

Stigma and Guilt among Transgender Women- Moderating Role of Coping Strategies

Hina Raza¹, Shaista Jabeen²**Abstract**

Transgender people go through negative experiences from multiple aspects. As their needs are unrecognized, hence not fulfilled. Consequently, they do not enjoy social inclusiveness. A correlational research design was used to investigate the relationship between stigma and guilt, transgender women (Trans women) experience in Pakistan. It examines the moderator role of coping strategies they use. The sample consisted of 155 Trans women within age range of 18 to 65 years recruited through purposive sampling. Urdu versions of three scales, including Transgender Identity Stigma Scale (TISS), State Shame and Guilt Scale (SSGS), and The Brief COPE Inventory, were used to collect data. Descriptive and inferential statistics were used to analyze data. Hierarchical Regression Analysis (HRA) was used to test the moderator effect of four types of coping strategies in relation to stigma and guilt among transgender women. The coping strategies assessed by The Brief COPE Inventory included Active Avoidance Coping, Problem Focused Coping, Positive Coping and Denial/Religion Coping Strategies. Results indicated that stigma and guilt were significantly and positively related. Amongst four coping strategies, only positive coping strategies played a partial moderating role in the relationship of stigma and guilt among Transgender women ($R^2 = .16$). The need to understand the experiences of transgender women and the importance of actions to deal with this phenomenon have been highlighted. Findings of the research carry implications of using positive coping strategies in other stressful situations. Further, early identification of transgender specific needs and the role of supportive care services have been discussed.

Key words: Coping Strategies, Discrimination, Guilt, Harassment against Women Act, Pakistan's First Transgender Doctor, Stigma, Transgender People, Transgender Women

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¹PhD Scholar, School of Psychology, Shandong Normal University, Jinan, People's Republic of China.

²Senior Clinical Psychologist (Rtd), Department of Psychiatry and Behavioral Sciences, Jinnah Hospital, Lahore, Pakistan.

Corresponding Author Email:

onlineshaista@hotmail.com

Introduction

There is a slow change in the recognition of Transgender people's rights and accepting them as other members of the society. But

sadly, still there is evidence of violence against them which sometimes is fatal.

According to Human Rights Campaign Foundation (HRCF) report of 2021, the situation of public reaction towards transgender has become more appalling than 2020. This is because 57 transgender or gender non-conforming people were reportedly killed in 2021 compared to 44 in 2020. The report disclosed that in the past, most of such cases were of Black and Latinx transgender women (Human Rights Campaign, 2020; 2021). Unfortunately, situation in Pakistan is not very encouraging either having multiple cases of violence against transgender people (Karijo, 2021). Certainly, condition is alarming. Hence, it is

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important to study different dimensions of scenario to understand nature of problems that transgender people experience and the strategies they use to deal with them.

One's gender is considered a private and personal matter; however, it also carries a public aspect (Giordano, 2018). Understanding the meaning of different terms used to describe transgender people will lead to a better insight into the subject. *Gender* is referred to express perceived cultural, social and psychological dimensions of the role of a man and woman in a society (Wood & Eagly, 2002). *Sexual orientation*, on the other hand is how a person's emotional and erotic attraction is directed towards members of the opposite sex, same sex or both sexes (Brown & Jewell, 2018).

As the social aspect of gender is inevitable, people with atypical gender identities can be exposed to shaming and related risks (Giordano, 2018). *Transgender* refers to those whose gender, gender identity, or its expression is in some sense not quite the same as other members of society. Moreover, transgender is referred to describe a situation when the gender role conflicts with social standards for the person's assigned birth sex (Xavier et al., 2007).

Generally, transgender individuals are viewed as two soul-individuals: male and female in one person's body (Stieglitz, 2010). Transgender women (Trans women) are not comfortable with their gender as assigned male-at-birth (AMAB) and they recognize themselves as women (Operario et al., 2004). Individuals who experience gender ambiguity face stigma for being the way they are.

