Family and Friends: An Exploration of Transgender Mental Health and Community Relationships

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Abstract

The current study was intended to gauge the impact of community support and friendships/family relationships on the mental health of transgender adults. It additionally aimed to measure the impact of various demographic variables on mental health and community building. An online anonymous survey was distributed through queer and Trans groups at the University of Puget Sound and in the broader Tacoma community, and was administered to a small ($N=17$) group of transgender adults that assessed community support, mental health, identity strength, and strength of relationships with family and friends. Participants were also asked to qualitatively describe their experiences with the transgender community. Results of the survey indicated that friendships had a greater positive impact on transgender mental health than family relationships. Qualitative results further showed that the transgender community was largely considered to have a positive impact. A high rate of mental health symptomology and diagnoses was also indicated. These findings point to the importance of the “friend family” in replacing the social role of the biological family for many transgender people, the function of the transgender community in identity strength and mental health, and the many social barriers that lead to an overall decline in mental well-being for transgender individuals.
Introduction

*Transgender* is a rapidly diversifying gender identity category covering anyone who does not strictly identify with the sex and/or gender they were assigned at birth. Despite the identity not being a mental illness in itself, transgender people display unusually high rates of mental health symptoms and diagnoses, such as depression and anxiety (Pflum et al., 2015). This is largely a product of by the presence and enactment of social stigma surrounding these identities and their expression. Transgender communities and organizations have been major positive forces in ameliorating some of these issues in the face of prejudice. This paper is an exploration of the stigma and discrimination experienced by individuals in this community, as well as an analysis of the ways in which these communities come together to provide support and help improve transgender mental health. In particular, a comparison will be made about the specific support provided by friends versus family, as well as the overall impact of involvement with dedicated transgender groups on the mental health of transgender individuals.

What is Gender?

Before understanding the role of the interpersonal influence can come, however, we must understand gender itself. In basic terms, gender is the experience of being man, woman, neither, or a combination of any/all of the above. It exists both within and outside the binary idea of being either “man” or “woman,” and is not necessarily connected to sexuality or biological sex. Gender is a primarily a mental, rather than a physical experience, for both cisgender and transgender people (The Center for Equality, 2015).

Transgender identity is a wide-ranging category. Although it does include binary transgender people (which is one type of transgender identity), it is not merely another term for such. Although it is an umbrella term that covers anyone who does not conform to identity
and/or behavior norms expected of cisgender individuals, not all trans people use the term “transgender” to identify themselves. There are many identities and corresponding labels covered under the transgender spectrum, and their definitions tend to vary slightly depending on source. A common misconception is that being transgender is still based in a binary, or based in what one’s biological sex is (The Center for Equality, 2015). It is often assumed that people will develop a gender identity based on various aspects of their biological sex, whether that includes chromosomes/genes, genitalia, hormones, other body parts, or some combination thereof. In fact, gender and biological sex are two different entities that are not always connected. And, although some transgender identities do fit within the debatably traditional “male-female” binary (for example, someone might have the natal sex of male and identify as a binary transgender female), many more identities do not fit within a binary. In fact, many identities outright reject the idea of binary gender. Regardless of the acknowledgement/existence (or lack thereof) of a binary, all of the identities under the transgender umbrella are based in self-identification rather than any social, medical, or other transition. A certain outness\(^1\) level, other than to the self\(^2\), is also not required in order for a person to fit any of these terms (Factor & Rothblum, 2008).

**Diversity of Gender: Transfemininity, Transmasculinity, Etc.**

The transgender community has notable subgroups with different experiences and needs. Two of these are the *transfeminine* (i.e., any person transitioning or transitioned from male to any primarily feminine gender identity) and *transmasculine* (i.e., any person transitioning or transitioned from female to any primarily masculine gender identity) gender groups (Pflum, Testa, Balsam, Goldblum, & Bongar, 2015). Though the distinction does not cover every gender

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\(^1\) Making one’s trans identity known and/or living said identity. There are different degrees of outness, from only being out to oneself to living full-time as the preferred gender.

\(^2\) Outness to the self in this case only requires the person to know that they are not cisgender; it does not require labeling or full knowledge of the nuances of their own gender identity.
identity, because some genderqueer people identify as neither male nor female (or as no gender at all, or as multiple genders at once), there are notable differences between the experiences and needs of transfeminine and transmasculine people.

One such difference lies in each subgroup’s relationship to the transgender community as a whole. Pflum, Testa, Balsam, Goldblum, and Bongar (2015) surveyed transgender participants on the impact of social support from in-group versus other communities on their psychological health, as well as overall depression and anxiety symptoms. The researchers divided the responses into transmasculine and transfeminine subgroups3 based on each participant’s self-reported primary gender identity. They found that transfeminine people relied significantly more on their relationships to trans-specific communities for social support than did transmasculine people, who tended to get their support from friends and other non-trans-community sources.

This difference in modes of meeting social needs is likely due in part to an extant societal stigma surrounding femininity (and/or possibly a backlash towards the idea of people rejecting masculinity. Transgender women are more likely than any other trans* population to experience forms of enacted stigma such as verbal harassment and being socially ostracized. As a result, they are less likely to be accepted by outside communities (not just society at large, but also more personal ones like family and friends), than transmasculine people (Pflum, et al., 2015). This increased social exclusion from outgroup communities leads transfeminine people to depend more on in-group communities, and this likely will remain the case as long as there is increased societal stigma towards femininity and, by extension, female or femme4 gender identities and expressions. Although there may well be additional stigma directly related to

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3 The study did not cover the classification of any gender identity outside feminine and masculine.
4 “Femme” is a colloquial term commonly used in the Trans community which refers to gender identities that are feminine, but not necessarily female or female-exclusive. There is little psychological research about the development of such terms. The term’s masculine counterpart is “masc.”
transfeminine people, this may be compounded by the anti-femme stigma, and it would appear to be difficult to separate the two well enough to study them.

Pflum et al. (2015) found that transfeminine people reported fewer friends around the time of transitioning. They concluded that transfeminine people may be more likely to rely on in-group communities due to the social construct of binary gender, particularly feminine affirmation. The process of affirmation involves seeking out social support differently and more often than is socially dictated for transmasculine people. Although this may not be the case for every person, the gender trend is there, and could explain a portion of the behavioral differences between the transmasculine and transfeminine communities. It could also further clarify differences in the groups’ social needs.

