Being trans and feeling lonely: a reflection on loneliness literature, community connectedness, and mental health in the transgender and gender diverse community

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We asked Loneliness and Social Isolation in Mental Health research network member Talen Wright, who is a research assistant in the Public Health, Environments and Society department at the London School of Hygiene and Tropical Medicine (LSHTM), to blog for us about recent literature and accounts of the experience of social isolation and loneliness in transgender and gender diverse (TGD) people in the U.K. in relation to their mental health. The aim of this blog was to help network members consider how policy-makers and practitioners can develop services to meet the needs of this group.

Increasing research and policy attention is being focussed on trans peoples' lives and rights in the UK, particularly given evidence of their vulnerability to mental ill-health (1, 2). Public attitudes to the transgender and gender diverse community have been apparent recently in criticisms directed towards the Tavistock and Portman NHS Foundation Trust's gender identity development service (GIDS), towards adult gender identity clinics nationally, and in relation to recent calls from the Government to debate the legality of the barbaric practice of conversion therapy, and Gender Recognition Act (2004) reform. These debates have raised questions about the negative ways in which some members of society view transgender and gender diverse people in the U.K. The key research questions are how these external stressors, experienced as microaggressions, influence loneliness and social isolation in this group and how this impacts on the mental health of trans communities.

A note on language:

- **Trans women** refers to women who were assigned male at birth
- **Trans men** refers to men who were assigned female at birth
- **Non-binary** refers to people whose gender is not defined by the gender binary (man/woman, male/female). Non-binary people may also identify as transgender.
- **Gender diverse** and **gender creativity** are used interchangeably within this blog post, and they simply relate to gender expressions and identities that may fall outside the gender binary (man/woman, male/female)
- **Cisheteronormativity** is a term that describes the perceived default of others being cisgender (non-trans), and heterosexual (straight) people within society. Within this blog, this term is used interchangeably with the term **cisnormativity**, which places emphasis on the cisgender default.

Psychological distress in times of isolation

In order to understand how loneliness impacts on the mental health of trans peoples' lives, it is important to note that trans people make up a small, and geographically diverse, proportion of the general population, which is estimated at 0.6%, although no robust data on prevalence exists (3). The trans community's minority status and the medicalisation, pathologisation, and marginalisation of trans people, are likely explanations for poorer mental health in transgender people compared with the cisgender majority (1, 2, 4). Subpopulations within the trans and gender creative community also present important differences in the experiences of poor mental health. For example, Cicero et al (2020) in a sample of 764 American trans and non-binary people found a higher frequency of mentally unhealthy days (1.5-2 times the odds) for trans men compared to trans women and non-binary people.
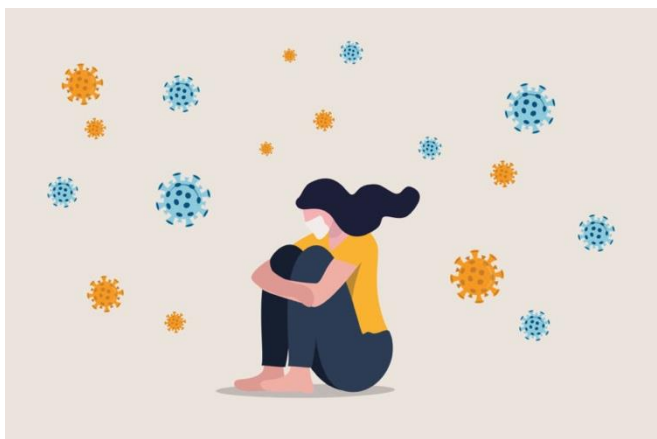
One aspect of marginalisation that deserves closer attention in understanding the mechanisms underlying these associations is the loneliness and social isolation experienced by trans people. I focus on this issue in this blog as a way of understanding the potential impact of loneliness and social isolation depression, anxiety, and suicidal behaviour in trans people. First, I will describe the findings from the quantitative literature regarding the association

between loneliness and mental health before turning to individual first-hand accounts of those with lived experience.

A study set in Spain recruited 120 trans people – balanced as 60 trans men and 60 trans women – and interviewed them to find out about their experiences, also collecting data using the Social and Emotional Loneliness Scale (short form) and Derogatis's Symptom Checklist for depression and anxiety(5). The study found that trans women in particular reported higher levels of social loneliness and anxiety. For both trans men and women, social loneliness was the main predictor of poor mental health (anxiety and depression). There were similar findings from a Norwegian study in which 97 trans people (both binary and non-binary) were recruited from a large national database of students (6). The binary and non-binary trans people sampled demonstrated higher levels of social loneliness when compared to cisgender people, and frequently reported other psychosocial burdens, such as dissatisfaction with life, and suicidality.

