Original Article
ISSN (Online): 2582-7472

ShodhKosh: Journal of Visual and Performing Arts
May 2024 5(5), 825–830

SOCIAL CONNECTEDNESS AS A BUFFER FOR MENTAL HEALTH CHALLENGES IN TRANSGENDERS

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DOI
10.29121/shodhkosh.v5.i5.2024.2326

Funding: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

ABSTRACT

The current study set out to examine and evaluate the connection between transgender people's mental health and social connectedness. The sample consisted of seventy-seven transgenders from various parts of Kashmir. The instruments utilized for assessing social connectedness and mental health were the revised social connectedness scale, 1998 and the general health questionnaire, 1988, respectively. Findings of the study, revealed that social connectedness was positively and significantly correlated with mental health among transgenders, indicating that higher levels of social connectedness are associated with better mental health outcomes. Furthermore, participants from rural and urban areas did significantly differ in terms of social connectedness and mental health, with rural transgenders having lower social connectedness while also experiencing poor mental health outcomes, emphasizing the need for targeted support interventions for those in rural areas.

Keywords: Social Connectedness, Mental Health, Transgenders

1. INTRODUCTION

As our understanding of what it means to be transgender or gender non-conforming in modern society has grown, so too has the spectrum of transgender experiences. These changes are linked to the idea that gender is no longer a binary that can only be male or female. Many prominent scholars and activists have replaced this idea with the idea that gender is a continuum of experiences that can change over time (Burdge, 2007; Monro, 2005; Saltzburg & Davis, 2010). There has also been a positive shift in the attitudes toward transgender or gender non-conforming people. As a result, the transgender or gender non-conforming community embraces an increasing number of terms, labels, and identities. “Transgender” is the state in which an individual’s “asserted gender”, or self-identification as male, female, both, or neither, does not match their “assigned gender” (identification by others as male or female based on natal sex) (Grossman & D'Augelli, 2007). The amount of research on transgenders’ health has increased dramatically in an effort to better understand the mental, emotional, and physical well-being of these individuals. (Connolly et al., 2016). According to research, transgenders are more likely to experience mental health issues such as depression, substance abuse, and self-

harm. These risks are primarily caused by discrimination and violence, as the Minority Stress Model (Meyer, 2003) explains. While there is ample evidence of these disparities, there is still a dearth of research on other mental health issues. Despite these obstacles, a large number of transgender people exhibit resilience by relying on their own inner resources and networks of support to get by (Carmel & Schroth, 2016). A crucial element of this resilience is social connectedness, which is defined as one's perception of oneself in relation to others and one's sense of belonging to the social world, which includes family, friends, and coworkers. (Lee & Robbin, 1998). According to Griffiths et al. (2007), research has shown that social connectedness is associated with higher levels of well-being across a variety of populations. Low social connectedness has been linked to higher rates of stress, anxiety, and depression, according to McLoughlin and colleagues (2019), underscoring the critical role that connections with others plays in mental health. In the same way, people who feel less connected to others frequently express less satisfaction with their social connections (Satici et al., 2016). Furthermore, people who feel more socially connected are more likely to be outgoing, find it easier to build relationships, and have a more optimistic attitude on their environment, according to research by Lee and colleagues (2001). Among lesbian, gay, bisexual, and transgender (LGBT) people, social connectedness and a sense of belonging to friends, family, and the community are positively correlated with resilience, psychological well-being, and easier access to support networks (McLaren, 2006, 2009; McLaren, Jude, & Mclachlan, 2007; Oetjen & Rothblum, 2000; Ryan, Huebner, Diaz, & Sanchez, 2009; Shechner, Slone, Meir, & Kalish, 2010).

LGBT people's immediate social support systems, such as their family and friend networks, as well as the larger social context, which includes both their local communities and the LGBT community, may have an impact on their well-being (Frost & Meyer, 2012; Lin & Israel, 2012; McLaren, 2006, 2009; McLaren et al., 2007). These findings underscore the importance of fostering social connections as a potential protective factor for the mental health of transgender individuals, who may face unique challenges related to social isolation and stigma.