Transfeminine and transmasculine identity groups, though they cover a significant portion of transgender identities, are far from the only categorical divide informing the nuances of transgender community needs. The differences between binary transgender and genderqueer individuals are also an important consideration. Although the terminology does not at this time have a hard, clear distinction, and the terms “transgender” and “genderqueer” are not entirely mutually exclusive, the main colloquial difference between them seems to be based on the former drawing binary gender lines (that is to say, only acknowledging “man” and “woman” as options) and the latter making no such distinction. However, as the binary is increasingly being dismantled in relevant social circles, this distinction is seen as ever more insufficient to cover the growing array of gender identity categories. The first National Transgender Discrimination Survey (NTDS) introduced a simple but new change in format: allowing participants to write in their own gender (Harrison et al, 2008). Thirteen percent of participants chose this option, listed as “a gender not listed here, please specify” in the survey, and wrote in their own gender. While
most respondents who wrote in their own gender simply wrote “genderqueer,” other participants provided responses such as pangender, third gender, or even personalized gender labels like “OtherWise” or “twidget” (Harrison, Grant, & Herman, 2008). The variety of responses received demonstrated the complexity of what was once considered a homogenous trans community.

**The Impact of Gender Conformity**

In addition to revealing the complexity of gender, the results of Harrison et al. (2008) suggested that people who identify outside the socialized institution of gender binary may in some cases be in even greater danger of violence and discrimination than their binary transgender counterparts. Respondents who wrote in their own gender reported notably higher rates than the rest of the respondents of the following: being harassed at school, sexual assault, physical assault, having to rely on underground economies such as drug sales and sex work for income, and police brutality (Harrison et al., 2008). This pattern could be attributed to a lack of understanding of any gender that defies Western expectations for a man-woman binary gender system, and an enactment of the stigma and hostility that occurs when a person is seen as a threat to one’s worldview. Miller and Grollman (2015) later analyzed the NTDS data through the specific lens of gender binary nonconformity as a specific risk factor for violence and discrimination. Their findings replicated those of Harrison et al. (2008): transgender people who reported also being gender non-conforming\(^5\) experienced more discrimination which increased proportionally with their levels of visibility. As a direct result, gender non-conforming transgender people reported lower mental and physical well-being than their binary gender-conforming counterparts. Overall, this indicates that the further one steps outside social expectations of gender, the more at risk they are for social rejection and the resulting health risks.

\(^5\) Not identifying or presenting along binary gender lines, usually visibly so.
Though transgender identities are becoming more understood, transgender individuals still face rampant social stigma, leading to discrimination and abuse at disproportionate levels (Bockting, Miner, Romine, Hamilton, & Coleman, 2013; Bradford, Reisner, Honnold, & Xavier, 2013; Factor & Rothblum, 2008). This lack of understanding and acceptance of transgender individuals and their identities has led to high levels of identity-based emotional, physical, and sexual abuse in recent years. It also comes with a body count. Suicide and murder rates for transgender individuals are at a historic high, with most transgender murder victims being people of color (Sutter & Perrin, 2015). The suicide rates can be directly linked not only to rampant anti-trans stigma, but also to the fact that trans people experience extreme poverty at a rate four times that of the general population (Steinmetz, 2015). Considering these astounding statistics, it is imperative that the roots of these issues be explored so that reasonable and effective solutions can be found and implemented within our own communities.

**Additional Factors Impacting Transgender Mental Health**

**Abuse.** In addition to the factors described in the previous section, many other factors contribute to the current transgender mental health epidemic. For instance, abuse often results from stigma, but due to its prevalence and impact abuse merits separate exploration. In one longitudinal study exploring the effect of gender-related abuse on depression in transfeminine women, over fifty percent of participants reported that, at some point in their lifetime, they had experienced some combination of physical and/or verbal abuse directly related to their gender identity (Nuttbrock et al., 2015). These high rates of abuse were directly associated with elevated rates of major depression and anxiety: Nuttbrock, et al. (2015) found 49.6% lifetime prevalence. This statistic for these two conditions alone lies just above the highest end of the estimated

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6 As previously covered, transitioning into a more feminine gender identity. This particular study does not limit this definition to transitioning from binary “male” to binary “female.”
lifetime prevalence rate for all mental illnesses for the general population United States: somewhere between 12% and 47.4% (Kessler et al., 2007).

Repression. Gender repression is also a major issue within this community, and is often a direct result of gender-related abuse. Many transgender people are forced, often out of fear for their own safety, to repress rather than express their preferred gender identity (Barr, Budge, & Adelson, 2016). Current legislation such as North Carolina’s HB2, famously known as the “Bathroom Bill,” only reinforces the need for repression. HB2 denied transgender people, who had not made both physical and legal changes to their gender, the right to use the bathroom of their identified gender. Many transgender people, for a variety of personal reasons, have not made or do not plan on making one or both of these changes. This means that in order to be safe from the law in public, many North Carolina trans people must suppress their gender in order to match their assigned natal sex. HB2 is only one particularly famous example from a wide body of similar legislation; many similar current and proposed laws have widespread support across the United States and other nations. In fact, according to the National Conference of State Legislature as of March 2017, legislation that would restrict access to public restrooms based on biological sex—all bills very similar to HB2—was pending in 13 U.S. states (Kralik, 2017).

Legislation. Anti-trans legislation increases fear, because many transgender people are forced to choose between authentic gender expression and safety from the law. The resulting pattern of fear and suppression is demonstrated by studies such as a self-report survey by Factor and Rothblum (2008) looking at community relationships and identity development in transgender adults. They found that a majority of these individuals had suppressed their gender

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7 HB2, while affecting transgender and other LGBTQ rights significantly, also had a negative impact on the rights of other marginalized groups, specifically regarding the pursuit of discrimination-related lawsuits. Still, it is mostly known as the “Bathroom Bill” to many as its view on public bathrooms is a major reason it became national news.
identity at some point, usually for years at a time and often for safety reasons. This self-denial is thought to lead to increased mental health issues. On the other hand, the same study found that living as one’s perceived gender by using gender-appropriate pronouns, dressing, name, etc., was beneficial to mental health and overall well-being for these individuals despite current levels of stigmatization and violence.

**Intersectional Factors**

Gender, although naturally a vital consideration in any discussion of the diversity of gender minorities, is not the only factor to consider when looking at transgender mental health outcomes. Stigma from identification as transgender has consistently been shown to compound with that from other traditionally stigmatized groups, such as people of color (POC) and LGBT.

**Sexuality.** In addition to the aforementioned common conflation between gender and biological sex, there has sometimes also been an erroneous conflation between gender and sexuality, particularly when speaking of LGBT\(^8\), populations. This misconception often stems from the idea that people undergo gender transitions because they are homosexual and wish to be heterosexual (The Center for Equality, 2015). This idea is now known to have no solid basis in scientific fact. Although according to a demographic survey study administered by Factor and Rothblum (2008) only somewhere between 20 and 33 percent\(^9\) of transgender people self-identify as completely heterosexual, transgender people can and do identify along the entire spectrum of sexualities. Increased knowledge of this diversity has inspired a recent movement towards the study and understanding of transgender identities as separate from LGB identities.

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\(^8\) Although there are many iterations of this abbreviation, most of which are more complete, LGBT will be used for the purposes of this paper as it seems to be most widely used.