Belonging to the transgender community can also bring social connectedness and social support from those who face the same opportunities and challenges, and this connectedness within the trans community can positively impact psychological well-being, facilitate resilience, and buffer against external stigmatization, prejudice, and discrimination (2). Trans community connectedness can help to alleviate external gender-based stressors and facilitate group-level coping mechanisms (2). In the sample of 1414 participants from Canada and the U.S., community connectedness was measured using the community connectedness subscale of the Gender Minority Stress and Resilience (GMSR) measure and depression was measured through the Center for Epidemiologic Studies Depression-10 (CES-D-10). Higher scores on the subscale of GMSR, as related to community connectedness, were negatively correlated with scores on the CES-D-10, leading the authors to conclude that community connectedness is a protective factor against poor mental health(2).

A first-hand experience

The effects of psychological distress arising from social isolation and loneliness have been well documented through first-hand experiences of trans people across the globe. In a blog post Meenakshi discusses the loneliness and associated difficulties she faced as a US college student living in a city in India (7).

Meenakshi highlights how transphobia played a pivotal role in her ability to access spaces that could otherwise have alleviated the distressing feelings of loneliness she experienced away from home, and how this left her feeling unable to "fit in" in many queer spaces:

"I didn't have a space to meet people like me, especially not of my own age – that, I think is the important thing to take away from these experiences which left me floating around to various queer spaces where I didn't entirely fit in. I found these to be mostly dominated by queer men, and even events like Pride are not entirely different."

This account highlights just one example of trans peoples' experiences in the social realm, complementing the many accounts of trans people where they report a struggle to find adequate support in a cisheteronormative society, pushing trans people further into the margins and preventing access to wider society. Cisheteronormativity describes the assumption of a cisgender heterosexual default society. This therefore erases the experiences of queer and trans people in daily life, in policy, and within research.

Meenakshi goes on to discuss how she had not been to a bar before whilst in India, but after an invitation from a friend, found the courage to go along, despite having experienced social anxiety around this.

"I ended up attending these weekly meetings for several months, never feeling entirely comfortable but it was the only space I had to meet other queer women. This came to an end when the same woman basically told me one night not to come back as I "made people uncomfortable." She then had the nerve to say that "it's not about your gender" even though that was clearly a factor, if not the only one."

As Meenakshi discusses, after attending on several occasions, she was ostracised from this community, with the other woman making a comment on Meenakshi's transness. This sort of encounter is not rare, and reinforces feelings of loneliness and social isolation in queer spaces and communities.

Another account comes from M. Dunkley at CliniQ in May of 2019 (8). CliniQ is a holistic wellbeing and sexual health service in London which caters solely to trans and non-binary people. Dunkley wrote a wonderful post about her own experiences with loneliness and social isolation, as well as experiences working as a psychotherapist and peer group facilitator. The coupling of social isolation and rejection was particularly poignant to me:

"Coming out at work can be fraught, although support is often given, sometimes from surprising quarters. However, going about one's business while being the object of, sometimes covert, scrutiny can be alienating and exhausting. Not being invited to the after works drink in the pub etc. can make even emotionally self-reliant people feel twinges of loneliness and rejection."

What stands out here is that microaggressions, in the form of scrutiny and omission of invitations, in a manner that is likely to be accumulative over time, can have detrimental impacts on feeling connected with others, which may in turn lead to worse mental health outcomes. This is highlighted in the other key themes such as self-acceptance and how rejection leads to decreases in self-esteem and increases in feelings of internalised transphobia. Internalised transphobia can be seen as a regurgitation of transphobic viewpoints turned inwards, adopting the beliefs and attitudes of cisgender people about our own existence and feeling this way about ourselves. This internalisation can also spill outwards onto others within our community.

"This is further reinforced by the entirely reprehensible moral panic currently being whipped up by elements of the mainstream media. One can be going from A to B about our business, and a news-stand headline can make us feel painfully alone and rejected."

Real consequences are shown in the above quote from external stressors and microaggressions, seeing the headlines and "debates" on trans rights, trans healthcare, and our identities, can result in feeling alone.

Cisnormativity, communication climate, and community connectedness

It is important to explore the concept of cisheteronormativity (cisnormativity) in this blog because of its potential role in engendering loneliness in trans people. As described above, cisheteronormativity hinders trans people's access to supportive networks and makes them feel unwelcomed in social spaces. Cisnormativity can have a profound effect on trans lives, whereby we are seen as "deviant", "disordered", and "delusional". Historically, this normative way of thinking has led to the pathologisation of trans people's gender identity and their gender expression, as seen by its inclusion in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 under "gender identity disorder" until it was recently adapted to "gender dysphoria" in the DSM-V. Many still argue that this term also constitutes pathologisation (9).

