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Religiousness, Education and Attitudes Towards Providing Mental Health Services to Transsexual and Transgender Patients

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Resumen

Los esfuerzos para promover una atención de salud mental transgénero y transexual adecuada han encontrado resistencia en parte debido a las discrepancias entre la terapia de afirmación y las creencias religiosas de los psicoterapeutas. Este estudio examina la relación entre la religiosidad y las actitudes hacia la prestación de servicios de salud mental a la población transgénero y transexual entre estudiantes de psicología de posgrado, además de validar el Índice de Religión de la Universidad Duke (DUREL) para uso en Puerto Rico. En este estudio, 110 estudiantes de psicología completaron medidas que incluyen la Escala de Actitudes hacia la Transexual y Transgénero (AC-TT) y una versión en español del DUREL. Encontramos que la religiosidad se asocia con actitudes negativas hacia los pacientes transgénero y transexuales. También encontramos que la exposición a cursos que tratan temas relacionados con personas transgénero y transexuales resultó en actitudes positivas hacia estos pacientes.

Palabras clave: *sexualidad, transgénero, transexual, religión*

Abstract

Efforts to promote adequate transgender and transsexual mental health care have been met with resistance in part due to the discrepancies between gender-affirming therapy and psychotherapists' religious beliefs. This study aims to examine the relationship between religiousness and attitudes towards providing mental health care services to transgender population among graduate level psychology students and validate the Duke University Religion Index (DUREL) for use in Puerto Rico. In this correlational study 110 psychology students enrolled in graduate programs in Puerto Rico completed measures including the Attitudes Towards Transsexual and Transgender Scale (AC-TT), a Spanish version of the Duke University Religion Index (DUREL) and socio demographic questions. We found that self-reported religiousness is associated to negative attitudes towards transgender and transsexual patients. We also found that exposure to courses that discuss transgender and transsexual related topics resulted in positive attitudes towards these patients.

Keywords: *sexuality, transsexual, transgender, religion*

There is no major consensus on the number of transgender people in the United States or the world today (Teich, 2012). Estimates of the transsexual population are somewhere between 0.25 percent and 1 percent of the U.S. population, and numbers for the transgender population are thought to be greater than that. It is difficult to accurately estimate the number of transgender people, mostly because there are no population studies that accurately and completely account for the range of gender identity and gender expression (American Psychological Association, 2011).

Three out of five transgender and transsexual patients will face discrimination when seeking health and mental health care services (McNeil, Bailey, Ellis, Morton & Regan, 2012). Experiencing discrimination may cause significant psychological stress, often leaving transgender and transsexual patients to wonder whether they

were discriminated against because of their gender identity, gender expression, another sociocultural identity, or some combination of all of these (American Psychological Association, 2011). When mental health care providers are the ones discriminating against transgender and transsexual patients, the results may include inadequate mental health services, denied medical care, and threats to their physical safety and well-being (Shires & Jaffee, 2015). Therefore, understanding and reducing anti-transgender prejudice has important public health and social justice implications (Tebbe & Moradi, 2011).

Anti-discrimination laws in most U.S. cities and states do not protect transgender and transsexual patients from discrimination based on gender identity or gender expression (Teich, 2012). Consequently, transgender patients in most cities and states face discrimination in nearly every aspect of their lives, especially when seeking medical and mental health care services. Although the Affordable Care Act holds promise for increasing access to health care for many U.S. citizens, transgender, transsexual and gender-nonconforming individuals continue to face barriers to accessing health care (Dickey, Budge, Katz-Wise, & Garza, 2016). Inadequate access to care is further complicated by insurance issues. Many insurance companies have clauses that do not cover transgender-related services (Torres et al., 2015).

Transgender and transsexual patients identify a variety of health issues such as a need for medical and psychological services common to the general population, hormone treatments, sex reassignment surgery (SRS); and mental health and substance abuse treatment tailored to trans clients (JSI Research & Training Institute, Inc. & GLBT Health Access Project, 2000). Not only are transgender individuals often denied medical care, but their safety may be threatened in health care institutions. Female to male participants experience health care discrimination at a high rate; reporting experiences of verbal harassment, denial of equal treatment, or physical assault in a doctor's office or hospital (Shires and Jaffee, 2015).