As shame and guilt go hand in hand, it is mostly difficult to distinguish them. Shame is related with social rejection while guilt is about one's own actions. Likewise, it is difficult to differentiate which elements of transgender individuals' difficulties are linked to social rejection (shame), and which

are linked to their concern for others' welfare (guilt) (Giordano, 2018).

People try their best to avoid social rejection and a great deal of human behavior is regulated by the motive to avoid it (Leary, 2015). Sexual and gender minorities face stressful situations at different levels starting from parental rejection (Johnson et al., 2020) to being bullied at schools (Heino et al., 2020). This can lead to different negative emotions including guilt. According to APA Dictionary of Psychology "Guilt is a self-conscious emotion characterized by a painful appraisal of having done (or thought of) something that is wrong and often by a readiness to take action designed to undo or mitigate this wrong (Vandenbos, 2015). It is distinct from shame, in which there is an additional fear of one's deeds being publicly exposed, being judged and be ridiculed. In their book *Shame and Guilt*, the authors Tangney and Dearing (2007) discussed the longstanding view that shame and guilt hold private and public dimension of human emotions respectively. Guilt is referred to a feeling of failure in complying with a standard (Gilkerson, 2013). It is an important subject to study as it can cause depression. Guilt has been described as a symptom of depression in the Diagnostic and Statistical Manual 5th edition (American Psychological Association, 2013).

Concept of shame has generally caught a lot more attention in the literature than guilt. Shame leads to concealment or escape. Guilt directs a person to reparative actions e.g., apologies, confessions, and attempts to undo the harm done (Tangney & Miller, 1996). Stigma refers to thinking related to perception of the society about that stigmatized person (Le Bel, 2008). Stigma reflects a negative state of mind which people have towards some specific situations and/or for someone's status (Oxford Dictionaries, 2021). Therefore, stigmatized individuals experience people tagging, resisting, and

stereotyping them because of their human differences (Phelan & Link, 2008). Stigma drives the vulnerable groups underground and reduces the impact of preventive measures put in place for such people who are at risk (Brigden, 2020). Stigma impacts people who identify themselves as transgender from multiple aspects including individual, interpersonal, and structural. This leads to limiting educational and career opportunities as well as sport and healthcare facilities for them.

When living in a stigmatized environment and suffering with guilt feelings, people try to minimize their personal issues or they rationally train themselves to control, reduce and bear the tension or conflict. This approach to deal with stress is called coping (Encyclopedia, 2017). People use various coping strategies when suffering with distress and guilt. Coping is an important aspect of human adaptation, which helps and maintains a sense of personal integrity. It helps achieve greater control over the environment (Anshel, 1990). Transgender people use different coping strategies to deal with their stress caused by the anguish they experience due to stigma and guilt for being how they are. These helpful strategies (adaptive coping) can alleviate some of the agony transgender population experience. There is a strong need to understand the relationship of shame and guilt and their link with mental health difficulties (Tangney & Dearing, 2007). Developing and testing the interventions and constructive coping skills for gender diverse individuals is an important task for healthcare providers (Cerel et al., 2020).

Pakistan is an Islamic country with 96.28% Muslim population (Pakistan Bureau of Statistics, 2017). Islam is a religion which stands with people who are oppressed (Etengoff & Rodriguez, 2020). However, unfortunately like many other countries, people who identify themselves as

transgender still do not enjoy full social inclusiveness in the country (Khan, 2014). Transgender individuals are marginalized group of society who use coping strategies in an attempt to mitigate the effects of stigma they suffer and guilt they experience. By using coping strategy people try to manage stress by altering the situation or managing emotional stress related with it (Folkman & Moskowitz, 2004). Adaptive Coping strategies include problem solving by removing stressor or oneself from the situation causing stress, seeking social support, positive reframing, and relaxation techniques. Use of such coping strategies is associated with positive constructs e.g., better psychological health, self-esteem, better emotional regulation and low levels of depression (Brook et al., 1997).

