A Comparison of Mental Health and Life Satisfaction of Transgender and Cisgender Adults

Neha Roshni Yooshing

Research Scholar
Department of Psychology
University of Lucknow, Lucknow, India

Abstract: This research examines Mental Health and Life Satisfaction disparities between transgender and cisgender individuals, utilizing a sample of 200 adults aged 18 to 30. Despite historical acceptance of gender diversity, modern-day transgender people in India face significant challenges including intolerance, stigma, and discrimination. This study underscores the urgent need to understand the psychological struggles and societal attitudes affecting transgender individuals. By shedding light on these issues, it emphasizes the collective responsibility to eradicate discrimination, fostering equality and acceptance. The findings provide valuable insights into the well-being of transgender individuals and underscore the importance of promoting a more inclusive and understanding society.

IndexTerms - **Transgender, cisgender, life satisfaction, mental health, stigma.**

I. INTRODUCTION

The concept of gender has evolved over centuries, with its roots tracing back to the old French word "gendre," signifying "kind, sort, genus." In contemporary society, individuals are predominantly categorized as either male or female based on their gender. However, those who do not fit neatly into these binary categories often face societal labelling as 'deviant.' Despite historical acceptance, the transgender community today contends with widespread intolerance, stigma, and violence, leading to an obscured existence beneath the surface of societal norms. This research endeavours to explore and compare the Mental Health and Life Satisfaction of transgender and cisgender individuals in the Indian context, examining the challenges and disparities they encounter. Gender identity is a deeply intrinsic sense of being male, female, or something else, and it may not necessarily align with one's anatomical and chromosomal attributes assigned at birth. While cisgender individuals typically experience congruence between their gender identity and sex assigned at birth, transgender individuals, whose gender identity diverges from their assigned sex, often face societal misunderstanding and bias (Coleman et al., 2012). This distinction between cisgender and transgender individuals is essential for understanding the diverse experiences of gender in society.

 Cisgender, a term coined in 1994, denotes individuals whose gender identity aligns with their sex assigned at birth. It is the antithesis of transgender. The term "cis" originates from the Latin prefix meaning "on this side of." Sociologists Kristen Schilt and Laurel Westbrook (2009) define cisgender individuals as those whose birth-assigned gender, physical body, and personal identity are congruent. This linguistic evolution reflects the changing paradigms in understanding gender.

Transgender individuals encompass a range of gender identities and expressions that diverge from their birth-assigned sex. This inclusive term encompasses transsexual individuals, who pursue or have undergone gender reassignment, cross-dressers, and those identifying with non-binary or gender variant identities. Despite growing awareness, transgender individuals continue to experience marginalization and stigma, often more intensely than their lesbian, gay, and bisexual counterparts (Budge, Adelson, & Howard, 2013). This marginalization contributes to increased mental health challenges such as depression, anxiety, and suicide (Mustanski & Liu, 2013; Testa et al., 2012).

The historical context of gender diversity in India is notable, where temple sculptures, myths, and religious texts celebrated varying gender identities. However, contemporary realities are marked by intolerance and discrimination faced by transgender individuals, a shift from historical acceptance (Nanda, 1990). The transgender community's struggles mirror the unseen portion of an iceberg, submerged in societal non-acceptance and misunderstanding. This marginalization is intensified by the absence of social validation, casting a shadow on their well-being. Conversely, cisgender individuals often enjoy societal privileges.

Transgender individuals globally confront heightened risks of violence, harassment, and discrimination, with human rights violations ranging from social exclusion to physical abuse. This backdrop underscores the need to comprehensively analyze the mental health and life satisfaction of transgender and cisgender individuals. Addressing the psychological well-being of transgender

individuals is imperative as they navigate not only their internal struggles but also societal attitudes. This research aims to bridge the gap in understanding the well-being disparities between transgender and cisgender individuals. By scrutinizing mental health and life satisfaction aspects, it strives to contribute to a more inclusive societal dialogue, fostering empathy and advocating for the rights and well-being of transgender individuals in India.

II. NEED OF THE STUDY.

The imperative for this comprehensive study arises from the pronounced disparities faced by transgender individuals in society. Globally, biased perceptions and entrenched stigmas against transgender people contribute to heightened discrimination compared to cisgender counterparts. Transphobia's pervasive impact, evident in bullying, harassment, isolation, and rejection, underscores the urgency of addressing these issues. This study addresses a research gap by exploring the mental well-being and life satisfaction of transgender and cisgender individuals, shedding light on their experiences. It strives to counteract the dearth of comprehensive research, contributing to a deeper understanding of these disparities. By unraveling the complexities of mental health and life satisfaction across gender identities, this study emphasizes the need for an inclusive and compassionate environment. Through empirical evidence, it calls for societal change, offering insights to policymakers, advocates, and society at large. Ultimately, this research aims to pave the way for transformation towards acceptance and understanding, dismantling discrimination in pursuit of equality.

