

Research Paper

## Exploring Interrelationships between Gender Dysphoria, Psychological Morbidity, Social Functioning, and Fear of Happiness in Non-Binary Individuals

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### ABSTRACT

This study explores the relationships between gender dysphoria, psychological morbidity, social functioning, and fear of happiness, in both non-binary and cisgender individuals. With Pearson correlation analysis, significant correlations were observed between the variables in the both groups. In non-binary individuals, gender dysphoria was strongly correlated with psychological morbidity, fear of happiness, and GHQ scores, indicating a profound impact on mental health. Social functioning was negatively correlated with these variables, highlighting the role of social support in mitigating distress. In contrast, cisgender individuals exhibited weaker correlations between gender dysphoria and psychological distress, suggesting that gender-related dissatisfaction in this group may be less impactful. These findings underscore the psychological challenges faced by non-binary individuals and point to the importance of inclusive support systems and healthcare access.

**Keywords:** *Gender-Dysphoria, Psychological Well-Being, Social Functioning, Subjective Happiness, Chero-Phobia, Lgbtq+ Community*

Gender dysphoria, characterized by a disconnect between one's gender identity and biological sex, has long been associated with significant psychological distress. Research has demonstrated that individuals experiencing gender dysphoria or gender incongruence often face heightened risks of psychological morbidity, including depression, anxiety, and social isolation (Budge et al., 2013). There has been a complicated history on the study of mental health of lesbians, gays, and bisexuals or primarily the LGBTQ+ community, which has been ongoing since the 1960s, this complicated history posited a gender-affirmative perspective, to declassify homosexuality, a demarcation from the conservative look that tends to retain the look at homosexuality as a disorder (Bayer, 1981), despite the controversy ending in 1973, with the removal of homosexuality from the 2<sup>nd</sup> edition of the Diagnostic and Statistical Manual of Mental disorders (*DSM*; American Psychiatric Association, 1973), its influence can still be felt by looking at the numerous nuanced difficulties felt and lived by the individuals coming under the community (Bailey, 1999).

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The empirical studies also show that the individuals identifying themselves as gays, lesbians, non-binary, or any other from the LGBTQ+ community, are faced with significantly increased challenges when compared with their heterosexual peers (Almeida et al., 2009; Fergusson et al., 1999; Hafeez et al., 2017; Russell & Fish, 2016). While much of the existing literature has focused on transgender individuals, there is growing recognition of the psychological challenges faced by non-binary individuals, who do not exclusively identify as male or female. This study aims to investigate the interplay between gender dysphoria, psychological morbidity, social functioning, fear of happiness among both non-binary and cisgender individuals.

In cisgender populations, gender dysphoria is less commonly studied, though mild forms of dissatisfaction with gender expression or body image may still contribute to psychological distress (Pleck, 1995). Understanding these dynamics is essential for developing effective interventions aimed at promoting psychological well-being in both non-binary and cisgender individuals, particularly as societal expectations around gender continue to evolve.

### **REVIEW OF LITERATURE**

Gender dysphoria and its associated psychological challenges have been well-documented in the literature. Budge et al., (2013) noted that individuals with gender dysphoria often experience significant emotional distress, largely due to societal stigma and the lack of gender-affirming support. This distress can manifest as psychological morbidity, including symptoms of depression, anxiety, and identity confusion. Fear of happiness, or the avoidance of positive emotions due to anticipation of disappointment, has also been linked to gender-related distress, with individuals fearing emotional vulnerability (Joshi, 2013). The minority stress theory (Meyer 2003) stresses on the high presence of stress, which comes under different forms such as stigma, discrimination and victimization felt and experienced by the LGBTQ+ community members, this increased stress might further contribute to the presence of drug abuse (Fuhrmann et al., 2015). Along with added stress the absence of a holding space which includes a caring adult, further enunciates the presence of psychological morbidity in the minority members belonging to the community (Grossman et al., 2009; Hafeez et al., 2017).

Sympathetic social relationships are vital for mental health, especially for non-binary and transgender individuals, as they can ease psychological distress and help steer the challenges of identity, discrimination, and societal exclusion (Lefevor et al., 2019; Trujillo et al., 2017; Budge et al., 2014). In cisgender individuals, while gender dysphoria is typically less pronounced, issues such as body dissatisfaction and pressure to conform to gender norms can still contribute to psychological morbidity. Pleck (1995) suggested that societal expectations around masculinity and femininity can lead to mental health challenges even among cisgender individuals. This highlights the broader impact of gender-related stressors beyond the non-binary population.

There are a few quantitative studies which are aimed at identifying the risks and protective factors that might affect the mental health of the LGBTQ+ community especially the youth. One of the most important protective factors identified was family acceptance (Russell & Fish, 2016), which says that family acceptance is directly linked to positive psychological-wellbeing in the LGBTQ+ community, this support also leads to enhanced self-esteem, stronger social support, and better health, with reduced risks of depression, substance abuse, and suicidal ideation and thoughts (Bouris et al., 2010; Ryan et al., 2010). It was also cited

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that the concept of happiness for the gay community tends to get fragmented because they are a part of the minority community (Pachankis & Branstrom, 2018), as a matter of fact this study also highlights the significance of focusing on happiness as a key predictor for overall wellbeing, as the continuous suppression of emotions might lead to increased psychological distress which could directly contribute to suicidal ideation or attempts (Turban et al., 2020).