In the recent census of Pakistan, a category for 'Transgender' has been added for the first time to the already existing categories of gender- i.e., male and female (Munir, 2017). This indicates that some of the rights of transgender individuals have been recognized and legalized including their right to cast vote. According to the census report of 2017, altogether 21774 persons were registered as transgender in Pakistan. Of whom 12435 (Rural = 5617, Urban = 6818) were residents of the Punjab province (Pakistan Bureau of Statistics, 2017). The actual number of transgender individuals, however, is suspected to be much higher than the registered number as there are many unregistered transgender individuals. According to advocacy group Trans-Action at least 500,000 of the country's 207 million population identify themselves as transgender (Hashim, 2018). Initiation of registration of transgender is considered a big milestone in the history of recognizing them in Pakistan. The saga, however, goes on and still there is a long way ahead to develop a general attitude of acceptance and

inclusiveness where Transgender people can enjoy peaceful life with full equity.

Despite gradual positive shift at the governmental level, transgender people continue to suffer due to stigma, disregard, and hatred from mainstream society (Khan, 2014). Transgender people have low literacy rate, and they lack occupational opportunities and health facilities. Most of them belong to low socioeconomic status (Khan, 2014., Nazir & Yasir, 2014) which further causes their limited access to educational, and health facilities.

The objective of this research was to study Transgender women's experience of stigma and guilt and the coping strategies they use. The research hypothesized that Transgender women's experiences of stigma and guilt are positively associated. It also proposed that coping strategies (four types) have a moderating effect on the relationship of stigma and guilt.

Findings of the research will help to develop a better understanding of transgender women's experiences of stigma and guilt and the role of coping strategies they use. This will pave the way to plan appropriate support programs and better counselling services required for them. Further, Non-Government Organizations (NGOs) working with Transgender people could plan some skill teaching programs to facilitate transgender people in general and trans women in particular to help them get better career opportunities. This will lead to having better socioeconomic status in society.

Method

Research was approved by the Departmental Ethical Review Committee (ERC) of Riphah Institute of Clinical and Professional Psychology (RICPP) Lahore and the Board of Advanced Studies and Research (BASR) of Riphah International University, Islamabad, Pakistan. Principles of research ethics by American Psychological

Association were followed throughout the research process. Correlational research design and hierarchical regression analysis was used. Sample was determined by using a g power analysis which indicated that with 80% power, a sample of 84 respondents would be enough to detect medium effect size (i.e., 0.3). A sample of 155 (e.g., 71 additional subjects) transgender women between 18 to 65 years of age were recruited using purposive sampling strategy. Sample was taken from six organizations working for Transgender people in Lahore (Pakistan). These were Fountain House (providing mental health Services), Khwaja Sira Society, Saathi Foundation, Dostana, Male Health Alliance and Akhuwat Foundation. Transgender women who gave informed consent to participate in the study were included in the sample. They were informed on psychological services available for them in case they felt distressed due to any item of the psychological measures used for data collection. Transsexual, intersex, and male transgender were excluded from the sample.

Measures

For assessment of stigma, guilt and coping skills, three assessment scales were used i) Transgender Identity Stigma Scale (Chakrapani et al., 2017) ii) Urdu translation of The State Shame and Guilt Scale (SSGS) (Rasool & Kausar, 2012) iii) The Brief Coping Orientation to Problems Experienced Inventory (Brief COPE Inventory) (Carver, 1997). These are briefly discussed below:

i) Transgender Identity Stigma Scale (Chakrapani et al., 2017) was used to measure the stigma perceived by transgender people. The original scale is in English. After taking permission from the original author the scale was translated into Urdu according to MAPI guidelines. The scale consists of 14 items. Responses on the items are to be rated on a 4-point Likert scale where 1 = never, 2 = once or twice, 3 = a few times, 4= many times). Higher ratings reflect more frequent

experiences of guilt. The reliability coefficient of the scale is 0.79 for the current study.