\(^9\) The study covered 3 categories: male to female (27%), female to male (33%) and other trans (20%).
For people who identify as both trans and LGB, then, it is possible that they may be subject to separate stigmatization from both identities, although research in this area is severely lacking.

**Race and QTPOC.** A more studied group in the arena of trans intersectionality is people of color\(^\text{10}\) (POC). POC who have felt alienated by their experiences in these often white-dominated trans communities, or who simply wish for a social space to further explore the intersectionality between issues of race and gender, have formed their own community called the Queer and Trans People of Color (QTPOC). Pflum et al. (2015) found that QTPOC of all gender identities tend to experience greater social stigma compared to their white counterparts. Although QTPOC are considered to be a part of the broader LGBT community, this added stigma has not always been acknowledged. This has had an adverse impact on QTPOC experiences even within these ostensibly trans-safe spaces. Sutter and Perrin (2016) specifically surveyed POC within the broader LGBT community about experiences of discrimination, overall mental health, and suicidal ideation. Findings indicated that anti-LGBT discrimination and racism had distinct separate impacts on the mental health of these individuals, as well as a combined impact on mental health. Anti-LGBT discrimination in particular was a reliable indicator of suicidal ideation in POC, especially queer POC. While the calamitous effect of discrimination is verifiably true for all members of the LGBT community in comparison to cisgender heterosexual individuals, queer POC were shown to be at a statistically higher and more consistent risk due to the intersection of multiple stigmatized identities. Though scant research exists on the intersectionality between these two types of discrimination, initial findings suggest that these multiple stressors would have a combined effect. This becomes even plainer when one considers that queer communities mirror non-queer communities in their racial

\(^{10}\) Herein defined as anyone self-identifying as not exclusively white by race.
makeup, which, in the United States, means they are statistically mostly white-dominated and POC are at risk for outgroup bias.

QTPOC as a social subgroup serves as an example of people with similar experiences of social othering coming together to give each other social support. It is also a reminder of a bothersome truth: that even within marginalized groups and supposed social safe spaces, there can be discrimination and othering causing some of its members not to experience needed social support. One intersectional analysis drawing from six previous qualitative studies that tackled the combined influence of race, ethnicity, sexuality, gender, and religion on microaggressions found among other things that being a member of multiple marginalized groups did compound these effects; this included QTPOC (Nadal et al., 2015). On the other hand, the existence of QTPOC as a separate community does highlight the tendency of people to seek and create community groups wherever they can find the needed support. Finding the support is still an issue, though, as even with the rise of online communication, these groups are not always accessible for the people who need them. This can be due to fear, stigma, physical inability, or even lack of awareness that such resources exist.

**Community Support as a Mediating Factor**

Social stigma and its detrimental effects have caused a transgender mental health crisis. As most of the factors contributing to poor transgender mental health outcomes are social in nature, a social solution is a sensible approach. This is where community comes in. Community support has had a demonstrable impact on the well-being of transgender individuals. This is particularly true when these communities encourage transgender people to express their preferred gender. Research on the effects of identity strength, family support, and community engagement has overwhelmingly shown that overall transgender well-being improves when these
individuals are exposed to settings where they can live as their authentic selves (Barr, Budge, & Adelson, 2016; Travers, et al., 2012).

Identity strength, or one’s connection to their own self-concept, is encouraged by gender-authentic living for transgender individuals in that it allows for a more psychologically comfortable self-expression. Identity strength has a direct positive relationship with feelings of community belonging. Barr, Budge, and Adelson (2016) measured feelings of belongingness to the transgender community amongst transgender individuals. They found that those individuals who identified more strongly with their gender(s) also felt a greater sense of transgender community belonging, and also reported various indicators of improved overall well-being, including increased self-esteem, life satisfaction, and psychological health. Interestingly, the relationship appeared to be linear, with community membership found to be a necessary mediating factor between identity strength and well-being. These results suggest that one who has a firm sense of their identity but does not have any social support will not necessarily reap the benefits of increased well-being. This is not to say that identity strength is not an important factor in itself. The results of a previous study (Nuttbrock et al., 2015) showed that transgender individuals who reported higher levels of self-acceptance as well as gender-related euphoria or pride not only had better overall well-being, but also reduced depression rates related to gender abuse and stigma. Nuttbrock et al. (2015) also found high levels of positive impact on well-being from involvement with the transgender community. From the combination of these results, it appears that identity strength and community involvement both have their respective influences

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11 Gender euphoria is seen as the direct opposite of gender dysphoria, and the term is usually used to describe moments or instances of extreme comfort with or even joy surrounding one’s identified gender. Some argue that euphoria without the instance of dysphoria should be enough to classify one as transgender.
on mental health; however, the two also appear to interact in some way. This effect is mediated by interpersonal relationships, particular those with family and friends.

**Comparing the Impact of Family and Friends**

**Family.** While a supportive family can be a significant psychological benefit regardless of gender identity, transgender individuals are statistically more likely to be alienated from their families than their cisgender peers (Norwood, 2012). Although these cases do not have one uniform cause, this is often due to societal expectations of the familial structure that are at odds with the idea of gender transition. One recent qualitative study focusing on the analysis of forum posting from transgender-specific support websites found that among loved ones of transgender individuals, there was a sense of loss and grieving (Norwood, 2012). Specifically, family members of transgender individuals struggle with the contradiction between their old and new relationships, because they tend to have difficulty reconciling their previous perceptions and experiences of their relative’s identity with the newly revealed truth. Although any person who has a relationship with a transgender person before they “come out” could potentially have this experience, families are particularly susceptible to these feelings of loss. Norwood (2012) concludes that this is because the family’s strong social dependency on established gender and sex roles causes cognitive dissonance. Cognitive dissonance occurs when a person holds two ideas, values, or beliefs that contradict one another. These contradictions—such as a contradiction between a dislike of transgender people and a love for family, or a contradiction between the idea of one’s child as a daughter and the idea of that same child as a son—can cause significant mental stress. The resulting psychological discomfort can not only encourage people to act on their prejudice, but change or even end established familial relationships (through disowning or other means).
For those transgender individuals who have been ostracized from their families (or simply one or more relationships within their families that previously played a major role in the individual’s life) over a part of their identity which they did not choose and cannot control, this newfound lack of support often leads to decreased mental and emotional well-being. This can be particularly true for parent-child relationships. One survey focusing on the impact of parental support on transgender youth found that for respondents who reported having unsupportive parents, 57 percent had attempted suicide within the past year, while only 4 percent of those who reported having supportive parents made an attempt within the same timeframe (Travers et al., 2012). These results show that parental support has a tremendous impact on the mental health of transgender youth. This early impact can and often does follow them into adulthood. Such a significant effect also means that a parent who does establish an identity-affirming familial community for their trans child is laying the foundation for better mental health, identity development, and the ability to withstand the effects of anti-trans stigma in the outside world.