2. THEORETICAL FRAMEWORK

The theoretical background for this paper lies in the Minority Stress Model as stated by Meyer (2003). According to this model, discrimination, stigma, and prejudice "push" marginalized persons, such as those who are transgender, into chronic stress and negatively affect mental health. This model assumes that external stressors such as social rejection and violence trigger internal stressors such as identity concealment or internalized transphobia and lead to worse mental health outcomes. This model provides a framework to help explain the pathways through which people who identify as members of a minority group experience internal stressors (like internalized homophobia, which occurs when a member of the minority sexual group directs negative social attitudes and stigma towards themselves, leading to negative outcomes) and external socially produced stressors (like violence and discrimination) that lead to poor mental health (Meyer, 1998). Meyer (2003) has identified social support as a moderating element that can modify the relationship between stressor and mental health within this paradigm. Some transgender-specific stressors are suggested by the gender minority adaptation of the Minority Stress Model (the Gender Minority Stress Model), including not having the proper identification documents, receiving discriminatory medical care, and not having access to safe restrooms in public areas (Hendricks, 2012). According to Pflum (2015), the Gender Minority Stress Model proposes that, in relation to mental health outcomes among transpeople, the community connection/social connectedness of the transgender community may function as a moderator to reduce gender-related victimization, internalized transphobia, and anticipated future prejudice. Because it fosters a sense of connection and provides access to supportive networks, connectedness reduces the adverse effects of discrimination and marginalization. In this regard, social connectedness asserts, by extension of the Minority Stress Model, that it's this very mechanism that serves to help build resilience and mental health resilience in transgender persons.

This study seeks to investigate the relationship that may exist between social connection and mental health among the transgender population. This study is made on the basis of the available literature, where it could be hypothesized that more social connection would have a positive association with mental health, as it was found in various studies that support by peers, family, or community groups acts as a protective factor and keeps one away from the anxiety and depression issues at large (Frost & Meyer, 2012; Bariola et al., 2015). It, in addition, examines whether place of residence (urban compared to rural) has any effect on social connectedness and mental health. It is assumed that transgenders residing in rural side would have lower levels of social connectedness and worsened mental health results compared with those who reside in cities (Kaplan et al., 2019; Sharma & Yadav, 2023).

3. METHODS

PARTICIPANT AND PROCEDURE

This study followed its objectives by taking a quantitative approach. It involved 77 transgenders between the ages of 20 and 50 from different parts of Kashmir. Participants were selected through snowball sampling, and informed consent was taken from all the participants. Data were collected offline from participants through self-report measures, which took participants approximately 10 to 15 minutes to fill out.

4. RESEARCH INSTRUMENTS USED

A two-part questionnaire was used by the survey. The demographics part got information concerning the respondents, while the latter part comprised social connectedness and mental health. Revised social connectedness scale is a 20-item measure rated on a 6-point Likert scale, developed by Lee & Robbin, (1998), which is used to measure social connectedness. Besides, Mental health was assessed using a 12-item the general health questionnaire, developed by Goldberg, (1988).

5. DATA ANALYSIS

A quantitative analysis of the data gathered was done with a set procedure. The software used in doing the analysis was SPSS version 26. To observe, the frequencies and the mean and standard deviation of social connectedness and mental health were computed. Bivariate correlation was conducted for the aim of observing the correlations between social connectedness and mental health. The independent t-test was used to determine the mean differences of social connectivity and mental health in relation to domicile.

6. RESULTS OF THE STUDY

Demographics of Study Sample (N = 77).

Demographics	Groups	Frequency	%Age	Total
Age	20-30	47	61.0	77
	30-40	20	26.0	
	40-50	10	13.0	
Residence	Rural	46	59.7	77
	Urban	31	40.3	
Living status	Living with family	31	40.3	77
	Living alone	46	59.7	

Looking at the above table, the age group of 20–30 constitutes the largest segment, making up 61.0% of the total 77 transgender participants. Following this, the age group of 30–40 accounts for 26.0%, while the age range of 40–50 represents 13.0%. In terms of residence, a significant majority of participants (59.7%) live in rural areas, compared to 40.3% residing in urban settings. Regarding living status, 59.7% of participants live alone, while 40.3% live with family. The demographic breakdown of the study participants is given in depth by this distribution.

7. CORRELATIONAL ANALYSIS

The correlation between social connectedness and mental health is shown in the table below.

	1	2
Social connectedness	**1**	
Mental health	**.66****	**1**

Note: **. The correlation is deemed significant at the 0.01 level, considering a two-tailed test.

The relationship between social connectedness and mental health is positive and statistically significant. The correlation coefficient of the two variables is 0.66** along with a p-value that is less than 0.01. An increase in social connectedness tends to improve mental health.

