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**Self-Objectification, Internalized Transphobia and Psychological Distress in Male-to-Female Transgenders**Shaza Azam<sup>1</sup>, Sumaira Ayub<sup>2\*</sup>**Abstract**

The present study was conducted to investigate the relationship between self-objectification, internalized transphobia, and psychological distress in male-to-female (MtF) transgenders. It was hypothesized that: 1) there would be a positive relationship between self-objectification, internalized transphobia, and psychological distress in male-to-female (MtF) transgenders; and 2) Self-objectification and internalized transphobia would predict the psychological distress in MtF transgenders. A correlational research design was used. A sample comprising of 136 MtF transgenders with an age range of 19-55 years ( $M = 34.46$ ,  $SD = 9.09$ ) were approached by employing purposive sampling technique. Data were collected from Fountain House and the Khawaja Sira Society of Lahore. A self-constructed demographic information sheet, Urdu versions of Self-objectification Questionnaire, Transgender Identity Scale, and the Depression Anxiety Stress Scale-21 (DASS-21) were used for assessment. The results exhibited a positive relationship between self-objectification, internalized transphobia, and psychological distress in MtF transgenders. Furthermore, the results also displayed that self-objectification and pride and shame related internalized transphobia positively predicted the psychological distress in MtF transgenders. This study will contribute towards the development of program that will ensure lesser distress and improved quality life for the transgender communities.

**Keywords:** Anxiety, Depression, Internalized Transphobia, Psychological Distress, Self-Objectification, Stress, Transgender People

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**Introduction**

Male-to-female (MtF) transgenders refers to individuals who are born with male genitalia and, therefore, medically assigned as “male” at birth, but subsequently think of themselves as a “female,” or at least partially female, in certain situations or roles (Nuttbrock et al.,

2009). The world statistics for trans-genders reveal that almost 35 million individuals are somewhat gender variant (William Institute, 2017). On the other hand, the transgender community in Pakistan accounts for about 10,418 in number (Pakistan Economic Survey, 2017). For many years, transgenders have been treated as a marginalized group in society. Discrimination against them poses a psychological puzzle, as it disrupts societal balance; this is particularly due to those dogmatic beliefs that lead to rejection and intolerance. These individuals often face ridicule, rejection, and hostility, simply because their characteristics differ from the majority. Moreover, due to societal criticism and lack of support, they face more difficulties and have to deal with mental health issues (Barr et al., 2016; Breslow et al.,

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2015; Currah et al., 2006). The people of the transgender community tend to experience objectifying remarks based on bodily appearance on a daily basis. In 1997, Fredrickson and Roberts focused on the psychological effects of objectifying culture, which measures one's self-worth based on their appearance and adherence to unrealistic beauty standards. In Pakistani society, MtF transgenders are treated as objects which can be harassed or abused (Shah et al., 2018). Due to this constant mental distress, they encounter a variety of mental health issues and turn to substance abuse, suicidal ideation, suicidal attempts, etc. (Breslow et al., 2015; Tylka et al., 2014).

Since a long time, transgenders have been a substance of hatred, victimization, rejection, stigmatization, harassment, and discrimination. Due to these constant stressors, most MtF transgenders are likely become a victim of internalized transphobic stigma (Austin & Goodman, 2017; Mizock & Mueser, 2014). Internalized transphobic stigma can be defined as the discomfort in one's own skin that arises in transgenders (or other individuals) who have a varied appearance because of the society's so-called expectations, or conformities of each gender (Bockting et al., 2015). Transgender individuals may internalize these gender norms and expectations, leading to shame and self-hatred when they cannot conform to culturally established rules. Due to deeply ingrained gender norms, non-conforming behavior is often met with negative reactions such as mockery, ridicule, bullying, and rejection (Grossman & D'Augelli, 2007). Furthermore, harsh social environment created through transgender stigmatization causes psychological distress among transgender individuals (Bockting et al., 2013; Kelleher, 2009). It is suggested that transgender people who show congruence to their gender identity have high body dissatisfaction, and, hence, negative mental

health outcomes (Kozee et al., 2012). Also, the prejudice related to racial discrimination and sexual objectification makes them less satisfied with their appearance (Buchanan et al., 2008).