Even outside the realm of the parent, family has been identified as potentially problematic for trans people. Norwood (2012) notes that when a family comes together to support its transgender and/or genderqueer members, this act of solidarity can have a positive impact on identity development and overall mental health. Sibling relationships\(^\text{12}\), regardless of gender, have an especially high potential for education and mutual social benefit. A transgender sibling can educate their cisgender sibling about trans issues and help them adjust to the new family dynamic. Meanwhile, the cisgender sibling can offer the transgender sibling social support and help them adjust to their new gender role both within the family and amongst peers. It is much more difficult, though not impossible, for spouses/partners and parents to offer these

\(^{12}\) Especially, though not necessarily, relationships between siblings close in age.
types of social assistance. This may be due to the differences in the social workings of these types of relationships, specifically their higher levels of dependence on gender and sex roles. Another possible, though not yet researched, explanation is that there is a potential generation gap effect at play; many parents of transgender people were raised in eras and cultures that were even less accepting. The increased cognitive dissonance due to these previously instilled beliefs renders it all the more difficult for many parents to put what they were taught aside and provide a truly accepting familial environment for their transgender child. That said, even though the odds sometimes seem to be against them, there are many cisgender parents and partners of transgender people that are able to deal with the cognitive dissonance quite well and are very supportive and accepting. As such, it is more than possible to reap positive benefits of support from family during a gender transition process, so long as the support is offered and genuinely felt from the side of the individual transitioning.

Friends. Outside of the family unit, transgender people often turn to friends for their social validation. As such, friendships and friend communities can be especially influential sources of both support and psychological damage. An anonymous online study surveying self-identified transgender individuals about microaggressions\(^\text{13}\) in their friendships with both cisgender heterosexual and queer individuals found these experiences to be a frequent and significant source of psychological distress (Galupo, Henise & Davis, 2014). The likely cause of the psychological distress was noted as a perceived disruption in the social support that transgender people count on from their friends, especially when it is not available from sources such as family. This supports the popular colloquial notion that queer people choose their own family through networks of (often also queer) friends in substitution for family members that

\(^{13}\) Microaggressions are covert insults, regardless of intent, which send a negative message about someone’s group identity, particularly when said group is a marginalized societal outgroup such as a gender or racial minority.
have rejected them either through lack of understanding or an outright disowning (Norwood 2012). Galupo et al. (2014) found that although transgender individuals reported more microaggressions from their cisgender heterosexual friends, they caused significantly more distress when coming from people with similar identities, because these were perceived as undermining identity rather than as a lack of understanding. Rejection by friends through actions such as microaggression can be a significant source of hurt. Overall, though, friendships stand to benefit more than hurt transgender mental health, as most transgender people report friendships as an overall positive factor in their lives (Galupo et al., 2014). Still, the notable effects of microaggressions as an issue in navigating friendships do serve as a testament to the friendship’s fundamental importance in identity development.

Friendships are also important in the sense that as previously mentioned, transgender people are statistically significantly less likely to have involved and supportive families than their cisgender peers. In the cases where family relationships are inadequate or totally absent for the transgender individual, friends often stand in the role of a surrogate family, or “friend family.” This can be true for one or multiple friends in the relationship (or network of relationships). In a Foucauldian discourse study wherein a group of transgender men were interviewed about the role of friendships in their lives, participants overwhelmingly identified their “friend family” as a major part of their lives (Zitz, Burns, & Tacconelli, 2014). In particular, research noted that these men often elevated their close friendships to a higher status in their life than average, more on the level of an immediate family member or even a romantic partner than simply a “friend.” There was no reason or evidence to suggest that this pattern would be any different for other transgender identities. These findings suggest that for many

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14 Foucauldian discourse is a particular way of analyzing power in relationships in society achieved through looking closely at language and behavior.
transgender individuals, particularly those who perceive a lack of close familial relationships in their lives, friends fulfill a psychological need for closeness and intimacy that would otherwise be provided by family.

Directly Comparing Friends vs. Family. The fact that friends can be a substitute for the family’s social role in transgender lives inspires the question of which relationship can have a greater impact. This question has not yet been definitively answered. In fact, it is one of the focal points of the present study. As would be true for any community, the actual personal impact of transgender relationships likely differ on a case by case basis; that is to say, some people could easily have strong family ties while others rely much more on friends. However, due to various societal and socio-psychological factors, one community or the other may have a significantly greater positive impact on transgender mental health. Family support being found to have a greater influence than friend support over transgender mental health and well-being would suggest one of two things. Either families are becoming more accepting and/or inclusive of their transgender members or friendships do not serve as an adequate social support in the family’s absence. It’s also possible that monetary support plays a role; many young people at least partially rely on family members to help them with the cost of living. If this support is not adequately provided, the resulting hardships could take a toll on mental health as well. It is likely that family has more of an impact in cases where they are present and supportive, due to the unit’s primary role in human social and psychological development and the family’s tendency to bond through cohabitation. However, previous research suggests friendships currently have more of an overall social impact on trans lives than family members. If pattern holds, a major implication would be that transgender people are not having their social and psychological needs met by their mostly cisgender family members. It could also indicate that understanding between
transgender and cisgender people is not yet at a point where cisgender people are equipped, due to lack of knowledge and/or experience, to fulfill certain psychological needs for their transgender relatives.

In order to answer these questions that are becoming ever more pertinent in our increasingly gender-diverse world, it is necessary to expand our knowledge base about the exact roles of these important relationships in trans lives. For fuller and more complete consideration, it is also important to take into account the impact of other demographic factors such as race, ethnicity, income, and level of education on a person’s overall quality of life. Examining the effects of these factors on mental health is a necessary consideration when looking at community impact, because they interact in ways that directly impact the role of friends, family, and the broader Trans community in the lives of transgender individuals.

The core aim of the present study was to look at these various types of relationships in terms of how supportive transgender people perceived them to be, particularly in terms of trust, love, understanding, and frequency of communication. As indicated in previous research, friends often step in to replace the otherwise central social role of family, consequently filling the related psychological needs. As such, one of the primary predictions of this research is that, in cases where family does not provide much support, friends would be more important to overall well-being. However, when family is involved and supportive, they would have a stronger impact on participants’ well-being. While there is a relative absence of research on this subject, literature describing the presence of anti-trans stigma and the relatively common experience of ostracism from families suggests that trans individuals are likely to experience more support from friends.

