

The Relationship between Transgender Congruence and Self-esteem in Transgender and Gender
Non-Conforming Individuals: The Mediating Role of Gender Identity Rumination

Shane van Weelie 5722985

Clinical Psychology Masters, Utrecht University

Supervisor: Femke van den Brink

22nd June 2018

Abstract

Low self-esteem is a common underlying symptom of mental health disorders and is often observed in transgender and gender non-conforming (TGNC) individuals. Therefore, the study aimed to explore important determinants of self-esteem in TGNC individuals by assessing the relationships between transgender congruence, rumination about gender identity, and self-esteem. In a cross-sectional design, 324 TGNC individuals completed an online survey measuring two factors of transgender congruence (i.e., gender identity acceptance and appearance congruence), rumination about gender identity, and self-esteem. Hypotheses were tested using correlation analyses and a mediation analysis with gender identity acceptance and appearance congruence as predictors, rumination about gender identity as mediator, and self-esteem as outcome. Correlation analyses showed positive relationships of the two factors of transgender congruence with self-esteem. The mediation analysis revealed that these relationships were mediated by rumination about gender identity. Also, significant direct relationships between gender identity acceptance and appearance congruence and self-esteem were found. These results imply that transgender congruence and rumination about gender identity are factors that can be addressed in a clinical setting to increase self-esteem in TGNC individuals which ultimately can help reduce mental health problems.

Keywords: transgender and gender non-conforming; transgender congruence, rumination, self-esteem, mental health

The Relationship between Transgender Congruence and Self-esteem in Transgender and Gender Non-Conforming Individuals: The Mediating Role of Gender Identity Rumination

Transgender and gender non-conforming (TGNC) is an umbrella term for individuals who feel their gender does not match the sex they were assigned at birth (Dozier, 2005). There are estimates of between 0.4% and 1.3% of the total world population identifying somewhere within the TGNC spectrum, which accounts for around 25 million individuals (Winter, 2016).

Specifically in New Zealand the numbers are estimated at 1.3% and 1.2% assigned male and female at birth respectively and in the Netherlands 1.1% and 0.8% assigned male and female at birth respectively that now identify as TGNC (Winter, 2016).

It is worrying that mental health problems (e.g., depression and anxiety) are much more common in TGNC individuals than in cisgender individuals (i.e., individuals who experience congruence between sex assigned at birth and gender identity) (Bockting et al., 2013; Valentine & Shipherd, 2018). Many theoretical explanatory models for mental health and various literature reviews emphasize the central role of low self-esteem (i.e., an evaluative global evaluation of the self and one's own feeling of worthiness; Rosenberg, 1965) in the etiology of mental health problems (for meta-analyses, see Mann, Hosman, Schaalma, & De Vries, 2004 and Sowislo & Orth, 2015). Research showed that many TGNC individuals have low self-esteem (for a review, see MacCarthy et al., 2015), suggesting that low self-esteem is an important factor in the development of mental health problems that are often observed in this group. While low self-esteem has been observed in TGNC individuals who are victimized, such as, sexually abused or gender-based discrimination (Russell, Ryan, Toomey, Diaz & Sanchez, 2011), further research is needed to identify determinants of low self-esteem in TGNC individuals, as this knowledge can provide starting points for improving care for TGNC individuals.

An important determinant of self-esteem in TGNC individuals may be psychological gender affirmation in the form of transgender congruence. According to Kozee, Tylka, and Bauerband (2012), transgender congruence is the degree to which TGNC individuals feel genuine and comfortable with their external appearance and accepting of their identity. Sevelius (2013) identified gender affirmation as a way to offset the negative psychological effects of social oppression on transgender women. Gender affirmation is a general construct regarding the way in which individuals' gender identity is affirmed through the means of social interactions. Glynn et al., (2016) built on this construct by further defining it into three distinct areas of gender affirmation, medical (e.g., hormones, chest binding), social (e.g., social support), and psychological (e.g., acceptance of gender identity). Both Glynn et al., (2016) and Kozee et al., (2012), argue that psychological gender affirmation has the most effect on self-esteem and well-being, also when controlling for external sources of gender affirmation. Therefore, it is hypothesized that if someone is unable to develop an authentic identity within themselves and thus have low transgender congruence, the TGNC individual will also have low self-esteem. This assumption is supported by previous research where comfort with identity and the congruence of outward appearance were found to be important factors in predicting self-esteem (Baudson, Weber & Freund, 2016; Steiger, Allemand, Robins, & Fend, 2014).