Moreover, the fact that indicators of internalized transphobia include shame and alienation, primarily, both of which lead to depression, also suggests that it correlates positively with psychological distress (Scandurra et al., 2018). According to Bockting's work (2015), internalized transphobia can also be differentiated into two; vertical internalized transphobia encompasses all those feelings of shame, and embarrassment directed towards the individual's own self, while horizontal internalized transphobia is the alienation directed towards others. If sentiments such as self-hatred and shame are felt by transgenders from the time, they realize that the gender assigned to them at birth is incongruent with their gender identity, till they are grown adults, this is termed as internalized transphobia (Austin & Goodman, 2016; Scandurra et al., 2017). To negate the detrimental outcomes associated with internalized transphobia, such as ill-health and aversive life conditions, transgenders may use adaptive strategies; the one preeminent or most important quality in this regard is resilience in such individuals – the ability to bounce back from societal judgments and use the resources around them to make life worth living (Scandurra et al., 2018; Zimmerman, 2013).

Furthermore, the literature also supports that self-objectification is linked to psychological consequences and increased self-objectification is related to poorer mental health (Fredrickson & Roberts, 1997; Hanna et al, 2017; Muenhlenk & Saris-Baglama, 2002). In addition, the internalized transphobia causes mental health suffering, which is conducive with the minority stress model (Meyer, 2003; Smith & Ingram, 2004;

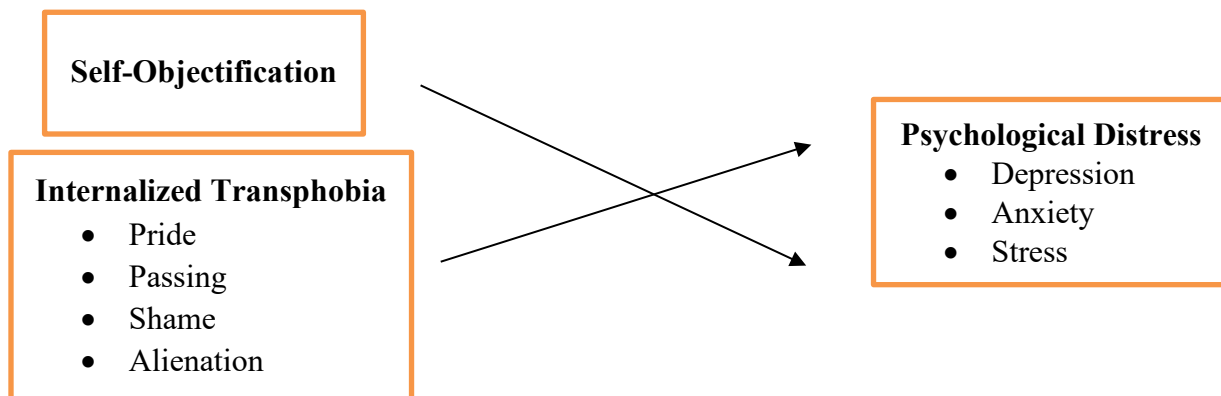
Szymanski, 2005). This model states that the stress associated with stigma, prejudice, and discrimination will increase rates of psychological distress in the transgender population (Meyer, 2003; Smith & Ingram, 2004; Szymanski, 2005). This psychological distress can also be associated with harsh societal attitude and internal conflict related to one's birth and gender identity (Bockting, 2008; Testa et al., 2014). While the relationship between internalized transphobia, self-objectification, and psychological distress in MtF trans-genders has been progressively studied and considered in the West, at present, there is

little known about these factors in the South Asia, particularly Pakistan. Therefore, to bring about a positive change in the living conditions of trans-genders, there is a dire need to conduct such studies.

So, keeping in view the above scenario, there were two main objectives of the present study. Firstly, it aimed to find the relationship between self-objectification, internalized transphobia, and psychological distress in MtF transgenders. Secondly, it tried to assess if self-objectification and internalized transphobia served as positive predictors of psychological distress in MtF transgenders.

**Figure 1**

*Conceptual Model*



## Method

### Research Design

The correlational research design was used in the present study.

### Sample

The sample comprised of 136 MtF transgender individuals who identified themselves with females and were uncomfortable with males' identification. The age range of the participants was 19 - 55 years ( $M = 34.46$ ,  $SD = 9.09$ ). The data were taken from Fountain House and the Khawaja

Sira Society in Lahore, where transgenders from different areas came to receive financial aid. Purposive sampling strategy was used to access the participants. Participants with chronic physical illness such as AIDS, Cancer etc. were excluded. Participants who reported to be Gurus were excluded because gurus don't work, stay at home, teach and train transgender according to their expertise. The detailed socio-demographic information is given below (Table 1).