Education about differences in sexual orientation and gender identity has generally been missing in medical and related training (Callahan, 2015). The clinical management of transgender and transsexual patients is complicated by a lack of knowledge and experience, and by ethical considerations regarding medical transitioning treatments, which may be unfamiliar or challenging to physicians (Snelgrove, Jasudavisius, Rowe, Head, & Bauer, 2012). Transgender and transsexual patients are often told by their health care professionals that they do not know enough about transgender and transsexual related care to provide it (McNeil, Bailey, Ellis, Morton, & Regan, 2012).

Establishing psychologists' competencies involves an appropriate formal education, supervised experience, and consultation under the guidance of established (e.g., licensed, certified, expert) professionals. Advances in one's educational level and training (e.g., master's level vs. doctoral level) could contribute to counseling competencies with transgender and transsexual patients, especially because doctoral studies often require more time to complete. We still require appropriate formal education and supervised experience if we want to train students in accordance with the needs reflected in the various studies available such as hormone therapy, sexual reassignment surgery and psychotherapy (Dispenza & O'Hara, 2016).

Practitioners' lack of education is a barrier to effective care (Mizock and Lundquist, 2016). Up until very recently, gender identity was a subject not taught in schools of psychology, social work, counseling, or medicine (Bidell, 2016; Faught, 2016; Mizock & Lundquist, 2016; Teich, 2012). Therefore, it is largely up to each individual clinician to decide what to think about transgenderism. If clinicians have not been taught exactly what to do in a certain situation, then it is common to turn to their own values and morals (Teich, 2012). Practicing providers have had little or no training on provision of services to transgender and transsexual patients (Snelgrove, Jasudavisius, Rowe, Head, & Bauer, 2012). Even if trans topics are

included in current training programs in North America, they are likely to be folded into a general discussion of lesbian, gay, bisexual, trans (LGBT) issues (Hope, Mocarski, Bautista, & Holt, 2016).

Religiousness

When working with transgender and transsexual patients, special attention should be payed to client and clinician spiritual and religious values, as there are indications that these are influential on willingness to provide treatment and treatment outcome (Farnsworth & Callahan, 2013). Horn (2013) found that attendance at (to?) religious service is associated with negative attitudes towards members of the LGBT community and that religious fundamentalism was found to be a salient factor in prejudice.

The majority of clinicians and trainees report that their professional training has not prepared them to work competently and ethically with LGBT issues. According to Bidell, whilst we are now crossing a major societal and professional threshold in the advancement of LGBT equality, LGBT biases and prejudices are still reaching into today's counselling sessions and psychological consultation rooms. Psychologists are not exempt from exhibiting stigmatizing behaviors towards transgender and transsexual patients given the impact of the hegemonic stance that pathologizes everything that leaves the normative gender limits that prevail in society (Francia-Martinez, Esteban, and Lespier, 2017).

This study aims to examine the relationship between religiousness and attitudes towards providing mental health care services to transgender population among graduate level psychology students and validate the Duke University Religion Index (DUREL) for use in Puerto Rico.

Method

Participants

This research was an exploratory type, with a non-experimental transverse design, and a quantitative approach. The sample consisted of 110 participants (graduate level psychology students) that were selected by availability. The majority of the sample consisted of Puerto Rican students (94.5%, n = 104). The age groups began at age 21 and culminated at age 30 or older; with 54.1% (n = 60) of the sample reporting having between 21 and 25 years. Women obtained a greater participation, being 77.3% (n = 85) of the sample. Regarding sexual orientation, 71.8% (n = 79) expressed being heterosexual. In terms of religion, 35.5% (n = 39) of the simple considered themselves spiritual but not religious. Most of the participants reported being in a clinical psychology program (59.1%, n = 65). Regarding years of practice, 42.7% (n = 47) of the sample reported having spent between two- and three-years practicing. Only 20% reported having attended a graduate-level class that talked about transgender related topics (see Table 1 for participant data).