A mechanism through which transgender congruence might be linked to self-esteem can be found in the theory surrounding rumination about ones gender identity (Bauerband & Galupo, 2014). Self-critical rumination is what Kolubinski, Nikčević, Lawrence, and Spada (2016) suggest is fundamental in understanding low self-esteem. This is because rumination is a coping strategy for managing stress where the individual tries to make sense of the stressful situation, but is only able to focus on the negative aspects of the situation without coming to a resolution (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008; Watkins, 2004). How TGNC individuals feel

with regard to their appearance congruence and gender identity acceptance will likely affect the intensity of ruminating about gender identity. Rumination may thus affect the individuals' self-esteem, as this coping method does not reduce or solve any difficulties that the individual is experiencing. Further research on determinants of self-esteem in the TGNC community is needed as these results are valuable in selecting appropriate targets for treatment intervention in the context of mental health problems.

The present study investigated the relationships between transgender congruence, rumination about gender identity, and self-esteem in TGNC individuals. In line with previous work on transgender congruence (Kozee et al., 2012), we focused on the two dependent factors of transgender congruence: gender identity acceptance and appearance congruence. In accordance to the associations between transgender congruence, rumination about gender identity, and self-esteem found in previous studies (e.g., Baudson et al., 2016; Riggle, Rostosky, McCants & Pascale-Hague, 2011), it was expected that lower appearance congruence and gender identity acceptance would be associated with lower self-esteem. Additionally, based on previous findings (e.g. Kolubinski et al., 2016) it was expected that rumination about gender identity would mediate the relationships between the aspects of transgender congruence and self-esteem. Specifically, it was expected that lower levels of transgender congruence will be associated with higher levels of rumination about gender identity, which in turn will be associate with lower levels of self-esteem.

Method

Procedure and Participants

Individuals aged 18 years or older and self-identified within the TGNC community were invited to take part in the online study "Comfort with Gender Identity". A short description of the study and a URL were distributed in various Dutch and English TGNC Facebook groups. Those who wished to participate could either access the Dutch or English version by clicking the

corresponding URL. They were then directed to the Lime Survey application where the survey was created. Participants were first provided more information about the survey, including assurance of their anonymity, and were asked to give informed consent in order to proceed. Subsequently, demographic questions (i.e., age, country, gender identity) and the questionnaires about self-esteem, transgender congruence, and rumination about gender identity were presented. The participants received no compensation for their participation. On average it took 10 minutes to complete the questionnaire. The study received approval from the internal Ethics Committee of the Faculty of Social and Behavioral Sciences of Utrecht University (FETC18-027).

A total of 324 individuals fully completed the questionnaire. Participants' age ranged from 18 to 70 years with the mean age of 28.4 ($SD = 11.3$). Majority of the participants (41.7% $n = 135$) were from the Netherlands, followed by New Zealand (32.1% $n = 104$), America (7.1% $n = 23$), Australia (6.5% $n = 21$), Belgium (4.4% $n = 14$), Sweden (3.4% $n = 11$), England (2.2% $n = 7$), Japan (0.6% $n = 2$), Northern Ireland (0.6% $n = 2$), France (0.3% $n = 1$), Finland (0.3% $n = 1$), Canada (0.3% $n = 1$), Norway (0.3% $n = 1$), and Portugal (0.3% $n = 1$). Most of the individuals identified themselves as Trans Man (42.3% $n = 137$), followed by Trans Women (13%, $n = 43$), Nonbinary (13%, $n = 42$), Man (12%, $n = 39$), Women (4%, $n = 13$), Agender (3.1%, $n = 10$), Genderqueer (2.8% $n = 9$), Demiboy (2.5%, $n = 8$), Genderfluid (1.5%, $n = 5$), Demigirl (0.3%, $n = 1$) and Bigender (0.3%, $n = 1$). There were also 16 individuals (4.9%) who did not identify as any of the options provided including, takataapui, androgyn, genderflux, pangender, intersex, maverique, and queer.

Measures

The Dutch versions of the scales were translated from the English versions (by a native Dutch speaker), unless otherwise stated.

Transgender Congruence

The Transgender Congruence Scale (TCS; Kozee et al., 2012) was used to assess the congruence of the participants' appearance (Appearance Congruence, 9 items, e.g., "My outward appearance reflects my gender identity") and how comfortable they are with their gender identity (Gender Identity Acceptance, 3 items, e.g., "I have accepted my gender identity") (Kozee et al., 2012). The items were answered on a 5-point Likert scale ranging from 1 (strongly disagree), to 5 (strongly agree). Items were recoded if appropriate and averaged so that higher subscale scores indicate greater appearance congruence and gender identity acceptance. Previous research supported the measure's scale score reliability, and construct, concurrent, and discriminant validity (Kozee et al., 2012). Cronbach's alpha in this study was, .94 (Dutch version) and .94 (English version) for the appearance congruence subscale and .82 (Dutch version) and .72 (English version), for the gender identity acceptance subscale.