The following table illustrates the average disparity between Rural and Urban areas.

	t	Sig.	Mean differences	95% confidence interval of difference	
				Lower	**Upper**
Social connectedness	-5.12	.00	-.39	-.54	-.23
Mental health	-7.76	.00	-.86	-1.08	-.64

The table presents t-tests results for social connection and mental health. As related to social connection, a t-value of -5.12, p = .00 signified that the mean difference at groups' levels was statistically significant at this level. It had a mean difference of -0.39. The 95% CI for this mean difference lies within the following range: from -0.54 up to -0.23. Similarly, for the t-value of mental health, it is evident that -7.76, p = .00, with a mean difference of -0.86, showing a significant difference. The 95% confidence interval on this mean difference ranges from -1.08 to -0.64, further confirming that the difference in the outcome on mental health between the analyzed groups is significant and statistically meaningful. Such results guarantee that both social connectedness and mental health differ significantly between the analyzed groups.
Moreover, the results are in align with the already available literature; Sharma & Yadav, 2023; Kaplan et al., 2019 since participants from rural backgrounds and urban have varying levels of social connectedness and mental health, while transgenders staying in rural have relatively low social connectedness as well as pathetic mental health outcomes, and this needs some strengthened support intervention programs that target rural-based people.

8. DISCUSSION

This study aimed to explore and examine the relationship between social connectivity and mental health in transgender persons, based on interest in understanding how Residence affects social connectivity and mental health. Findings from correlational analysis indicate that social connectivity is positively related and significantly associated with mental health. These results confirm previous findings by Frost and Meyer in the year 2012 and also those of Sánchez and Vilain in 2009. According to them, a positive mental health state among the TGNC people is associated with community connection to other similar others, including the connection of social networks of the support groups for the TGNC people. Further, the survey study conducted by Bariola et al. in 2015 with the Australian adult transgender sample reported that strong relationships with the LGBT peers were significantly correlated to resilience. Results also enhance the role of social connectivity as a potential protective factor for the mental health of transgender individuals. Pflum et al., in 2015, reported that social connectedness lowers anxiety and depression among transfeminine but not transmasculine individuals. These findings are consistent with the minority stress framework, whereby the tie to minority groups can serve as a buffer against these damaging impacts of identity-based discrimination (Meyer, 2003; Szymanski & Owens, 2009), thereby underlining further the protection that social connection has on mental health among transgender individuals. Also, in line with the previous findings indicating that individuals living in rural settings tend to experience stress, loneliness, and social anxiety more than their fellow urban-dwelling counterparts (Sharma & Yadav, 2023; Kaplan et al., 2019), it was similarly indicated by this study that there were significant differences in social connectivity and mental health among the rural and urban participants in that the poor mental health outcome was more recorded among rural setting dwellers and low social connectivity. Perhaps it is the difference because of the variation in support networks between regions and mainly rural areas with less mental health services, fewer organizations dealing with LGBTQ+ support or more inclusive community spaces in which transgender people are likely to find support, thereby having lower social connectedness and poor mental health. Smaller and perhaps more conservative social networks may make rural places less friendly and stigmatized for transgender individuals. The outcomes of decreased social support can include increased loneliness and poor mental health. Urbanization often allows individuals to engage with many other groups, communities, including the LGBTQ+ communities. Rural settings will likely have smaller social networks or even ones that are even less inclusive for transgender people, contributing to feelings of alienation. Further research is necessary to understand these factors.
Despite the significant contributions of the present study, several limitations should be acknowledged. The small sample size may limit the generalizability of the findings, as a larger and more diverse sample could offer a more comprehensive understanding of the relationship between social connectedness and mental health among transgender individuals. In addition to it the study relied on only self-report measures to gather data. To address this, future studies should consider using multiple methods of data collection to capture the detailed nuances of transgender individuals.

CONFLICT OF INTERESTS

None.

ACKNOWLEDGMENTS

None.

REFERENCES

Bariola, E., Lyons, A., Leonard, W., Pitts, M., Badcock, P., & Couch, M. (2015). Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals. American Journal of Public Health, 105, 2108–2116. doi:10.2105/AJPH.2015.302763

Burdge, B. J. (2007). Bending gender, ending gender: Theoretical foundations for social work practice with the transgender community. Social work, 52(3), 243-250.

Carmel, T. C., & Erickson-Schroth, L. (2016). Mental health and the transgender population. Journal of psychosocial nursing and mental health services, 54(12), 44-48.

Connolly, M. D., Zervos, M. J., Barone II, C. J., Johnson, C. C., & Joseph, C. L. (2016). The mental health of transgender youth: Advances in understanding. Journal of Adolescent Health, 59(5), 489-495.