**Table 1***Socio-demographic Information of the Sample (N=136)*

Variable	f (%)	Variable	f (%)
Education		Contact with parents	
Uneducated	116(85.3)	Yes	47(34.6)
Primary level	4(2.9)	No	89(65.4)
Middle level	4(2.9)	No. of Siblings	
Matric level	5(3.7)	1-5	53(39)
Intermediate level	3(2.2)	6-10	79 (58.1)
Graduation level	4(2.9)	11-15	4 (2.9)
Residence		Sex Work	10(7.4)
Guru	111(81.6)	Other	2 (1.5)
Parents	12(8.8)	When did you feel like you are not boy anymore (age in years)?	M=10 SD=8.9
Relatives	2(1.5)	Faced harassment	
Friends	11(8.1)	Yes	135(99.3)
Profession		No	1(0.7)
Begging	52(38.2)	Nature of harassment	
Dancing	64(47.1)	Sexual	45(33.1)
Govt. Job	8(5.9)	Physical	46(33.8)
Birth Order		Verbal	9(6.6)
Only child	1(0.7)	Ridicule	7(5.1)
First born	6(4.4)	Sexual and physical	3(2.2)
Middle born	112(82.4)	Sexual and verbal	4(2.9)
Last born	17(12.5)	Physical and verbal	2(1.5)
		Sexual, physical, verbal and ridicule	20(14.7)

**Measures****Self-Objectification Questionnaire (Noll & Fredrickson, 1998)**

It was used to measure self-objectification in MtF transgenders. The measure comprised of total 10 items. The participants had to rank ten body attributes i.e., strength, physical coordination, energy level, health, physical fitness, weight, sex appeal, physical attractiveness, firm/sculpted muscles and measurements based on 0- 9 rating scale (9 = greatest impact, 8 = next greatest impact, 1 = next to least impact, 0 = least impact). Score ranged from -25 to +25, with a positive score indicating high self-objectification (Noll & Fredrickson, 1998). The Urdu version of scale translated by Tehseen and Yousuf (2017) was used in the present study.

**Transgender Identity Scale –TGIS (Bocketing et al., 2013)**

This scale was used to measure the level of internalized transphobia among transgenders. It consists of 26 items based on a 7-point Likert scale and has four subscales of Pride, Passing, Alienation and Shame. Total score was obtained by adding all the items, with high score indicating higher transphobia. A high reliability of this scale i.e., .91 has been reported. The Urdu version of scale translated by Ashraf and Khan (2019) was used in the present study.

**Depression Anxiety Stress Scale-21 DASS2-21 (Lovibond & Lovibond, 1995)**

The depression, anxiety, stress scale – 21 items (DASS-21) consist of three self-report scales measuring emotional states of depression, anxiety and stress accompanied

by psychological distress. Each subscale consists of 7 items with 4-point Likert scale ranged 0 – 3 (0= did not apply to me at all, to 3= applied to me much, or most of the time). The reliability of this scale was found to be .80. The Urdu version of scale translated by Aslam and Kamal (2017) was used in present study.

The Depression, Anxiety, Stress Scale – DASS-21 was employed to assess psychological distress instead of any other mental distress scale in our study, because it contains all the primary characteristics associated with the factor being assessed – psychological distress, especially in MtF transgenders. According to Witcomb et al. (2018), depression is frequently associated with anxiety and stress because the individuals belonging to the transgender community often experience cynical and hostile reactions from society, including but not limited to, discriminations in employment and residential accommodations, physical, verbal and sexual abuse, etc. Moreover, it is widely agreed upon in literature that the DASS-21 scale is an excellent measure of psychological distress in transgenders, due to its considerable internal consistency, discriminant and construct validity and test or retest reliability (de Vries et al., 2022; Dickey et al., 2015; Ecker et al., 2019; Lovibond & Lovibond, 1995). Although, Kessler Psychological Distress Scale (Kessler et al., 2002) is known for its measurement of psychological distress, it is no match to clarity and severity encompassing all three domains provided by DASS-21 in clinical setting (Gloster et al., 2008).

## Procedure

Assessment measures were used after seeking permissions from original authors. Formal permissions to collect data were taken from the relevant institutes. The participants were briefed about the nature and aims of the study. Written consent to voluntarily participate in the study was taken from each participant. The population was difficult to find, and in question of their financial demand (200 Rs. per person) in return to response was compensated by self-funding. Confidentiality regarding the information was guaranteed. Participants were informed about their right to decline their participation at any point. Efforts were made to avoid any potential harm that could be caused due to the research. During the data collection, 143 participants were approached out of which 142 fulfilled the criteria and during the administration, 6 participants left the questionnaires incomplete due to running short of time, low mood, lack of interest and other personal reasons. The response rate of the sample was 95%. The data was recorded and analyzed using SPSS. The results were reported accurately.