Table 1.
Participant's Descriptive Statistics

Variables	*f*	%
Race/Ethnicity		
Puerto Rican	104	94.5
Dominican	6	5.5
Gender		
Women	85	77.3
Men	22	20.0
Gender-queer	3	2.7

Age Groups		
21-25	60	54.1
26-30	30	27.3
31 or older	20	18.6
Sexual Orientation		
Heterosexual	79	71.8
Homosexual	16	14.5
Bisexual	13	11.8
Asexual	2	1.9
Religion		
Catholic	26	23.6
Protestant	19	17.3
Spiritual	39	35.5
Atheist	26	23.6
Academic Program		
Clinical Psychology	65	59.1
Industrial Psychology	19	17.3
School Psychology	5	4.5
Counseling	21	19.1
Years of Practice		
1 year or less	34	30.9
2 to 3 years	47	42.7
4 to 5 years	15	13.6
6 or more	14	12.8
Attendance to Transgender Related Class	22	20
Yes	88	80
No		

Measures

Attitudes Towards Transexual and Transegender Scale (AC-TT). The AC-TT scale consists of 2 subscales: "Attitude and Knowledge towards Transgender People Subscale" and the "Attitudes and Knowledge towards Transsexual People Subscale". The first part contains 25 assertions about the transgender community, and the second part consists of 30 assertions about the transsexual community. The scale obtained a Cronbach's alpha of .72 (Francia-Martínez, Esteban & Lespiera, 2017). The "Transgender Knowledge and Attitude Subscale" consists of 25 replies (16 of them inverted), which are answered on a 4-point scale that ranges from 1 "totally in agreement" to 4 "totally disagreeing". Total raw scores are classified according to quartiles: Low Prejudice (25-50), Moderate Prejudice (51-75), and High Prejudice (76-100). The "Subscale of Attitudes and Knowledge to Transsexual People" consists of 30 replies (15 of them inverted), which are answered from 1 to 4, with 1 being "totally in agreement" and 4 "totally disagreeing". To obtain the total scores, the inverse items must be revalued, and then the scores added. At the end of the summation the scores are classified according to quartiles: Low Prejudice (30-60), Moderate Prejudice (61-90), and High Prejudice (91-120) (Francia-Martínez, Esteban & Lespiera, 2017). The internal consistency with the current study's sample was .97.

Duke University Religion Index (DUREL). The DUREL scale measures levels of religiousness based on five items. The first item "organizational religiosity" (OR) refers to a person's involvement with a formal religious organization, such as a church, synagogue, or mosque. The second item measures "non-organizational religiosity" (NOR) which examines private religious and spiritual practices. Items three through five measure "intrinsic religiosity" (IR) which refers to the pervasiveness of spiritual/religious influence in daily life and decisions. The creators of the DUREL advise examination of each subscale (OR, NOR and IR) score independently. Cronbach's alphas for the three subscales range from .78 and .92, indicating high internal

consistency. The Spanish version was translated by Marcelo Calero, a research assistant under the supervision of Dr. Koeing, creator of the scale. The Spanish version of the scale reported an Alpha of .77 (Taylor, 2013). The internal consistency with this sample was .94.

Demographic and professional experiences questionnaire. Information regarding age, identified gender, ethnicity, sexual orientation, and religion was collected. Participants were also asked to report their educational training level (i.e., doctorate or master's), and graduate program (i.e., clinical, industrial, social).

Procedure

Participants were recruited between the months of March and June 2018. The researcher used a flyer posted on the social media platform Facebook to ask for volunteers to participate in a brief questionnaire study about their own perceived attitudes and knowledge about transgender and transsexual clients as well as their level of religiousness. Those who were interested in volunteering to participate completed the questionnaire study privately and anonymously online via SurveyMonkey and inputted into SPSS 22.0 by the researcher. The institutional review board from Carlos Albizu University in Puerto Rico approved the study.

Analysis

Data were first screened for missing value, none were found, and therefore no cases were dropped. This resulted in a total of 110 participants that were used in the final analyses. Data was analyzed using SPSS 22.0. Descriptive statistics were measured for all the demographic variables. Reliability and normal distribution testing found that assumption for normality was not met. Therefore, Spearman's rho correlation was used to measure associations among variables. Correlations were used to examine the relationship between Religiousness and Attitudes towards Transgender and Transsexual patients. As the sample was large (n=110), t-tests were conducted to assess differences in levels of prejudice and religiousness by graduate level psychology students who took a graduate level class that discussed transgender or transsexual related topics and those who did not.