Frost, D. M., & Meyer, I. H. (2012). Measuring community connectedness among diverse sexual minority populations. Journal of sex research, 49(1), 36-49.

Goldberg, D., & Williams, P. (1988). General health questionnaire (GHQ). Swindon, Wiltshire, UK: nferNelson.

Griffiths, R., Horsfall, J., Moore, M., Lane, D., Kroon, V., & Langdon, R. (2007). Assessment of health, well-being and social connections: A survey of women living in Western Sydney. International journal of nursing practice, 13(1), 3-13.

Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. Suicide and life-threatening behavior, 37(5), 527-537.

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. Professional Psychology: Research and Practice, 43(5), 460.

Kaplan, S. C., Butler, R. M., Devlin, E. A., Testa, R. J., Horenstein, A., Swee, M. B., & Heimberg, R. G. (2019). Rural living environment predicts social anxiety in transgender and gender nonconforming individuals across Canada and the United States. Journal of anxiety disorders, 66, 102116.

Lee, R. M., Draper, M., & Lee, S. (2001). Social connectedness, dysfunctional interpersonal behaviors, and psychological distress: Testing a mediator model. Journal of Counseling Psychology, 48(3), 310-318. https://doi.org/10.1037/0022-0167.48.3.310

Lee, Richard, M., Robbins, Steven , B. (1998). The Relationship Between Social Connectedness and Anxiety, Self-Esteem, and Social Identity. Journal of Counseling Psychology, 45(3): 338-345.

Lin, Y. J., & Israel, T. (2012). Development and validation of a psychological sense of LGBT community scale. Journal of Community Psychology, 40(5), 573-587.

McLaren, S., Jude, B., & McLachlan, A. J. (2007). Sexual orientation, sense of belonging and depression in Australian men. International Journal of Men's Health, 6(3).

McLaren, S. (2006). The interrelations between sexual orientation, sense of belonging and dysphoria among Australian women. Women & Health, 43(3), 123–137.

McLaren, S. (2009). Sense of belonging to the general and lesbian communities as predictors of depression among lesbians. Journal of Homosexuality, 56(1), 1-13.

McLoughlin, L. T., Spears, B. A., Taddeo, C. M., & Hermens, D. F. (2019). Remaining connected in the face of cyberbullying: Why social connectedness is important for mental health. Psychology in the Schools, 56(6), 945-958.

Meyer, I. H., & Dean, L. (1998). Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men. Sage Publications, Inc.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin, 129, 674–697. doi:10.1037/00332909.129.5.674

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychological bulletin, 129(5), 674.

Monro, S. (2005). Beyond male and female: Poststructuralism and the spectrum of gender. International journal of transgenderism, 8(1), 3-22.

Oetjen, H., & Rothblum, E. (2000). When lesbians aren't gay. Journal of Homosexuality, 39(1), 49–73.

Pflum, S., Testa, R., Balsam, K., Goldblum, P., & Bongar, B. (2015). Social support, trans community connectedness, and mental health symptoms among transgender and gender nonconforming adults. Psychology of Sexual Orientation and Gender Diversity, 2, 281–286. doi:10.1037/sgd0000122

Ryan, C., Huebner, D., Diaz, R., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in White and Latino lesbian, gay and bisexual young adults. Pediatrics, 123(1), 346–352.

Saltzburg, S., & Davis, T. S. (2010). Co-authoring gender-queer youth identities: Discursive tellings and retellings. Journal of Ethnic & Cultural Diversity in Social Work, 19(2), 87-108.

Sánchez, F., & Vilain, E. (2009). Collective self-esteem as a coping resource for male-to-female transsexuals. Journal of Counseling Psychology, 56, 202–209. doi:10.1037/a0014573

Satıcı, S. A. (2016). Forgiveness, vengeance, social connectedness and subjective well-being of university students: A study on examining different structural models. Anadolu University, Institute of Education Science, Eskişehir.

Sharma, A., & Yadav, R. R. Perceived Stress, Loneliness, Quality of Life and Emotional Maturity: A Study of Transgenders.

Shechner, T., Slone, M., Meir, Y., & Kalish, Y. (2010). Relations between social support and psychological and parental distress for lesbian, single heterosexual by choice, and two-parent heterosexual mothers. American Journal of Orthopsychiatry, 80(3), 283.

Szymanski, D., & Owens, G. (2009). Group level coping as a moderator between heterosexism and sexism and psychological distress in sexual minority women. Psychology of Women Quarterly, 33, 197–205. doi:10.1111/j.1471-6402.2009.01489.x