

Self-stigmatization, coping and psychopathological symptoms among transgender persons

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Introduction

Research has shown that many people hold negative attitudes towards transgender persons and that transgenders experience stigmatisation in public, at work and in the immediate vicinity (Keuzenkamp & Kuyper, 2013; Norton & Herek, 2012). The awareness of being stigmatised and the social devaluation that stigmatized people experience, can lead to self-stigma. Self-stigma contains both the apprehension of being exposed to stigmatization and the potential internalization of the negative beliefs and feelings associated with the stigmatized condition (Bos, Pryor, Reeder & Stutterheim, 2013). Self-stigmatization may be disrupting life goals (Corrigan, 2012), lead to social isolation and psychopathology (Bos, Pryor, Reeder, and Stutterheim, 2013), limit the social network (Link & Phelan, 2001), lower quality of life and lower self-esteem (Meyer, 2003).

Limited research attention has been paid to self-stigmatization and its relation with psychopathological symptoms of transgender persons. The present study examined the relationships between self-stigmatization, coping and psychopathological symptoms in transgender persons in different phases of their transition.

Method

For this study we examined the cross-sectional data from 108 transgender persons (pre-transition, transition and post-transition). The transgender participants were all clients of an extramural gender team in the Netherlands. Ethical approval for this study was obtained by the ethics board of Open University.

Self-stigma was measured with an adapted version of the Internalized Stigma of Mental Illness scale (Boyd Ritsher, Otilingam & Grajales, 2003). Coping styles were measured with the Utrecht Coping List (Schreurs et al., 1993). Psychopathological symptoms were measured with the Symptoms Check List 90 (Arrindel & Ettema, 1973).

Results

Results demonstrate that self-stigma was positively related to psychological symptoms. Passive emotion-focused coping and active emotion-focused coping were positively associated with self-stigma and psychological symptoms, whereas active problem-focused coping was not related to self-stigma and psychological symptoms.

Interestingly, transgender persons in the pre-transition phase experienced more self-stigma and reported more psychopathological symptoms compared to transgenders who were in the transition or post-transition phase.

Discussion

This study shows that self-stigma has a detrimental impact on the psychological well-being of transgender persons. Therefore, we recommend more research on the determinants of self-stigma in this group. Furthermore, psychological counseling in the different phases of the transition should pay attention to coping with self-stigma.

Finally, interventions should be developed to reduce stigmatization of transgender persons. These interventions should be theory- and evidence based (Bos, Schaalma & Pryor, 2008; Bos, Pryor, Reeder & Stutterheim, 2013).