## Results

Data were analyzed using SPSS version 26. Reliability analyses was run to find the reliability of the scales used. The results indicated the Cronbach's alpha reliability of Transgender Identity Survey and DASS-21 as .83 and .85 respectively. However, the measure of self-objectification has no  $\alpha$  value, as it is a ranking scale (Wollast et al., 2021). Further, the values of Skewness showed that the data is normally distributed (Table 2).

**Table 2***Psychometric Properties of the Measures (N=136)*

Variables	<i>k</i>	<i>M (SD)</i>	<i>α</i>	Range	Skewness
SOQ	10	17.1(9.14)	----	----	-.86
TGIS	26	123(23.4)	.80	40-166	-.08
Pride	8	31.3(10.9)	.79	8-50	-.34
Passing	5	24(7)	.63	6-35	-.06
Shame	8	43(11)	.73	8-56	.77
Alienation	3	14(3)	.30	3-21	-.43
DASS-21	21	39.46(9)	.85	9-56	-.38
Anxiety	7	12(3.6)	.74	1-19	-.33
Stress	7	14(3.6)	.74	6-21	.74
Depression	7	12.5(3.4)	.64	2-20	-.25

Note. SOQ = Self-objectification Questionnaire; TGIS= Transgender Identity Survey; DASS= Depression, Anxiety, Stress Scale

**Table 3***Relationship between Self-objectification, Internalized Transphobia and Psychological Distress in MtF Transgenders (N=136)*

Variables	1	2	3	4	5	6	7	8	9	10
1. Self-obj.		.41**	.48**	.04	.42**	.53**	.34**	.29**	.29**	.36**
2. Pride			.42**	-.25**	.51**	.79**	.58**	.62**	.48**	.67**
3. Passing				-.14	.59**	.75**	.36**	.34**	.31**	.40**
4. Alienation					-.05	-.24	-.11	-.15	.01	-.10
5. Shame						.88**	.49**	.49**	.38**	.54**
6. Int. trans.							.59**	.60**	.50**	.67**
7. Stress								.53**	.49**	.81**
8. Anxiety									.66**	.87**
9. Depression										.85**
10. Psy. distress										
<i>M</i>	45.10	31.00	24.50	14.10	43.50	116.20	14.10	12.80	12.50	39.40
<i>SD</i>	1.58	10.90	7.01	3.70	11.00	22.50	3.60	3.66	3.40	9.00

Note. Self obj.= Self-objectification; Int. trans.= Internalized Transphobia; Psy. distress = Psychological Distress.

\*\**p*<.01

Table 3 showed the results of Pearson product moment correlation analysis indicating positive relationship between self-objectification, internalized transphobia and overall psychological distress in MtF transgenders. Furthermore, the same trend

was observed among self-objectification, and the subscales of internalized transphobia (pride, passing, shame, alienation) and psychological distress (stress, anxiety, and depression) in MtF transgenders.

**Table 4***Multiple Linear Regression Analysis Predicting Psychological Distress in MtF Transgenders*

Predictors	Psychological distress		
	B	$\beta$	SE
Constant	10.36		2.90
Self-objectification	.36***	.36***	.08
Internalized transphobia	.25***	.66***	.66
$R^2$	.45		
$F(2, 133)$	53.92***		

\*\*\* $p < .001$ 

Table 4 showed the results of multiple linear regression analysis predicting psychological distress in MtF transgenders. The overall variance explained by the model is 45% with  $F(2, 133) = 53.92, p < .001$ . The results showed that self-objectification positively predicted psychological distress ( $\beta = .36, p < .001$ ) in MtF transgenders. Furthermore, internalized transphobia also positively predicted ( $\beta = .25, p < .001$ ) psychological

distress in the study sample. The same analysis was performed considering self-objectification and subscales of internalized transphobia as predicting variables. The findings additionally showed that both pride ( $\beta = .53, p < .001$ ) and shame ( $\beta = .23, p < .01$ ) related internalized transphobia positively predicted psychological distress in MtF transgenders.

### Discussion

The results highlight that the variable of self-objectification is positively correlated with psychological distress in Mtf transgenders; this is consistent with the self-objectification theory, which states that increased self-objectification leads to mental health risks (Fredrickson & Roberts, 1997). According to socio-cultural perspective, all factors including, but not limited to, discriminating attitude of people, stigmatization, lack of opportunities, unmet needs, financial problems, un-fulfillment of basic needs, can cause psychological distress in trans-population (Meyer, 2013; Nuttbrock et al., 2010; Reisner et al., 2015; Testa et al., 2015). In addition, previous research also suggests that the process of self-objectification leads to body shame and hence increases anxiety, both of which are also commonly reported among trans-women (Jones et al., 2016; Tylka et al., 2014; VanKim et al., 2017). Moreover, self-objectification is also a strong predictor of depression and anxiety) which is

also consistent with the findings of present study highlighting self-objectification as positive predictor of psychological distress in MtF trans-genders (Fredrickson & Roberts, 1997).