ii) The State Shame and Guilt Scale (SSGS) originally developed by Marschall et al. (1994). Urdu version of the scale (Rasool & Kausar, 2012) was used to measure the presence of feelings of guilt among transgender women. This is a 15 item, 5-point self-rating scale that measures state of guilt, shame and pride where 1= Not feeling this way at all to 5= Feeling this way very strongly. Respondents were instructed to rate their responses on the scale based on how they were feeling in the moment. The reliability of this scale is 0.69 for the current study.

iii) The Brief Coping Inventory (Carver, 1997) assesses the coping styles people use. Urdu translation of the inventory by Bawer and Malik (2007) was used for the present study. It is a self-report inventory to assess coping with stress having 14 subscales. Hasting and colleagues' factor

structure model was used in which they had divided the Brief Coping Inventory into four categories namely: Active Avoidance Coping strategies (10 items) self-distraction, substance use, behavior disengagement, venting and self-blaming), Problem Focused Coping Strategies (7 items) (active coping, emotional support, use of instrumental support), Positive Coping Strategies (7 items) (positive reframing, humor, planning and acceptance) and Religious/Denial Coping strategies (4 items) related to religion and denial (Hastings & Kovshoff, 2005). Internal consistency was 0.81 for the current study.

Results

Descriptive statistics were used for analysis of demographic characteristics of the sample. Correlational research design was used to execute the research. Hierarchical regression analysis was carried out using IBM SPSS Statistics version 25. Table 1 presents demographic characteristics of the sample:

Table 1

Demographic Characteristics of the Participants (Transgender Women) (N=155)

| Demographic Characteristics | f | % |
|---|----------|----------|
| Age | | |
| 18-33 | 79 | 51.0 |
| 34-48 | 46 | 29.7 |
| 49-65 | 30 | 19.3 |
| Education | | |
| Uneducated | 66 | 42.6 |
| Primary | 23 | 14.8 |
| Middle | 22 | 14.2 |
| Matric | 19 | 12.3 |
| FA | 12 | 7.7 |
| Graduation | 11 | 7.1 |
| Masters | 2 | 1.3 |
| Residence | | |
| Home | 45 | 29.0 |
| <i>Derah</i> (a place where Transgender individuals live jointly) | 95 | 60.0 |
| Friends | 9 | 6 |
| On their own | 7 | 5 |

| Demographic Characteristics | f | % |
|--------------------------------------|----|------|
| Occupation | | |
| Labor | 10 | 6.5 |
| Office work | 30 | 19.4 |
| Begging | 51 | 32.9 |
| Sex worker | 13 | 8.4 |
| Beautician | 6 | 3.9 |
| Cook | 11 | 7.3 |
| Dancer | 29 | 18.2 |
| Student | 5 | 3.4 |
| Monthly Income | | |
| 5000-10,000 | 61 | 39.4 |
| 10,000-20,000 | 63 | 40.4 |
| 20,000-30,000 | 5 | 9.7 |
| 30,000-40,000 | 8 | 5.2 |
| 40,000-50,000 | 2 | 1.3 |
| 50,000-60,000 | 1 | 1 |
| Not applicable | 5 | 3.2 |
| Status | | |
| <i>Guru</i> (mentor) ^{*1} | 35 | 22.6 |
| <i>Cela</i> (follower) ^{*2} | 97 | 62.6 |
| Any other | 23 | 14.8 |
| Illness | | |
| Psychological | 45 | 29.0 |
| Physical | 5 | 3.2 |
| Sexual | 4 | 2.6 |
| Psychological and physical (both) | 2 | 1.3 |
| None | 99 | 63.9 |

Note: f = frequency; % =percentage, N=number of participants; ^{*1}*Guru*= Mentor, ^{*2}*Cela*= follower. Terms *Guru* and *Cela* with the above-mentioned meanings have been used by Khan (2014).

Over 80% of the sample belong to the productive age group e.g., 18 to 50 years when people can make positive contributions to the welfare of society. A large number of the sample was uneducated (42.6%) and a

significant number was educated only up to eighth grade (29%). One third of the sample (33%) was involved in begging and was not working. Some of the respondents were reported to be working as sex workers (8%) (Table 1).