Results

Transgender Related Results

Religiousness correlated highly with levels of prejudice towards transgender patients ($r = 0.65$; $p < 0.01$, see Table 2). A low negative relationship was found between years of study and levels of prejudice towards transgender patients ($r = -0.28$; $p < 0.05$) with students who had spent less time in a graduate level psychology program showing fewer levels of prejudice. T-tests indicated that students who took a graduate level class that discussed transgender related topics reported significantly lower levels of prejudice (M=42) than those who did not (M=97, t(109)=33.83, p<.01.). There was also a statistically significant difference in levels of religiousness between students who took a graduate level class that discussed transgender related topics (M=2) and those who did not (M=4, t(109)=24.21, p<.01).

Table 2
Religiousness and Attitudes Towards Transgender Patient's

Religiousness	Levels of Prejudice
Religiousness	.65**
Assistance to religious service	.67**
Time dedicated towards religious activities	.58**
Feeling the presence of the divine	.49**
Religious beliefs give focus to life	.58**
Taking religious fundaments to every aspect of life	.65**

Note * indicates $p < .05$. ** indicates $p < .01$.

Transsexual Related Results

We performed a Spearman correlation to examine the relationship between Religiosity, Attitudes toward Transsexual patients and Education. Religiousness and levels of prejudice towards transsexual patients resulted in a positive moderate correlation ($r = 0.68$; $p < 0.01$, see Table 3). Time spent in a graduate level psychology program was associated to levels of prejudice towards transsexual patients ($r = -0.53$; $p < 0.05$) with students who had spent less time in a graduate level psychology program showing fewer levels of prejudice. T-tests indicated that students who took a graduate level class that discussed transsexual related topics reported significantly lower levels of prejudice (M=48) than those who did not (M=97, $t(109)=37.98$, $p<.01$.).There was also a statistically significant difference in levels of religiousness between students who took a graduate level class that discussed transsexual related topics (M=1) and those who did not (M=4, $t(109)=40.83$, $p<.01$).

Table 2.
Religiousness and Attitudes Towards Transsexual Patient's

Religiousness	Levels of Prejudice
Religiousness	.68**
Assistance to religious service	.69**
Time dedicated towards religious activities	.64**
Feeling the presence of the divine	.47**
Religious beliefs give focus to life	.63**
Taking religious fundaments to every aspect of life	.61**

Note * indicates $p < .05$. ** indicates $p < .01$.

Discussion

The results from this study highlight the need for a meaningful discussion on transsexualism, transgenderism, religion, education and clinical practice in Puerto Rico. Transgender and transsexual patients face many obstacles when searching for a mental health professional to provide adequate care. High cost, a lack of insurance and a lack of mental health professionals all pose obstacles to proper mental healthcare (McNeil, Bailey, Ellis, Morton & Regan, 2012; Shires & Jaffee, 2015; Teich 2012). It is infeasible then to think that when they do confront and overcome these barriers and gain access to a healthcare professional, they would be met with yet face another obstacle. Working with a therapist who has negative attitudes or is misinformed may lead to harmful consequences both physically and mentally (American Psychological Association, 2011; Grant et al., 2011).

In Puerto Rico, another factor may make access to mental healthcare difficult, the therapists' level of religiousness. As hypothesized, we found that high levels of religiousness hold a stronger relationship with attitudes towards transgender and transsexual patients than academic level does and may be a factor in psychology students feeling uncomfortable with providing mental health care services. Despite Christian teachings advocating universal brotherhood and acceptance, persons who are more religious are also generally likely to be more prejudiced (Fisher, Derison, Polley, Cadman, & Johnston, 1994). Religion is often the place a lesbian, gay, bisexual, or transgender (LGBT) individual may turn to understand and navigate their sexual orientation and gender identity development. Facing rejection, condemnation or even abuse within a clinical setting based on religion or religious beliefs may result in great harm such as low self-esteem, guilt, shame, spirituality loss, substance abuse, or thoughts of suicide (Super & Jaconson, 2011).