A Canadian mixed methods study investigated experiences of interpersonal communication among transgender people using measures of communication and the UCLA Loneliness Scale in a sample of 44 participants, comparing values to population means(10). It found that individuals with higher levels of communication apprehension and loneliness were less willing to communicate than the population mean value. The qualitative aspect of the study identified communication climate, social isolation, and cisnormativity as fundamental themes affecting interpersonal communication dynamics and feelings of loneliness (10).

Communication climate describes the tone of a relationship or communication, and in this study trans participants discussed how mutual respect, trust, and perceiving physical safety from verbal and nonverbal cues, positively enhanced their sense of connectedness, whereas perceiving being reduced to their gender and feeling judged reduced their willingness to communicate with others. In comparison with the wider study population, trans people scored higher on communication apprehension and on the UCLA loneliness scale. Ultimately, the author concluded that a positive communication climate requires sensitivity to the experiences of loneliness and the effects of cisnormativity(10).

Cisnormativity was a major factor in this Canadian study in influencing participants' openness to communicate with others, however effects differed depending on the participants' comfort with gender norms and their expectations of others' perceptions of them. For non-binary trans people in this study the risk of uncertainty in interactions and safety reduced participation in casual conversations. As the author discusses, the assumptions of cisnormativity in Canadian society resulted in an expectation to conform to gender norms, making casual conversation difficult and with the risk of unanticipated disclosure resulting in trans individuals removing themselves from social contact(10).

What is clear here, is that cisnormativity and its influence on communication climate for trans people can have a direct and profound impact on their ability to maintain a sense of social connectedness. This can reinforce social isolation and also contribute to loneliness, and the negative mental health impacts associated with these (11-13).

Another key issue to address is the issue of intersecting identities within the trans community, which hinder and perpetuate barriers to community and social connectedness. The sense of exclusion associated with being a victim of racism, ableism, ageism, and classism can exacerbate loneliness and poor mental health in the trans community. This is an important aspect of cisnormativity, which does not concern itself with gender expression alone but also assumes a default norm of a cisgender, white, heterosexual able-bodied middle-class person. Discussing transphobia without considering the contributions of racism, ableism, and classism fails to capture the extent of influences on loneliness and social isolation on the mental health and wellbeing of trans people(14).

What do we need to prioritise in loneliness research as applied to the trans community?

One way of improving our understanding of loneliness and social isolation and their impact on the trans community is to conduct rigorous analyses of longitudinal datasets. Little longitudinal data currently exists describing trans people's mental health and how daily events influence subtle and substantial fluctuations in mood and feelings. Access to high quality data, including measures of loneliness and social isolation, in relation to this group would help describe risk factors for poor mental health using observational epidemiological approaches. Good qualitative data would help understand how transphobia, along with racism, classism, and ableism inhibit community connectedness. The findings of such studies would inform the development of meaningful loneliness interventions and prevention strategies.

More importantly, the voices of trans people need to be heard in co-production of interventions and policy decision making around service provision, including means of addressing the broken communication between the health and social care sectors in addressing the needs of trans people. General practitioners need to be respectful and understanding of trans patients, with an awareness of their potential for social isolation. Therapists, psychologists, and psychiatrists need training in gender-affirmative models to move away from a practice that pathologizes their gender identities, shifting the social structures that have created hostile and toxic healthcare environments for trans people. I therefore propose that loneliness research takes an intersectional and interdisciplinary approach to reducing poor mental health in trans people, by using a range of research methods to understand how trans people experience oppression and marginalisation in its various forms and how these promote loneliness and social isolation.

The studies highlighted in this blog present a consistent picture of poor mental health and experiences of social isolation and loneliness in the trans community. To date there have been no trials of interventions to address social isolation and loneliness and improve mental health in trans people, but community centred approaches would appear to represent an acceptable approach and these need evaluating. Trans-specific

services, run by and for trans people, offer a means of community connectedness, but whilst these do exist in some places, such approaches need to be integrated elsewhere to have greater population impact.

Conclusion

Trans people face a burden of poor mental health, with quantitative and qualitative evidence suggesting that loneliness and social isolation are key influences. An awareness of how cisnormativity in many cultures can bring about a sense of loneliness and social isolation in trans people needs careful consideration in research and policy, pointing at the importance of the cultural context for prevention and intervention. There is a need for more research to describe the experience of loneliness and social isolation in trans people, using an intersectional perspective to understand how intersecting marginalised identities (including race, class, and disability) contribute to the barriers of engaging within wider communities, how this influences mental health, and how we can improve wellbeing through a better sense of community connectedness.

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