Table 2

Summary of Correlation, Means and Standard Deviation for Scores on Stigma and Guilt in Transgender Women (N=155)

| Variables | M | SD | 1 | 2 |
|-----------|-------|------|-------|-------|
| 1. Stigma | 35.7 | 7.97 | .34** | |
| 2. Guilt | 15.21 | 4.01 | | .34** |

Note: * $p < .05$, ** $p < .001$

Table 2 indicates a high positive correlation ($p < .001$) among stigma and guilt transgender women experience.

Table 3 Moderation effect of Coping Strategies with Stigma and Guilt using Hierarchical Regression Analysis ($N=155$)

| Variables | Step1 | | Step2 | | Step3 | |
|----------------------------|---------|-------|---------|-------|---------|-------|
| | β | R^2 | β | R^2 | β | R^2 |
| Stigma and guilt | .34 | .11 | | | | |
| Active Avoidance coping | | | .34 | .12 | .340 | .12 |
| | | | .04 | | .04 | |
| | | | | | .02 | |
| Problem Focused coping | - | - | .32 | .12 | .31 | .12 |
| | | | -.09 | | -.09 | |
| | | | | | 0.52 | |
| Positive Coping Strategies | - | | .35 | .12 | .34 | .16 |
| | | | 0.56 | | .06 | |
| | | | | | .21 | |
| Religion\Denial coping | | | .11 | .34 | .34 | .11 |
| | | | .00 | | .003 | |
| | | | | | -.002 | |

Table 3 shows regression analysis which was carried out using three steps. In the 1st step, a correlation was estimated between stigma and guilt revealing highly significant relationship. In step 2, stigma (independent variable) and all four categories of coping strategies (response variables) were added separately. The analysis revealed no significant relation among stigma and four coping strategies (active avoidance coping, problem focused coping, religion/denial coping and positive coping strategies). In the 3rd step interaction term of stigma and moderator (coping strategies) were added one

by one. The results showed that active avoidance coping, problem focused coping and religion/denial coping did not buffer or lessen the effect on stigma and guilt. However, positive coping strategies played a partially significant role as a moderator ($R^2 = .16$) in relation to stigma and guilt.

Positive coping strategies explain 17 percent of variance in the outcome variable e.g., guilt. This indicates that positive coping strategies play role in altering the relationship between stigma and guilt. Relationship of positive coping strategies and guilt is illustrated in the Figure 1.

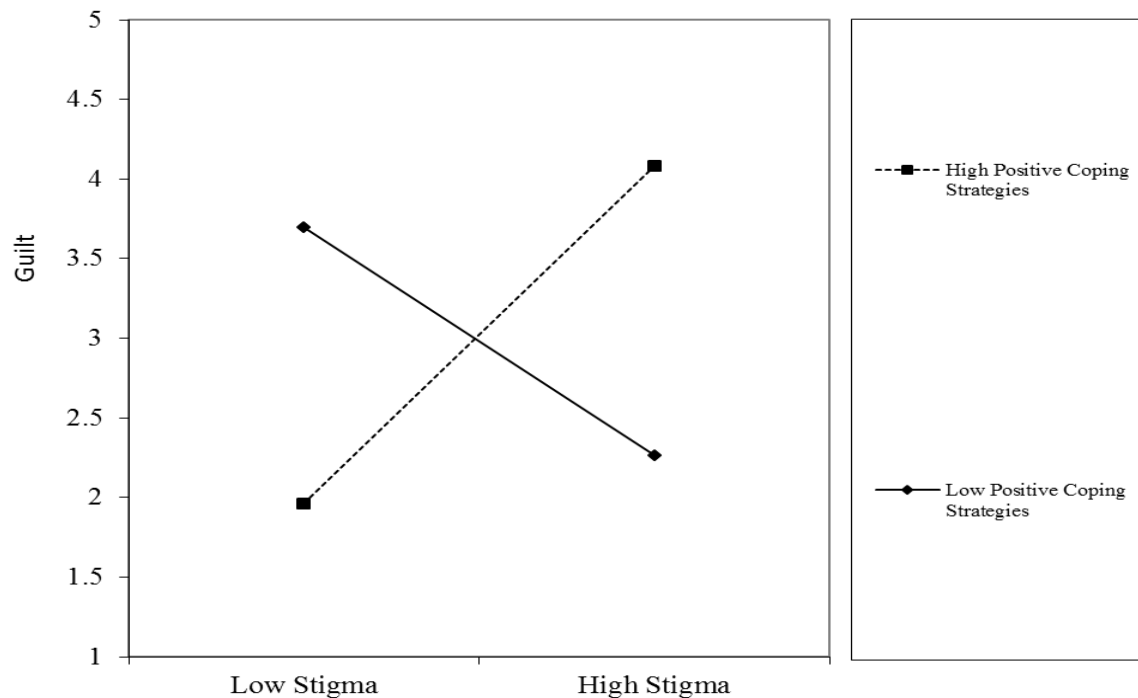
Figure 1*Moderation effect of Positive Coping Strategies on Stigma and Guilt*