Efforts should be made to help students detect, understand and work to consolidate their faith and competences as a mental health professional (Mcgeorge, Carlson, & Toomey, 2014). Therapists attitude towards spirituality and religion in clinical practice may hold significant implications for treatment. Psychotherapy is a value-laden undertaking, therapists' values may affect their work. Religiousness

and spirituality are potentially powerful influences on therapy (Cummings, Ivan, Carson, Stanley, & Kenneth I. Pargament, 2014). Although the need for proper training and guidelines on how to include and consolidate religion within coupling and therapy contexts has been recognized, many programs still lack proper training opportunity (Lee, 2016).

Level of education was found to impact attitudes in a peculiar way. We found that lower level graduate students showed more positive attitudes. It may be that the slow inclusion of transgender related topics into graduate level psychology classes is turning the tides (Bidell, 2016; Faught, 2016; Mizock & Lundquist, 2016). Factual information may partially lead to a reduction in negative attitudes and beliefs in myths related to the transgender and transsexual community (Case & Stewart, 2013). Having a better understanding of transgenderism, patients' needs and our role as therapists and mental health service providers may lead to more understanding, better attitudes and openness to provide mental health care services to this population.

Health providers' personal and professional experiences may predict attitudes toward lesbian, gay, bisexual, and transgender (LGBT) individuals and can therefore serve as key targets for health professions training aimed at decreasing barriers to high-quality patient care (Wilson, et al., 2014). Treatment issues are no longer exclusively centered on aiding "gender dysphoric" individuals to assume either a "male" or "female" gender but rather on exploring alternative gender identifications and options. Educators and supervisors need to model for their students a "trans-positive" approach to counseling that affirms and celebrates individuals with nontraditional gender identities (Carroll and Gilroy, 2002). The adoption of this model must be incorporated into graduate school who prepare future psychologists to provide mental health care to transgender and transsexual patients to achieve not only better attitudes, but also a better quality of care.

Lower level graduate students having more positive attitudes raises a red flag about students who are more advanced in their

academic carriers. Changes should be made with the intentions of helping graduate level psychology students develop positive attitudes towards providing services to this population as this study found that students who were at a lower level and had access to transgender topics showed more positive attitudes. Transgender and transsexual issues should also be addressed in clinical practice to guarantee that even if studies aren't currently enrolled in classes, they still have access to up to date information and guidelines on how to work with patients. This holds true not only for transgender and transsexual thematic, but for a diversity of other groups who are recognized as potentially vulnerable and marginalized patients who aren't discussed as they should be in the classroom (Wilson, et al., 2014). Religion, spirituality and gender are all part of the multiculturalist training that is expected not only of graduate students, but professionals continuing education as well (American Psychological Association, 2002). These results suggest that we are currently falling short of recognized standards our profession hold us to.

When taken individually psychology graduate students' responses reflect discomfort when faced with the idea of providing mental health care for transgender patients. Misinformation about transgender related topics were also present. That being said, negative attitudes towards providing mental health care in graduate psychology students can't be attributed to a single factor such as religiousness or lack of knowledge. These are contributing factors that can and should be addressed while training future providers. It is also possible that those who are prejudiced toward the LGBT community, or generally socially conservative, may be attracted to religions that reflect their conservative values and may be inclined to become more involved in such religions (Fisher, Derison, Polley, Cadman, & Johnston, 1994). These students may also prefer to steer clear of courses that would include LGBT issues in their syllabus. It is important to explore and address other personal factors in interprofessional curriculum related to LGBT patient care in general, not only transgender and transsexual patients (Wilson, et al., 2014).

Finally, these results highlight that we are in need of more studies focused on the transgender and transsexual community as a separate subgroup of the larger LGBT community. They are too often encompassed within this larger group and their specific needs and experiences go overlooked or underrepresented. Published studies on health-care provider attitudes toward transgender people are limited, and most studies report attitudes toward lesbian, gay, bisexual, and transgender (LGBT) populations, in general, rather than transgender people in particular (Ali, Fleisher, & Erickson, 2015). Efforts to combat prejudices are likely to be most successful if they are based in research that explores how attitudes are both similar and different across specified targets of prejudice (Worthen, 2012). A greater understanding of this community could lead to improved attitudes, myth reduction and better mental health care services (Bidell, 2016; Carroll and Gilroy, 2002; Wilson, et al., 2014).

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