**Method**

**Participants**
Participants in this study included 17 transgender-identifying adults. Not everyone completed the demographic section, so demographic information only represents the sample of people who did. Of those reporting: participants were young, with an average age of 25 years ($M = 25$, $SD = 7.57$). They were not high earning, all (n=12) reporting salaries of under $50,000 per year, though this could partially be attributable to their age and recruitment methods used. In terms of racial background, 82% (n=10) of reporting participants were white, and 18% (n=1 “mixed race,” n=1 “Black”) were POC. Due to the nature of the recruitment process, even without naming specific organizations, the vast majority of participants reported being highly involved in queer and trans organizations, with 91.6% (n=11) reporting being involved in one or more organizations ($M = 1.64$, $SD = 0.81$). For reasons of anonymity, specific distributions of which participants were associated (or not associated) with various trans organizations were not asked for. The participants in the study represented trans identities all along the spectrum. Specifically, participants identified themselves in the following ways: binary, agender, complicated, nonconforming, demiboy, genderfluid, genderqueer, nonbinary, queer, Trans, and Trans male\textsuperscript{15}. No participants in the study identified as cisgender.

Participants were recruited anonymously using a combination of avenues, including on- and offline-based transgender and genderqueer related groups and organizations. Specific connections were made with queer alliances in the University of Puget Sound and the surrounding Tacoma community; however, some participants were also recruited from online support groups. The online nature of the survey and the fact that its avenues of distribution included international web-based groups mean that participants could have conceivably been

\textsuperscript{15} This is not meant to represent a comprehensive list of all possible gender identities, simply a complete list of identities used by participants in this study.
from many different places around the world. In the interest of anonymity, however, locations of participants were not collected.

**Materials**

Materials were distributed via an online survey created using Qualtrics. This survey included both qualitative free-response questions and several quantitative measures.

**Qualitative Questions.**

The survey began by asking participants to complete a set of three open-ended qualitative questions. There was no length limit, or further prompting given as to how to answer. They were as follows, and presented in the following order:

1. What does it mean to be a member of the transgender community?
2. How would you describe the transgender community?
3. Have you benefitted from transgender community membership? If so, how?

Participants also had the opportunity to skip any one question while still answering the others, though no participant took this option. This set of questions was the very first thing participants saw after giving consent.

**Quantitative Measures.**

After completing the qualitative questions, participants were then asked to answer a number of qualitative questions, all rated using Likert-scale formats. These included two existing measures about perceived community support, a measure of the importance of friends and family, and questions regarding level of outness, identity strength, and demographics.

**Social Support from Friends Measure (SSFM).** The SSFM is a 3-item measure that evaluates how much social support is felt by an individual from one’s friends (Rubens et al., 2014). Sample questions include, “Can you share your pain and happiness with your friends?”
and “Can you talk to your friends about your problems?” As a relatively new measure, it has not been used very frequently, and had not yet been established for the trans population.

**Social Support Seeking Measure- Modified (SSSMM).** This additional support seeking measure created by Frison and Eggermont (2015) assessed how likely an individual was to turn to their friends for support in times of need. The items from the original simple 2-item measure are, “If I am feeling down or in a difficult situation, I turn to my friends to seek help” and “I turn to my friends to talk about my problems.” This measure was given to participants twice: once in its original form, and once modified in such a way that any instance of “friends” was replaced with “family.” In this way, Similarly to the SSFM, this measure is new and has not yet been used in other studies. As such, there isn’t a great deal of information confirming the validity of this measure. Frison and Eggermont (2015) reported it to be effective in measuring online interactions in adolescents; this study repurposes it for a new, untested population.

**Family Belongingness and Social Support Measure (FBSSM).** The importance of friends and family was measured by the 6-item Family Belongingness and Social Support Measure (Tomaka, Thompson, & Palacios, 2006). More specifically, it measures two variables: how strongly one feels socially connected to their biological family, and one’s level of social participation in their non-familial community. This measure was administered unmodified. It has not been replicated much, but seemed to yield strong results in its original study, judged by the researchers to be an adequate measure of both of its intended variables.

**Additional Quantitative Items.** The rest of the quantitative portion of this survey contained questions that were not part of a previous measure. The topics covered included level of outness, identity strength, and self-reported importance of family and friends in a Likert-scale format. Number of friends and number of confidantes were also asked for in an open-ended
format. Sample questions included “How important is family to you?” and “How strong do you feel in your identity as transgender?” with participants asked to rate their answers on a Likert scale of 1 (not at all) to 5 (extremely). Questions were scored individually and not taken as a single cohesive measure.

**Demographics and Debrief.** At the end of the survey, participants were asked to complete a number of demographic questions. These included questions about: age, race and ethnicity, age, income level, religion, and transition status. All questions could be skipped and (except for age) were multiple-choice. The survey then ended by asking participants whether they had been diagnosed with a mental illness or suspected they may have one.

Once participants were done taking their survey, they were presented with a debriefing form describing the specific purpose of the study. This was presented upon exit even if the participant did not complete all portions of the survey.

**Procedure**

Participation was entirely voluntary and anonymous. The Qualtrics survey link was distributed through various support group webpages, and in some cases via email. Once participants chose to click the link starting the survey, they were presented with a consent form. If they clicked the “I consent” box after reading the form to indicate that they were 18 years of age or older and agreed to participate, they were immediately presented with the survey sections in the following order: qualitative, quantitative, and demographic questions. They could skip any question at any time, but not change the order of presentation. Once they finished or chose to exit the survey, they were presented with a debriefing form. No identifying information was obtained at any point in the survey.

**Results**
Qualitative.

Questions asked in the survey’s qualitative section were: 1) What does it mean to be a member of the transgender community? 2) How would you describe the transgender community? 3) Have you benefitted from membership in the transgender community? If so, how? A thematic analysis of these responses was conducted to evaluate the common themes that emerged from this data. This process entailed reading through the transcripts with a secondary researcher, determining recurring patterns in the experiences and words mentioned by the respondents, and then grouping these commonalities into higher-order meta themes.

**Meaning of Membership.** Participants were first asked “What does it mean to be a member of the transgender community?” In their answers, they quantified their membership in various ways generally falling under four categories: shared experiences, inclusivity and flexibility, dichotomy of positive and negative experiences, and choice.

**Shared Experiences.** Perhaps the most salient theme among the responses was shared experiences. This was presented as the idea that being a member of an understanding community who had experienced similar struggles alleviated feelings of isolation. Representative responses that clearly represent this theme were as follows:

“Realizing the things that you thought were abnormal or wrong… are actually part of an experience shared by many other people.”

“You get to spend time with other people who have a better understanding of you and the things you face in everyday life.”

**Inclusivity and Flexibility.** Inclusivity and flexibility, or an ability to break the societally imposed rules and boundaries of binary gender constructions, was also present, including in the responses indicated below:
“You don’t feel obliged to define your gender and are somewhere in between.”

“To be yourself in the face of a structure that expects you to be someone else.”