Figure 1 shows moderator effect of positive coping strategies in relation to stigma and guilt. It illustrates that using high positive coping strategies, stigma reduces from high

to low and guilt decreases. On the other hand, low use of positive coping strategies leads to high stigma and guilt.

Discussion

This study examined association between stigma and guilt among transgender women. It assessed the moderator effect of coping strategies (e.g., active avoidance coping strategies, problem focused coping strategies, religious/denial coping strategies and positive coping strategies) on association between stigma and guilt.

Findings revealed that there is a significant positive relation between stigma and guilt experienced by Transgender women. This is in line with the findings of a previous research reporting internalized stigma (related with body weight) was associated with (greater body related) guilt (Mensinger et al., 2018).

Guilt is a significant symptom of depression (APA, 2013). Some transgender persons

blame themselves for their gender ambiguity and believe that they deserve to be maltreated and receive cruel behavior from people. Therefore, abuse is rarely reported, instead the victims start blaming themselves for the their gender related situation; hence accept humiliation (Office of Justice Program, Office for Victims of Crime, 2014). This can lead to feelings of guilt and shame. Different stressors such as stigma, family verbal abuse, sexual abuse and drug abuse have been observed to increase the risk of suicidal ideation among male transgender (Kota et al., 2020). Cook (2004) argued that transgender's common feelings of living in a wrong body leads to anxiety, depression, guilt, and suicide. This is consistent with the findings of current study that stigma and guilt are significantly related ($p < .001$) (Table 2).

Transgender individuals are pressurized to coerce to comply with the religious norms of their gender assigned at their time of birth. This type of exploitation leads to have low confidence, guilt, feelings of disgrace as well as substance abuse and suicidal ideation among them (Super & Jacobson, 2020). Transgender people adapt different ways to deal with their experiences of discrimination including use of various coping strategies.

Moderating role of coping strategies (e.g., active avoidance, positive coping, religion/denial and problem focused coping) in relation of stigma and guilt amongst transgender was investigated. Findings reveal that positive coping strategies (e.g., positive reframing, use of emotional support, humor, and acceptance) had partially significant moderating role. Rest of the coping strategies (e.g., active avoidance, religion/denial and problem focused coping) did not play a significant moderating role in the relationship of stigma and guilt. (Table 2, Figure 1). This shows that transgender who used positive coping strategies experience less impact of stigma hence less guilt. The effect of adaptive coping (e.g., reframing, positive affirmation, humor or religious constrain) and social support on the mental and physical health of lesbian, gay, bisexual, transgender (LGBT) has been reported. Moreover, association of social support with less mental health issues among LGBT (despite having maladaptive coping e.g., social isolation) has been elucidated previously (Lehavot, 2012). Use of coping mechanisms by transgender people in general and especially with regard to transitioning to live in their desired gender has been reported in the literature (Katarina et al., 2019). Stigma and harassment generally have a negative impact on mental health resulting in anxiety, self-injury, suicide, and depression of transgender youth (age 18 to 24 years) (Veale et al., 2017). Findings of the current study explain that trans women use emotional support, humor,