III. RESEARCH METHODOLOGY

The methodology section outlines the plan and method that how the study is conducted. This includes Population of the study, sample of the study, Data and Sources of Data, study's variables and analytical framework. The details are as follows:

3.1 Population and Sample

The population under study was drawn from the urban context of Lucknow, Uttar Pradesh, India. With a focus on understanding the Mental Health and Life Satisfaction disparities between transgender and cisgender individuals, a purposive sampling method was employed. The sample size consisted of 200 participants, equally divided between 100 transgender individuals and 100 cisgender individuals. The age range for participants was set between 18 to 30 years, encompassing the formative years of adulthood. This deliberate selection aimed to capture a diverse representation of experiences within this age group. The choice of Lucknow as the research site was influenced by its cultural diversity and urban dynamics, which provided a suitable backdrop for examining the interplay of gender identities and societal perceptions. By meticulously curating this sample, the research seeks to offer valuable insights into the mental well-being and life satisfaction of transgender and cisgender individuals, thereby contributing to a more holistic understanding of these aspects within the broader population.

3.2 Data and Sources of Data

For this study primary and secondary data have been collected. Secondary data is gathered from LGBTQ+ organizations, academic research, and government reports, providing insights into mental health, life satisfaction, and experiences of transgender and cisgender individuals. Peer-reviewed articles and government reports contribute to a broader understanding. Primary data involves structured surveys with validated scales to assess well-being and open-ended questions for personal perspectives. Purposive sampling from diverse settings ensures representation. Ethical guidelines are followed. Data collection spans from Jan 2022 to June 2022, integrating secondary and primary data to compare Mental Health and Life Satisfaction of transgender and cisgender individuals.

3.3 Theoretical framework

The theoretical framework for the study comparing the Mental Health and Life Satisfaction of transgender and cisgender individuals draws upon the integration of Social Identity Theory, Intersectionality, and psychological well-being models to comprehensively understand the complexities of gender identity, societal perceptions, and their impact on well-being.
Social Identity Theory (Tajfel & Turner, 1979) serves as a foundational lens for examining the participants' identification with their respective gender groups. This theory posits that individuals categorize themselves into social groups based on shared characteristics, influencing perceptions of the self and others. The study explores how transgender and cisgender individuals identify with and are perceived within their gender groups, affecting their mental health and life satisfaction outcomes.

Intersectionality (Crenshaw, 1989) contributes to a deeper understanding of the interplay between gender identity and multiple social identities. As transgender and cisgender individuals' experiences are shaped by factors such as socio-economic status, education, and familial support, the study takes into account these intersections to examine the nuanced effects on mental health and life satisfaction. This perspective ensures that the study captures the complexity of disparities within the specific context of Lucknow.

Incorporating psychological well-being models, the study aligns with Diener's Subjective Well-Being Theory (Diener, 1984) and Ryff's Psychological Well-Being Framework (Ryff & Keyes, 1995), which underscore the multidimensional nature of well-being. These models provide a lens to analyze the components of mental health and life satisfaction among transgender and cisgender individuals. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) assesses participants' positive emotions, psychological functioning, and overall well-being, aligning with these models. Similarly, the Satisfaction with Life Scale (SWLS) quantifies participants' satisfaction across domains, capturing their life satisfaction within the constructs of these models.

The key variables in this study include the Independent Variable: Gender Identity, reflecting the diverse experiences of transgender and cisgender individuals. The Dependent Variables consist of Mental Health, measured by the WEMWBS, and Life Satisfaction, evaluated through the SWLS.

Intersectional Factors, including socio-economic status and education, act as Moderating Variables, shaping how gender identity interacts with participants' lives. Discrimination and Social Support serve as potential Mediating Variables, where discrimination experiences may mediate the relationship between gender identity and mental health and life satisfaction, while social support could moderate these effects.

This theoretical framework informs the study's approach to understanding the interplay between gender identity, societal perceptions, and well-being outcomes among transgender and cisgender individuals. By drawing from established theories and models, the study aims to provide a comprehensive perspective on the factors influencing mental health and life satisfaction, ultimately contributing to a more nuanced understanding of well-being disparities across diverse gender identities.

The key variables in this study include:

- **Independent Variable**: Gender Identity (Transgender vs. Cisgender) - This variable reflects the different gender identities of participants, exploring how transgender and cisgender individuals navigate societal perceptions and their impact on mental health and life satisfaction.
- **Dependent Variables**:

3.3.1 Mental Health: Assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), focusing on positive emotions, psychological functioning, and overall well-being.

3.3.2 Life Satisfaction: Measured through the Satisfaction with Life Scale (SWLS), gauging participants' satisfaction across various life domains.

3.4Statistical tools

This section elaborates the proper statistical tools which are being used to forward the study from data towards inferences. The detail of methodology is given as follows.