**Dichotomy of Positive and Negative Experiences.** Despite a generally positive view of transgender community membership, many participants were also quick to indicate that there were inherent problems that came along with the good, particularly in the vein of grief, trauma, and discrimination. It is worth noting that no participant had solely negative responses about transgender community membership, but several took the time to highlight its sometimes bittersweet nature, as shown here:

“To be erased from a society treated like an other looked at as nasty or confused… but it also means there is no one else like me.”

“Mostly prideful, occasionally full of grief. I am powerful but I am not invulnerable.”

**Choice.** The idea of choice—or lack thereof—permeated many responses. Participants were acutely aware that they had not chosen to be part of the community, but rather were opted in by simply embodying a transgender identity. Responses along this theme almost fell into two subcategories: defining what transgender *is* and defining what it is *not*.

“You are not cisgender.”

“Being trans or otherwise non-cis.”

“Not a choice.”

Within the membership meaning question, there was a fairly consistent choice of using first versus third person—some participants chose to talk about themselves, while others chose to speak of the community more generally, despite all participants self-identifying as members.

**Description of the transgender community.** The second question participants were asked was “How would you describe the transgender community?” Overall, they showed
perspectives generally encompassing the following three themes: diversity, support, and general social pitfalls. As in the membership meaning question, responses indicated mostly positive opinions of the community as a whole.

**Diversity.** Respondents inherently emphasized the fact that to be transgender is not a single definition. As such, passages such as the ones shown below were common, and highlighted the diversity within the community, which is not by nature defined by a single trait.

“A major misconception people have [about the trans community] is they think it’s this dichotomy of trans men and trans women and they all look like traditional men and women… in reality there are just so many wildly differing bodies and gender expressions… and it’s really wonderful.”

**Support.** Along with diversity came the idea of support. Many wrote of their various positive experiences with seeing other transgender people provide emotional, physical, and/or social comfort and support to their fellow community members, including the sharing of resources, stories, or simply a feeling of not being alone.

“Usually very supportive in discovering and unpacking gender identity, helping share resources and experiences.”

“Different, real, full of trauma, full of heartfelt stories and people.”

**General Social Pitfalls.** The negative experiences of members of the transgender community focused on both the internal (i.e., from other members of the community) and the external (i.e., from society as a greater whole). They highlighted a wide variety of these issues, covering everything from the relative smallness of the community to the pressures and standards placed upon their bodies and presentations by mainstream media.

“Disconnected, small, and hard to define.”
“Segregated and misunderstood.”

“The public image of trans people in the media [represents] people like Laverne Cox not only pass for cis, but are attractive and fit society’s ideas of what a man and woman should be.”

A noteworthy feature of the above responses is that unlike in the membership meaning question, some of the responses were completely negative and did not mention positive aspects of the community. This highlights the idea that while membership in the community itself may be an overall positive experience that is better than any alternative for members, there may be a pervasive sense of angst and pain within the community that does not in itself completely alleviate all hurt. Rather, the social pitfalls of being in a marginalized group can be numerous and painful, despite all available protections—this may, in fact, be a defining feature of being marginalized.

**Benefits from Membership.** All responding (n=17) participants, when responding to the question “Have you benefited from transgender community membership? If so, how?” said that they had overall benefited from their community experiences. Their reasoning as to why fell under three thematic categories: validation, support, and intersectionality.

**Validation.** A common feature of being trans seems to be being forced to question whether one’s identity is authentic and valid; the transgender community was identified by many as a way of knowing that how they felt was real, let alone socially acceptable. The social comfort of simply knowing there were similar others was the most commonly cited benefit of membership among respondents, and is shown in the responses below:

“It’s nice to know you’re not alone… that there are people you don’t have to explain yourself to.”
“Just hearing others experience was so good for me, and being in a place where you talk about some issue you’re having and there’s people who will be like, yeah me too!... you can’t really do that with Cis[people] just because they honestly can’t relate or understand.”

Support. Validation was closely linked to a previously identified theme: support. Respondents made apparent the idea that they not only had seen other people experiencing the supportiveness of the transgender community; most of them had experienced it firsthand.

“You can support each other through these decisions and experiences cuz you’re dealing with similar things.”

“I don’t have to worry about getting misgendered. They take me as I am with all my flaws.”

Intersectionality. The topic of personal community membership also brought about the previously unmentioned idea of intersectionality, or how membership in other marginalized social groups (race, class, gender, etc.) affected one’s experiences in the transgender community. Although any intersectional identity would conceivably have an effect, our recruitment pool included several members of the Queer and Black Alliance of the South Sound, a group devoted to issues surrounding the intersectionality of Blackness and queerness, and perhaps as a result, intersectionality discussions within these responses tended to center around race.

“The down side [of community membership] was not connecting to other trans gnc [gender non-conforming] black individuals.”

“Specifically [I have found support in] black Trans and non cis people. Because I have experienced a lot of racism from white and nonblack trans people.”
Participants speaking of intersectionality tended to have a more tempered view of community support, as they were more likely to have experienced the ways in which membership in other marginalized groups highlights the various biases that can take place even within established safe spaces; racism seems to be of particular salience for the respondents above. This is a large part of the reason for the existence of separate QTPOC communities.

Quantitative

While one of the initial goals of this research was to compare the support systems (friends vs. family) of individuals with mental illness diagnoses to those without, the small sample size and overwhelming experience of mental illness (83%, n = 10) made this analysis impossible. As such, data was mostly analyzed using general descriptive statistics and contextualized using the qualitative responses. Where possible, data was also compared to population norms (taken from existing research as opposed to a control group).

On the SSSMM, using a 4 to 20 Likert scale with 4 being most likely to seek help, participants reported moderate help seeking behaviors ($M=12.83$, $SD=3.86$). When broken down into two separate scales (ranging from 2 to 10), participants reported higher levels of help seeking from friends ($M=5.25$, $SD=2.70$) than family ($M=7.58$, $SD=2.43$). While no data was available on help-seeking from family, Frison and Eggermont (2015) found using a representative sample with the same scale that in the general population, the average help seeking from friends was approximately 6.

When asked through one of the relationship importance measures exclusive to this survey, all participants (n=12) reported that family was “moderately to extremely” important, or a 3 to 5 on a 5-point scale ($M=3.91$, $SD=0.9$). Despite this, 41.6% of participants (n=5) reported that they would never seek familial help, and only 16.6% (n=2) named family as a likely
resource for discussing their problems. Furthermore, feelings of family belongingness were moderate (12 point scale; $M=7.27; SD=3.07$).

Friend importance was higher overall than family importance. Participants had moderately high scores ($M=6.36, SD=1.74$) on the 10 point SSFM (Rubens et al., 2014). All participants also reported friendships as “moderately to extremely important,” and 66.67% (n=8) reported daily or near-daily contact with friends or neighbors. Participants had large confidante friend networks that were more than twice the general population average of two ($M=4.9, SD=2.88$; McPherson, Smith, & Brashears, 2016).