and acceptance (i.e., positive coping strategies) which can reduce the impact of stigma and feelings of guilt they experience (Table 2, Figure 1). However, in contrast to this, a recent research by Etengoff and Rodriguez (2020) reported that more than 50% of Muslim transgender individuals in New York used religion and spirituality as important coping methods (e.g., Allah, Quran, liberation theology). This may be because they were a religious minority in a Non-Muslim country. Further, this variation in findings may be explained by different social conditions of both samples. Literature, however, underpins the role of positive environment for people who identify themselves as Transgender (Lehavot, 2012). Batool and Rowland (2021) recommended using more positive/adaptive coping strategies and less maladaptive coping strategies to address the problems of Quality of Life (QoL) and loneliness which transgender community go through.

Findings of the present study indicate that a large number of participants were uneducated or had only basic education. About forty percent of them were in the earning bracket of less than Rs = 10000/- per month (Table 1). Low socio-economic status of transgender people has been confirmed in other parts of the globe and has been associated with discrimination (Puckett et al., 2020). Literacy rate of transgender in Pakistan is usually very low due to family's feelings of shame for their child's gender identity. Transgender children are not introduced to others socially and they are not sent to school (Nazir & Yasir, 2014). A recent published story of the first transgender women doctor highlighted this dilemma (Ali, 2022; ARY News, 2022).

Conclusion

Transgender women face a lot of stigma and experience associated guilt. They have difficulty in accessing community resources due to discrimination. Hence, most of them

have basic or no education and low socioeconomic status. They mostly engage in underprivileged professions.

There is a significant relationship between stigma and guilt which can be manipulated by the effect of positive coping strategies (positive reframing, humor, planning and emotional support). Rest of the coping strategies e.g., active avoidance, problem focused, and denial/religion coping strategies did not play a significant role in manipulating this relationship. Interventions to enhance the use of positive coping strategies can be effective to deal with other stressful situations.

Implications of the Study

The stigma and guilt, transgender individuals experience can lead to mental health issues. The government needs to take preventive measures to minimize this risk in people who identify themselves as Transgender. Actions are needed to make new laws or expand and implement the existing Harassment against the Women Act 2019 in a way that it covers rights of trans women to make them feel socially safe. Steps should be taken to repair and build the social image of trans people. Further, a change in the mind set of people is required to develop more acceptance and inclusiveness of transgender people in the general public. In this regard making some adjustments in the syllabus of higher education has been rightly pointed out by the first transgender doctor in Pakistan (Ali, 2022; ARY News, 2022). Community programs including seminars will help create public awareness and bring a nationwide change in the mind set of people as well as minimize discriminatory attitude against them. So that they can contribute to social and economic growth of the country. Building on social network for transgender individuals can be an important contribution that our healthcare system and NGOs can make. There is an utmost need to provide opportunities for transgender people in the

job market so that they do not have to engage in underprivileged professions and illegal acts to make their both ends meet (Table 1). By acquiring more education and engaging in esteemed professions, transgender individuals can create a positive environment for themselves and play a healthy contributory role to the society.

Future research needs to focus on various aspects of lives of transgender women as well as individuals with gender diversity. There is a great need to study transgender specific situations to identify the areas where psychological care and interventions can be implemented for a better outcome.

Limitations

Limited sample recruited through purposive sampling constrict the findings to be generalized to the whole Transgender population in the country.

Contribution of Authors

Hina Raza: Conceptualization, Methodology, Validation, Investigation, Data Curation, Formal Analysis, Writing- Original draft, Writing- Review & Editing

Shaista Jabeen: Conceptualization, Formal Analysis, Writing- Original draft, Writing- Review & Editing, Supervision

Conflict of Interest

There is no conflict of interest declared by authors.

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