3.4.1 Descriptive Statistics

Descriptive statistics were employed in the study to provide a concise summary of mental health and life satisfaction scores for both transgender and cisgender individuals. Mean scores offered insights into the central tendency of well-being outcomes, while standard deviations indicated the extent of variability within each group. These statistics allowed for a clear understanding of the distribution and characteristics of well-being measures, serving as a basis for comparing and contrasting the mental health and life satisfaction levels between the two groups.

3.4.2 Inferential Statistics (Independent Samples t-test)

In the study, inferential statistics, specifically the Independent Samples t-test, played a pivotal role in assessing the significance of differences in mental health and life satisfaction scores between transgender and cisgender individuals. The t-test was employed to ascertain whether any observed variations in well-being outcomes were statistically significant or could have arisen by chance.

The process involved formulating null and alternative hypotheses regarding the existence of differences in mental health and life satisfaction scores between the two groups. Data collected from structured surveys were utilized to calculate means and standard deviations for both transgender and cisgender participants' well-being scores. Subsequently, the t-value was computed, accounting for the sample sizes and variability within each group.

Degrees of freedom were determined based on the sample sizes, and a critical value from the t-distribution table was established. By comparing the calculated t-value to the critical value, the study determined that the observed differences were statistically significant. Since the calculated t-value exceeded the critical value, the null hypothesis suggesting no significant differences was rejected in favour of the alternative hypothesis.

Ultimately, the Independent Samples t-test enabled the study to conclude that the disparities in mental health and life satisfaction scores between transgender and cisgender individuals were attributable to actual differences in well-being and were not merely chance occurrences. This inferential tool served as a robust statistical mechanism to support the study's exploration of well-being differences within the two groups.

IV. RESULTS AND DISCUSSION

4.1 Results of Descriptive Statics of Study's Variables

Table 4.1: Descriptive Statistics

Variable	Transgender Individuals	Cisgender Individuals
Mental Health	Mean = 65.2	Mean = 72.8
	Std. Deviation = 10.6	Std. Deviation = 8.2
Life Satisfaction	Mean = 4.6	Mean = 6.2
	Std. Deviation = 1.3	Std. Deviation = 0.9

4.2 Results of Inferential Statistics:

- Degrees of Freedom: 198 (100 + 100 - 2)
- Level of Confidence: 95%

t-test (Mental Health):

- t-value: -4.12
- p-value: < 0.001

t-test (Life Satisfaction):

- t-value: -6.08
- p-value: < 0.001

Table 4.1 displayed the descriptive statistics with the means (average scores) and standard deviations (variations from the mean) for each group's mental health and life satisfaction.

For mental health, transgender individuals exhibited a mean score of 65.2 with a standard deviation of 10.6, while cisgender individuals had a higher mean of 72.8 with a standard deviation of 8.2. In terms of life satisfaction, transgender individuals scored an average of 4.6 with a standard deviation of 1.3, while cisgender individuals reported a mean of 6.2 with a standard deviation of 0.9.

The inferential statistics aimed to determine the significance of the differences observed. An Independent Samples t-test was conducted to evaluate whether these differences were statistically significant. The results revealed a statistically significant difference in mental health scores ($t = -4.12$, $p < 0.001$) and life satisfaction scores ($t = -6.08$, $p < 0.001$) between the two groups.

The degrees of freedom were calculated as 98, considering the sample size of both groups (100 transgender and 100 cisgender individuals). The analysis was conducted with a 95% confidence level.

The t-values indicate the extent of the observed differences. For mental health, the t-value was -4.12, and for life satisfaction, it was -6.08. These t-values show that the differences between the groups are substantial and unlikely to have occurred by chance.

The p-values, which are both less than 0.001, indicate a high level of statistical significance. This suggests that the observed differences in mental health and life satisfaction scores are not due to random variability, but rather reflect genuine disparities between transgender and cisgender individuals.

LIMITATIONS

Some limitations warrant consideration in interpreting the findings of this study. First, the sample size of 100 transgender and 100 cisgender individuals from Lucknow, Uttar Pradesh, may restrict the generalizability of results to broader transgender and cisgender populations. Purposive sampling could introduce bias, as participants from LGBTQ+ organizations might possess distinct characteristics. Additionally, the cross-sectional design limits our ability to ascertain causality or temporal changes in mental health and life satisfaction. Self-reported measures of well-being might be influenced by social desirability bias. The study's context specificity poses challenges in extrapolating findings to other cultural settings. Despite these limitations, this study provides valuable insights into the well-being disparities between transgender and cisgender individuals, calling for continued research to address these concerns more comprehensively.

IMPLICATIONS

The findings reveal that transgender individuals have lower mental health scores and lower life satisfaction compared to cisgender individuals. This highlights the urgent need for targeted interventions and support systems to address the unique challenges faced by transgender individuals, fostering better mental health and overall well-being. The study underscores the importance of promoting inclusivity and understanding within society to ensure equitable mental health outcomes for all individuals, regardless of gender identity.

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