All participants reported some level of outness on a 5-point Likert scale ($M=3.25, SD=0.87$), with over 80% of participants reporting being “moderately to extremely” out. Additionally, overall identity strength was high ($M=4.08, SD=1.16$; 5-point scale), with 75% (n=9) participants reporting being “very” to “extremely” strong in transgender identity. Identity strength was significantly different from transition levels; only 50% (n=6) of participants reported having undergone some form of gender transitioning.

**Discussion**

There was a discrepancy in qualitative and quantitative responsiveness. Of the larger body of participants ($N=17$) that began the survey, 100% (n=17) answered most or all of the qualitative questions, while only 70.5% (n=12) went on to answer the quantitative and demographic sections of the survey. Reasons for attrition were not collected.

The data collected for this experiment taken in tandem with previous research appears to confirm that transgender people are repeatedly replacing their primary source of social support, which is traditionally the family, with (assumedly) more understanding and supportive friends, who are often fellow members of the community. This finding carries many implications, not
least of which is the fact that we have a long way to go in normalizing transgender identity within not only the family unit, but society as a whole.

In the qualitative section of the survey, participants generally reported friends to be an overall greater source of social support and validation than their family, despite stating family to be important and feeling like they belonged within said family. The additional trend of reporting significantly more friend confidantes than the general population suggests the additional existence of the “friend-family.” It stands to reason that comparatively lacking familial support, transgender people are forced to go out and find, build, and rely on friendship networks to fulfill that social role in their lives to a greater degree—also, incidentally, a common experience among LGB individuals. Results additionally suggested a separation of the two ideas of family belongingness and family support; there was enough of a discrepancy in reporting to indicate that the two may, despite possible expectations, exist somewhat independently. Taking a broad separation of interpersonal relationships into “family” and “friend” categories, we can infer that the gap between family belonging and support is filled mostly with friendship support, especially when considering that the two gaps\textsuperscript{16} were numerically similar to one another.

The gap between belonging and support could also be explainable by the idea of social safety. A member of a group, particularly one that they may depend upon financially (the population was generally young, lower-earning, and many reported being in or recently having gone to school), may feel an obligation to stay whether or not they feel comfortable. Family, being elevated in most societies to the most primary of social units in a world where disowning is seen as near to the ultimate affront, often comes with an imperative, whether biological or social, to stay loyal. Barring that, people might feel a need for the love of their family who raised

\textsuperscript{16} That is to say, that between friend and family support, and that between friend support and family belonging.
them that makes them feel closer than would match the lack of support. A third possibility is that the support is there and enough to make the person feel like they belong, but it’s not of the type that would make them feel adequately supported. The issue is complicated and indiscernible given the current research, but it is likely to be some combination of all three.

The qualitative results provided further insight about the issue of support versus belonging by suggesting a general feeling among respondents of separation from the cisgender population. Though most qualitative responses did not cover the topic of cisgender friendships overtly, there was a common theme of finding the highest levels of support, strength, and validation in relationships with other members of the queer community, most specifically transgender members. The prevalent intersectionality theme suggests that people feel even more comfortable and supported when able to create communities with those who share multiple similar identities (e.g., gender and race), which is supported by Social Identity Theory (Hogg, 2006). This theory states that individuals develop their sense of identity strength through developing a network of in-groups (people similar to them with whom they feel they socially belong) and outgroups (people different from them whom they see as an “other”). Belonging to multiple shared ingroups/intersectional groups can further strengthen interpersonal ties.

This is not to say that the qualitative results necessarily devalued cisgender friendships. Though there was some implied distrust of outgroups present in qualitative responses, the data did not suggest a lack of cisgender friendship. In fact, reported friend networks were so wide that it proved statistically unlikely that cisgender-transgender friendships were low in number. Despite this, it seemed that trans/queer friendships still showed the most potential to incite positive growth, identity strength, and overall mental health in trans people.
Reports of mental health issues were even higher than anticipated; with over 80% of participants reporting suspected or diagnosed mental health disorders. When compared with the current estimate of between 12% and 47.4% lifetime prevalence for the general population (Kessler et al., 2007), this statistic overwhelmingly suggests a transgender mental health epidemic. All else held constant, the pattern can be largely attributable to social stigma. However, it is possible that other factors also influenced this high statistic.

One major possible factor is outness. The population survey was all recruited from transgender support and/or activism groups and therefore reported, partly by necessity of their activities, high levels of “outness” perhaps not representative of the overall population. Outness, while positively correlated with good identity strength, could arguably improve mental health through building positive self-image and allowing for community building. It is also possible that outness and openness go hand in hand, and participants in this study, due to being so “out,” were more open about revealing psychological conditions. On the other hand, outness at various levels exposes one’s identities to a not always accepting society, which can include higher levels of exposure to harm-inducing anti-transgender stigma. If the latter possibility is the case, then the participants’ high levels of outness could easily have negatively influenced mental health, increasing the spike in symptomology.

It is possible that support group membership\textsuperscript{17} could itself be correlated with higher levels of mental health symptomology. Transgender support groups tend to be designed for people who are in need; those who are suffering from stigma and/or a lack of social support due to their identity may be more likely to seek them out. If this was the case, it would stand to reason that our participants, mostly comprised of members of these groups, would naturally also

\textsuperscript{17} Both anonymous and more public
be most likely to experience mental health issues related to negative social treatment. Though it is not possible to parse this apart with the data obtained from this study, this being true would mean that the overall trans population might not have such high levels of symptomology as this group. That said, since non-outness and isolation also have been shown to lead to mental health issues in transgender people (McPherson, Smith-Lovin, & Brashears, 2016), the mental illness trend is still likely to hold in a study with a non-support-group population.

Support groups, and indeed transgender communities as a whole, had their own problems, as captured in the qualitative responses. Although reported feelings about the community were overall positive, and none were exclusively negative, participants did not shy away from reporting issues with their communities. The existence of problems indicates a deeper level of thinking of one’s place within the transgender community than simply a happy, fully validated member. This not only indicates that there is more work to do on a societal level, but suggests, unsurprisingly, that these communities are an incomplete solution to perhaps a more pervasive problem. The issues spoken of were also varied enough that it was impossible to highlight just one singular problem even within the relatively small number of responses. Rather, the several overarching themes, including outside pressure and standards, intersectionality problems, feelings of disconnectedness and isolation, and conflicts between members, appeared to interlock to create an overall sense of sometimes bittersweet belonging. Coupling this with a lack of choice in being transgender and the existence of large-scale societal problems related to gender identity leads suggests that even the problematic aspects of trans groups become the current next best alternative to a society where such groups are not needed at all.
Along with support groups, a commonly touted solution to some of the inherent mental discomfort with being transgender is transition. While transition in its various forms\(^\text{18}\) has proven time and again to be a helpful and sometimes life-saving resource for transgender people the world over, it is not a solution in itself, and didn’t end up being very strongly connected to identity strength or mental health among these respondents. Transitioning does not erase trans-ness, and although “passing”\(^\text{19}\) can shield people from some overt social stigma, living openly as a transgender person can and does invite stigma regardless of transition state, especially if the person is also gender nonconforming. In other words, even fully transitioned, “passing” transgender people can and do experience social stigma on a level sufficient to invite harm to their mental health. Some mental discomfort associated with being transgender can be solved by transitioning\(^\text{20}\) for some people, although it is generally more relatable to dysphoria, a variable completely separate from social stigma. And as not all transgender people even experience dysphoria, transitioning, as important as it is to have available for all who need it, is not enough on its own to mitigate the mental health needs of the community as a whole.