The present study also suggested that self-objectification correlates positively with internalized transphobia and its subscales i.e., pride, passing and shame. These results could be better explained by a few of the studies. As Sevelius (2013) explained that family rejection and society stigma led trans-people to experience internalized transphobia, which in turn, led to shame and low self-esteem, along with feeling of sexual objectification. As it is suggested, MtF transgenders feel valued only if they are objects of sex. Further, Erchull and Liss (2013) stated that women who gain pleasure from objectification and sexualized comments feel pride and are less likely to view such actions as sexist (Lombardi, 2001; Nemoto et al., 2011). Therefore, from the above scenario, it can be concluded that high self-objectification

causes higher levels of pride and shame related to internalized transphobia in trans-people confirming the findings of the present study.

Furthermore, while discussing the relationship between self-objectification and passing related internalized transphobia, the identity threat model of stigma explains that individuals with a stigmatized social identity may experience identity threat in the form of discrimination, prejudice, threat of stereotypes or internalized prejudice. This identity threat can contribute to a decline in physiological and psychological outcomes (Phelan, 2010). So, this led them to gender affirming behaviors to passing onto the desired gender following certain medical procedures. Moreover, internalized transphobia is one of among many factors that can negatively affect mental health and wellbeing of transgenders (Bockting et al., 2013; Budge et al., 2013; Perez-Brumer et al., 2015). This can also be consistent with the results of current study highlighting the positive relationship between internalized transphobia and psychological distress in MtF transgenders. Moreover, the socio-cultural perspective, which is a gender binary system, creates distress in them because of the marginalization and stigmatization, deprivation of basic rights, denial of basic needs, gender related abuse etc. (Bauer et al., 2015; Stotzer, 2009; Winter et al., 2016). In the present study it is highlighted that shame is positively related to psychological distress, which is consistent with the study by Winchester (2013); this proves that internalizing shame predicts gender identity related confusion and negative mental health issues in MtF transgenders. Likewise, according to a study conducted in Pakistan, it was suggested that internalized transphobia was significantly correlated to a lot of mental disorders, like depression, anxiety, substance abuse and personality disorders (Ashraf & Khan, 2019). Another study conducted in

Italy observed similar results; sentiments such as shame and alienation, which are predictors of internalized transphobia, were found to be positively correlated with depression and anxiety in trans-genders (Scandurra et al., 2018). In concordance with these results, a study in Korea demonstrated that 60.4% of the 2017 transgender individuals possessed depressive symptoms, while 52.2% had a suicidal ideation and 15.0% reported attempts at suicide recently (Lee et al., 2020).

### **Conclusion**

Self-objectification, internalized transphobia and psychological distress are positively correlated with each other in MtF trans-genders. Moreover, self-objectification and internalized transphobia are also positive predictors of psychological distress in MtF trans-genders.

### **Limitations and Suggestions**

This study conducted had a few limitations. Firstly, the sample was taken only from one city of Pakistan, i.e., Lahore; diversity of sample would be achieved if it was taken nationwide. Secondly, the participants responded in a socially desirable manner due to some cultural and religious factors; however, for future studies it must be controlled. It is suggested that a comparative study among other transgender groups must be conducted in future discussing current variables.

### **Implications**

- The present study highlighted the self-objectification and internalized transphobia as potential predictors of psychological distress in MtF transgenders. The findings could be helpful for mental health professional dealing with transgenders.
- Policies makers can also get directions from this study, which stresses upon the real mental and physical sufferings of trans-genders. Therefore, they should come forward for the rights of trans-genders and



laws should be made so to deal with the mental health problems of this community.

- Parents can play crucial role in dealing self-objectified message and transphobia, by building confidence in such children and by providing equal rights and fulfilling basic needs as their other children. Moreover, media outlets should portray the positive image of transgenders, which would in turn play a role in decreasing stigma related to third gender.

### Contribution of Authors

Shaza Azam: Investigation, Methodology, Data Curation, Formal Analysis, Writing – Original Draft

Sumaira Ayub: Conceptualization, Methodology, Writing - Reviewing & Editing, Supervision

### Conflict of Interest

There is no conflict of interest declared by authors.

### Source of Funding

The authors declared no source of funding.

### Data Availability Statement

The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [S.A.] upon the reasonable request.

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