### METHODOLOGY

This study employed a correlation research design to examine the relationships between gender dysphoria, psychological morbidity, social functioning, and fear of happiness in non-binary and cisgender individuals. A total of 200 participants were recruited, with 100 non-binary individuals and 100 cisgender individuals. Participants completed self-report questionnaires assessing the five variables of interest.

Pearson correlation analysis was conducted to assess the strength and direction of the relationships among the variables. Gender dysphoria and psychological morbidity scores were assessed for their association with social functioning and fear of happiness in both non-binary and cisgender groups. The study aimed to provide insights into how gender-related distress impacts psychological well-being across different gender identities, with implications for mental health interventions and policy development.

### RESULTS

*Table 01 Correlations among Gender dysphoria, Psychological Morbidity, Social Functioning, and Fear of Happiness in Non-Binary Individuals.*

Variables	1	2	3	4
1. Gender Dysphoria	—	.85**	-.72**	-.78**
2. Psychological Morbidity		—	.89**	.81**
3. Social Functioning			—	-.75**
4. Fear of Happiness				—

Note: ( $p < .01$ )

A Pearson correlation analysis was conducted to examine the relationships among gender dysphoria, psychological morbidity, social functioning, and fear of happiness in a sample of non-binary individuals. As presented in Table 01, gender dysphoria was significantly and positively correlated with psychological morbidity ( $r = .85, p < .01$ ), fear of happiness ( $r = .89, p < .01$ ). These findings indicate that higher levels of gender dysphoria were associated with greater psychological distress and poorer overall health.

Social functioning was negatively correlated with gender dysphoria ( $r = -.72, p < .01$ ), psychological morbidity ( $r = -.78, p < .01$ ), and fear of happiness ( $r = -.75, p < .01$ ), suggesting that greater psychological distress and fear of happiness were linked to poorer social functioning. Additionally, psychological morbidity demonstrated a strong positive correlation with fear of happiness ( $r = .81, p < .01$ ), indicating that individuals with higher levels of distress were more likely to experience difficulties in perceiving happiness.

### Discussion

The present findings emphasize the significant psychological challenges faced by non-binary individuals, particularly in relation to gender dysphoria and its impact on mental health and well-being. The strong positive correlation between gender dysphoria and psychological morbidity aligns with previous research suggesting that gender incongruence can contribute

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to heightened distress due to factors such as societal stigma, lack of support, and internalized dysphoria (Budge et al., 2013). Furthermore, the positive relationship between gender dysphoria and fear of happiness suggests that individuals experiencing significant distress related to their gender identity may struggle with embracing positive emotions, potentially due to anticipatory anxiety or invalidation from their social environment (Joshnloo, 2013).

The negative correlation between social functioning and psychological distress highlights the importance of supportive networks in buffering against mental health challenges. Non-binary individuals who experience higher levels of psychological morbidity and gender dysphoria may also face greater social barriers, including discrimination, lack of affirmation, and difficulties in social integration (Hughto, Reisner, & Pachankis, 2015). These findings reinforce the necessity of fostering inclusive and affirming environments to promote social connectedness and psychological well-being.

Moreover, the strong correlation between GHQ scores and gender dysphoria, psychological morbidity, and fear of happiness reflects the broader impact of gender-related distress on overall health outcomes. Poorer general health in this population may be attributed to increased stress, lack of access to gender-affirming healthcare, and disparities in mental health services (Tan et al., 2022). These results suggest that interventions aimed at improving the psychological well-being of non-binary individuals should focus on reducing gender-related distress, increasing access to affirming healthcare, and strengthening social support systems.

**Table 2 Pearson Correlations among Gender Dysphoria, Psychological Morbidity, Social functioning, and Fear of Happiness in Cisgender Individuals**

Variables	1	2	3	4
1. Gender Dysphoria	1.00	0.23**	-0.18**	0.20**
2. Psychological Morbidity	—	1.00	-0.42**	0.39**
3. Social Functioning	—	—	1.00	-0.35**
4. Fear of Happiness	—	—	—	1.00

Note: ( $p < .01$ )

A Pearson correlation analysis was conducted to examine the relationships between gender dysphoria, psychological morbidity, social functioning, and fear of happiness in a sample of cis-gendered individuals. Gender dysphoria has been positively correlated with psychological morbidity ( $r = .23, p < .01$ ) and fear of happiness ( $r = .20, p < .01$ ), implying that the higher the gender dysphoria, the more the presence of psychological morbidity and fear of happiness in the Cis-gendered individuals. However, gender dysphoria has been negatively correlated with social functioning ( $r = -.18, p < .01$ ), which reveals that the higher the gender dysphoria, the lower the quality of social functioning is in the individuals.