With diversity being such a theme in the qualitative responses, it is increasingly clear that in some ways, the only thing that binds the transgender community together is that shared identity. This is not an insignificant quality—quite the opposite, as gender is a deeply pervasive part of life—but this insight serves well to highlight the need for change in other parts of the community. Although transgender communities are important places of safety, their diverse nature, coupled with the fact that participants in both this and other studies reported feelings of

\(^{18}\) That is to say, not just medical transition, but also social transition/name changes/dressing, etc. in any combination. Transitioning is also not for everyone; some transgender people choose not to transition for a variety of personal reasons.

\(^{19}\) The idea of visually “passing” as one’s gender is relative, means different things to different people, and is not a goal or even desire of some transgender people.

\(^{20}\) “Transition” in the transgender community is chiefly used to refer to medical transitioning such as surgery or hormones, but can also refer to other forms of changing one’s outward/social gender presentation.
isolation as notable detriments to their well-being, shows that not even these communities as a whole are enough to meet all transgender needs. This makes even more sense with a consideration of the holistic person: cisgender people are more than just their gender and have needs unrelated to them; as such, simply relegating transgender people to gendered communities would not be responsible.

**Limitations**

This study’s consideration of gender-related communities was not without its own limitations, not least of which was the short timeframe and recruitment difficulties experienced throughout this process. These led to a relatively small sample size, which rendered some previously desired statistical analyses impossible. With more time and participants, it is possible that themes and patterns would have emerged that were not possible to discern with only 12 to 17 responses.

Lack of a cisgender comparison group also proved somewhat restrictive in data analysis. Although it was possible to consult other studies for various populations’ responses to certain quantitative questions, there was no available frame of reference for other questions, particularly those measures created or modified specifically for the survey. While it was still possible to identify trends based on the transgender data alone, an added control group of cisgender-identified people who just took the quantitative portion\(^21\) would have provided additional specific insight into the exact nature of the differences between the two populations. It would also have allowed us to control more carefully for any confounding variables, such as age, race, and socioeconomic background. However, it would have required some slight modifications of the test (including explicitly having to ask participants if they are transgender or else risk ethical

\(^{21}\) The qualitative questions would not have applied well to a control group, and do not require a point of comparison to analyze.
problems in making that decision ourselves). This change would also necessitate a widening of the recruiting pool, and might have led to a far greater availability of cisgender participants due to their relatively large societal majority, potentially diluting the transgender responses due to outnumbering. While these were the major reasons for the initial decision not to include a cisgender control group, in retrospect these drawbacks could arguably be outweighed by the benefits of closer points of comparison.

**Future Directions**

The data collected in this study inspire questions that would be prudent to explore in future research, but which were unanswerable by that which was collected. Future research should consider a variety of topics not yet adequately covered by the relatively new body of psychological research on transgender people. These include romantic relationships, the role of the law, and the influence of various demographics.

Although romantic relationships were not specifically covered in this study, and indeed the body of psychological literature on transgender romantic relationships is scarce, they serve as invaluable social support for people of all genders. A relevant consideration, then, would be to design future studies with the intent of discerning if and how romantic connections differ from the role of the friend and family in the transgender life. Additional distinctions could be drawn between relationships with and without the involvement of a cisgender partner. This idea could easily be taken beyond romance; although our study did address cisgender friendships on a surface level, we did not dive too deeply into the exact nature of the differences between transgender people’s friendships with one another and with cisgender people. A study designed to examine the differences in those relationships could answer salient questions regarding these inter-group relations and potentially unlock strategies for community building.
Transgender rights are continually legislated in the United States and other countries, and may also have a role on mental health. Researching detailed questions about the effect of the law, particularly examining whether it’s possible to separate this from social stigma, could provide key insight into the impact of gendered legislation. Presenting scientific evidence that legislation is a direct (or even an indirect) influence could also provide further imperative for lawmakers to act, particularly in the potential elimination of anti-trans laws.

Demographics are also not to be forgotten. One particularly relevant question was how much age had an impact on various other variables, such as income level, level of family connectedness and belonging, and salience of friendships in life. Age changes relationships in many ways; it stands to reason this would hold true for transgender friendships. Breaking down a larger pool of age-variant transgender participants in a similar study would be one way to address these questions. Another approach would be a longitudinal study. Ultimately, though, however it was done, an exploration of age would at the very least eliminate a huge potential confounding variable in solidifying community-related findings related to mental health.

Culture, though complex, is a hugely relevant demographic question worthy of exploration. Not all cultures throughout the world consider gender in the same way. An examination of social stigmas and their impact on transgender people in relation to their home culture’s views of gender could prove crucial in the implementation of local community resources. There is also the potential of answering questions regarding the development of a cultural gendered language and what leads a culture towards the development of anti-trans stigmas. Understanding this could help to dismantle said stigma, particularly within the examined societies as their specific social networks are unpacked.

Conclusion
An anonymous survey given to transgender people revealed that although they felt family to have an important role in their lives, friends were overall a greater source of social support. It additionally confirmed the hypothesis of a high rate of mental health issues. Qualitative results also revealed a population that had mixed, but overall positive feelings about the complex, diverse, and supportive group that is the transgender community.

Regardless of the impact of any of the studied variables and questions, and where future research and queries may take us, we as citizens of the world inhabit a “now” where anti-trans stigma is real and pervasive in cultures worldwide, to the point where it’s still a fairly new (only a decade or so old in many cases) topic of research. Despite the relative paucity of available studies, the current intersectional body of research on gender and mental health issues overwhelmingly agrees that the mental health crisis applies to all transgender people as a unified population, and that it is strongly related to stigma. As previously discussed, Tompkins, et al. (2015) showed that stigma can be combated through education involving perspective taking and social contact. The findings of Rostosky et al. (2015) further reiterate that everyone can benefit both socially and psychologically from forging new relationships and taking part in dismantling stigma around marginalized groups such as gender minorities. As such, taking part in this process stands to improve not just individual lives, but the status and functioning of society as a whole. Understanding how gendered communities work, then, is only a part of the solution, but one that is imperative for all if we are to continue to move forward.
References


