPS	0.65	0.79	0.54		
EAD	0.63	0.42			
SCAR	0.58				
TR					

*$P< .05$. **$P < .01$. ***$P < .0001$

Note: SSDS - Saddique Shah Depression Scale, STAI - State-Trait Anxiety Inventory, RAPS – Rational and Active Problem Solving, EAD – Escape Avoidance and Distancing. SCAR - Self Control and Accepting Responsibility, TR – Tension Reduction.

The result of Table 5 indicates that Pearson chi-square statistic was found out amongst the variables. Analyses of anxiety levels and different types of coping strategies revealed a non-significant relationship between each other showing that none of the coping styles affected anxiety. Similar results were seen when depression was analyzed with each type of coping strategy. Depression was found to be non-significant with Rational and Active problem-solving style of coping [χ^2 (4) = 5.4, p = 0.24], Escape Avoidance and Distancing factor [χ^2 (4) = 4.06, p= 0.39], Self Control and Accepting Responsibility [χ^2 (4) = 6.95, p = 0.14] and Tension Reduction as a style of coping [χ^2 (4) = 1.99, p =0.74].

Discussion

The present study aimed to focus on depression, anxiety, and ways of coping in the transgender population. Results showed that there was no significant association between depression, anxiety, and ways of coping in the sample, except between anxiety scores and escape avoidance and distancing self-control and accepting responsibility. There was a high incidence of both anxiety and depression in the sample. The most dominant coping strategy employed by the population under study was EAD – escape avoidance and distancing followed by RAPS – rationale and active problem solving and SCAR – self-control and accepting responsibility, respectively. The least employed coping strategy was tension reduction.

Results showed a high incidence of Depression and depressive features in the transgender population. Depression has been frequently linked to social exclusion, societal rejection, deviation from norms, and isolation from significant others (Fall,

Fossati, Ravassard, Meloni & Rotge, 2017; Jobst et al., 2015). A family is considered the backbone of a person but when the same family turns against an individual, it tears apart that person leaving him bewildered in his situation. Discrimination and derogatory behavior from society have often led individuals to pull themselves back from getting involved in daily societal activities and thus fall into Depression. Social identity theory proposes that lower self-esteem and less confidence can result from social exclusion of prolonged giving rise to a negative sense of self (Hogg, 2016).

In Pakistan as well, the transgender population carries a heavy stigma with them and they are considered to be sub-normal and do not have a right to get mixed up with the gender-majority population. The normal society views this population with arrogance and conceit, snubbing them most of the time. Children remain afraid of them while adults advise each other to remain away from the company of individuals from this specific population (Abbas, Nawaz, Ali, Hussain & Nawaz, 2014). The entire cognitive makeup of these individuals disables them from getting engrossed in society making them form their community and isolating them from the outside world. They try to remain away from people to their maximum to avoid rejection or ridicule. These kinds of reactions and constant humiliation faced by the transgender population may have increased their risk of depressive symptomatology, suicide, and hopelessness, and thus their higher scores on the measure of Depression (Shahida & Aneeza, 2014; Maguen & Shepherd, 2010).

In addition to Depression, another psychological problem faced by the transgender population is high levels of anxiety. Fiaz (2015) described the transgender population in Pakistan as 'Officially Recognized but Publicly Shamed'. This third gender in the country has although been accepted by the country but still has not made way to the hearts of gender- majority group. The results of the current study also proved that they have elevated levels of both state anxiety and trait anxiety. The brought up of the transgender population in an unaccepting environment may induce neurotic anxiety in them making them over-conscious about social situations. There may be frequent anticipation regarding their behavior and negative self-evaluations. They may constantly be in self-doubt about their performance and how they will be judged by others (Riley, Wong & Sitharthan, 2011). This may increase their anxiety levels beyond a point where they can control it leading to major psychological issues (AAWAZ Programme, 2016).

Just like other individuals, the transgender population also employs strategies to overcome the psychological burden they have to face. Results were also indicative of the fact that multiple coping styles were employed across the sample. Two coping

styles stood out among all which were escape and avoidance-focused coping as well as rational and active problem-solving coping styles. The use of avoidance strategies may help these individuals when they save themselves from getting rejected or victimized. Due to the label attached to them, many individuals from the transgender community avoid going into gender-majority groups as they feel unfit and a magnet for sexist comments. The escape behavior helps them to completely refrain from listening to such conversations. It gives them freedom in a sense where they do not have to explain their condition about 'why they are as they are'. Hence, avoidance strategies help them avoid questions that they do not feel comfortable answering (Budge, Adelson & Howard, 2013; Budge, Katz-Wise, Tebbe, Howard, Schneider & Rodriguez, 2013; Martin, Pryce & Leeper, 2005).

On the other hand, transgender individuals are already stuck in a poverty circle so they have to work to earn and carry on with their lifestyle. For this purpose, they may employ the coping strategy of rational and active problem-solving (Shahida & Aneeza, 2014). They may face society bluntly and be confident about themselves. Results of the current study also indicated that the sample had a confident attitude towards their existence and did not feel ashamed of what they were. This type of coping enables them to work in society with their heads high and become confident examples for their kind.

Among the demographic variables, low literacy rates and even lower income rates were seen in the majority of the sample. Being a highly stigmatized and under-rated population, the transgender community in Pakistan also has to face inequality in their rights (Khan, 2017). One of the most vital rights which is not given to these individuals is their right to education. Most of the people in this community fail to go to school from the start rather than are compelled to join professions such as beggary, dancing, or sex work (Abbas, Nawaz, Ali, Hussain & Nawaz, 2014; Redding, 2012). Even if some of the individuals get access to a school, the disapproval of society and constant negative attention causes them to fall out of school thus making them unable to acquire higher education (Tabassum & Jamil, 2014). Low literacy rate further leads them towards low-paying jobs which keep them at a lower socio-economic status sending them into a never-ending loop. The sample also confirms these findings as most of the respondents fell into the least educated and least paid category.

The present research has highlighted the fact that the transgender population experiences a lot of anxiety and depression but they have developed their coping strategies to deal with the psychological issues. Even though they experience severe stigmatization, they are surviving, ear,ning and spending their lives without becoming a burden on their near ones, because they know how to rely on them. They deal with their everyday stress by forming their community and being a support group for their kind. Therefore, they have found ways to deal with themselves and how to be relaxed and divert their attention and perception from being affected by the treatment society.

Limitations and suggestions

The study had a relatively small sample size of 100 transgender participants which decreased the generalizability of the findings to a broader transgender population. The study employed a cross-sectional design, which only captures data at a single point in time. Participants may not always accurately represent their experiences, and the study could benefit from a multi-method approach, including clinical interviews or observations. Conducting longitudinal studies can shed light on how depression, anxiety, and coping strategies evolve in the transgender population.

Conclusion

The study revealed that the transgender population in Pakistan is still marginalized restricting them to the lower socioeconomic status group and being majorly involved in dancing, sex work, or begging. They have a high incidence of depression and anxiety in them while the frequently used coping strategies are rational active problem solving and escape avoidance and distancing to ensure their survival in society. The results reject the hypothesis as there is no association between depression, anxiety, and ways of coping in the transgender population. Whereas the results show a negative correlation between anxiety and escape avoidance and distancing and anxiety and self-control and accepting responsibility, the two factors of ways of Coping-R-U.

Implications

Despite the lack of a significant association between depression, anxiety, and coping strategies, understanding the coping mechanisms of transgender individuals remains vital. Educating transgender individuals about healthier coping strategies and providing them with resources and tools for effective coping can improve their mental well-being.

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