Psychological morbidity has been negatively correlated with social functioning ( $r = -.42, p < .01$ ) which shows that the higher the psychological morbidity in the individual the lesser the social functioning of the individual is. There is a positive correlation with fear of happiness ( $r = .39, p < .01$ ), which shows when an individual scores high on psychological morbidity there will be an elevation of fear of happiness in the individual concerned. Likewise, social functioning as a variable was negatively correlated ( $r = -.35, p < .01$ ) with fear of happiness substantiating the findings that higher the social functioning the lesser the experience of fear of happiness is in the individual. The significance level for all the variables is established at

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$p < .01$  level, shedding lights on the interrelation of gender dysphoria, psychological well-being, social functioning and fear of happiness in the cisgender individuals.

### *Discussion*

The current findings speak about the influence of gender dysphoria on psychological morbidity, social functioning and fear of happiness in the cis-gender community. Individuals experiencing higher level of gender dysphoria are also prone to be exhibiting higher levels of psychological morbidity and dysfunctional social functioning. The findings of the research align well with the research findings which say that conflict within the self about gender identity with the cisgender population could also contribute to heightened vulnerability to emotional difficulties (BMC Public Health, 2023). Fear of happiness which is elevated within the sample further enunciates that there is a deeper cognitive- affective disturbance, which could be affected by the presence of internalized stigma or the feel that there could adverse consequences if they stay in a continuous state of bliss for a long time (Joshanloo & Weijers, 2014). These findings suggest that despite being hetero normative, there still could be presence of gender dysphoria in the cis-genders which might lead to psychological difficulties.

The theory of intersectionality and the minority stress theory says that every individual experiences and shapes his identity not just through one single isolated event, but it is a myriad of phenomenon that interplay together, which can also encompass the systems of privilege and subjugation (Crenshaw, 1989). The minority stress theory also says that subtle experiences of rejection and exclusions due to their gender identity and struggles might also lead to the feel of heightened stress and anxiety within them on regular bases which would further digress the social functioning of the cis-gender community (Meyer, 2003). Studies (Kumar et al., 2022) have shown that individuals with gender dysphoria in India have faced lack of access to proper education, employment, and healthcare amenities. Hence the amalgam of all these problems hindering the individual's identity can shatter the growth of personal identity which is very important for overall psychological wellbeing further more these factors if not addressed can also push the cisgender individuals experiencing gender dysphoria towards self-alienation and loathsome view of self. Thus, it becomes important to include inclusivity as a concept when addressing the mental health crisis of such individuals without making them feel isolated for experiencing feels of gender dysphoria.

### **CONCLUSIONS**

The present study highlights the significant psychological and social challenges faced by non-binary individuals, particularly in relation to gender dysphoria, psychological morbidity, social functioning, fear of happiness, and general health. The results show that gender dysphoria is strongly correlated with psychological morbidity, and fear of happiness, in non-binary individuals, suggesting that higher levels of gender-related distress are linked to greater psychological distress and poorer general health outcomes. Additionally, social functioning was found to be negatively correlated with psychological distress, emphasizing the importance of supportive social networks. In contrast, while gender Dysphoria showed weaker correlations with the variables in cisgender individuals, it still contributed to mild psychological distress, underscoring the influence of societal gender norms even among cisgender populations.

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### *Further Implications:*

1. **Mental Health Interventions:** The study's findings suggest a need for targeted mental health interventions to address the unique psychological challenges faced by non-binary individuals. These interventions should focus on reducing gender-related distress, increasing access to affirming healthcare, and strengthening social support systems. Providing psychological counselling and gender-affirming healthcare could help alleviate the mental health burden faced by non-binary individuals.
2. **Policy and Social Support:** The study also underscores the importance of creating inclusive, affirming, and supportive environments for non-binary individuals. Policy reforms and initiatives aimed at reducing stigma and discrimination, as well as promoting inclusivity in healthcare and social institutions, could contribute to improved psychological well-being and social functioning.
3. **Cross-Population Comparisons:** Further studies examining the nuances of gender dysphoria in both non-binary and cisgender populations could contribute to a more comprehensive understanding of how gender-related distress operates across different gender identities. Future research should explore the broader societal and cultural factors that influence these correlations, such as exposure to gendered stereotypes, discrimination, and access to supportive resources.

### *Limitations of the Present Study:*

- The study focused on a specific population of non-binary and cisgender individuals, which may not fully represent the broader spectrum of gender identities.
- The study utilized a cross-sectional design, which limits the ability to establish causal relationships between gender dysmorphia, psychological morbidity, social functioning, fear of happiness.
- The study relied on self-reported measures, which may be subject to biases such as social desirability or recall bias. Future research could incorporate multiple data sources, such as clinical assessments or interviews, to triangulate findings and enhance the reliability of the results.
- While the study provides valuable insights into the experiences of non-binary and cisgender individuals, the findings may not be fully generalizable to all individuals within these groups, particularly in different geographic or socio-economic contexts

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The author(s) declared no conflict of interest.

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