Rumination about gender identity

The 5-item rumination subscale of the Gender Identity Reflection and Rumination Scale (GRRS-R; Bauerband & Galupo, 2014) was used to measure the intensity to which the participants ruminate about their gender identity (e.g., "[I] waste time thinking about my gender identity"). The items were answered on a 4-point Likert scale ranging from 1 (almost never) to 4 (almost always). Items were recoded if appropriate and averaged so that higher scores indicate more rumination. Bauerband and Galupo (2014) reported high-scale score reliability and good construct and discriminant validity. In the current sample, Cronbach's alpha was .80 and .81 for the Dutch and English version, respectively.

Self-Esteem

The 10-item Rosenberg self-esteem scale (RSE; Rosenberg, 1965) and its Dutch translation (Everaert, Koster, Schacht, & De Raedt, 2010) were used to measure global self-

esteem (e.g., “I certainly feel useless at times”). The items were answered on a 4-point Likert scale ranging from 1 (strongly agree) to 4 (strongly disagree). Items were recoded if appropriate and averaged so that higher scores indicate greater self-esteem. Rosenberg (1965) reported high-scale score reliability and good construct and discriminant validity. In the current sample, Cronbach’s alpha was .92 and .90 for the Dutch and English version respectively.

Statistical Analysis

All statistical analyses were performed with IBM SPSS Statistics Version 24. In the first step, bivariate associations between the study variables were analyzed using Pearson correlation coefficients. In the second step, a mediation analyses with the two factors of transgender congruence (i.e., gender identity acceptance and appearance congruence) as independent variables, rumination about gender identity as mediator, and self-esteem as dependent variable was conducted. The mediation analysis comprises a number of sub-analyses that estimate the total, direct, and indirect effects via rumination about gender identity of the two aspects of transgender congruence on self-esteem. The total and direct effects were estimated by means of a stepwise multiple regression analysis in which the two factors of transgender congruence were entered in the first step and rumination about gender identity was entered in the second step. Total effects refer to the specific relationships between one of the factors of transgender congruence while controlling for the other (first step), and direct effects refer to the specific relationships between both factors of transgender congruence while controlling for rumination about gender identity in self-esteem (second step).

As recommended by Hayes (2013), the specific indirect effects of the two aspects of transgender congruence, rumination about gender identity, self-esteem and their significance were determined by means of bootstrap analyses with 5000 bootstrap samples and bias corrected

and accelerated 95% confidence intervals (BCa 95% CI). The PROCESS macro for SPSS was used (Hayes, 2013). All coefficients will be reported in standardized form.

Results

Bivariate Associations between the Aspects of Transgender Congruence, rumination about gender identity, and Self-Esteem

The results of the correlation analyses of the study variables are presented in Table 1 along with the means, *SDs*, and minimum and maximum scores for each of the measures. As expected, appearance congruence and gender identity acceptance were significantly related to higher self-esteem. Also, negative significant associations of appearance congruence and gender identity acceptance with rumination about gender identity and of rumination about gender identity and self-esteem were found.

Table 1

Means, Standard Deviations, Minimum and Maximum Scores, and Bivariate Correlations between the Aspects of Transgender Congruence, rumination about gender identity, and Self-Esteem.

	<i>M</i>	<i>SD</i>	Minimum	Maximum	1	2	3
1. Appearance congruence ^a	3.03	1.14	1.00	5.00	-	-	-
2. Gender identity acceptance ^a	3.98	0.99	1.00	5.00	.278**	-	-
3. Rumination about gender identity ^b	1.99	0.73	1.00	4.00	-.521**	-.408**	-
4. Self-esteem ^b	2.74	0.69	1.00	4.00	.434**	.323**	-.476**

Note. ^a Scale range: 1-5 with higher scores indicating more positive congruence, ^b Scale range: 1–4 with higher scores indicating more negative attitudes (More instances of rumination and lower self-esteem)
** $p < .01$

Total, Direct and Indirect Effects through rumination about gender identity of Transgender Congruence on Self-Esteem

The standardized regression coefficients are presented in Figure 1. A significant total effect (step 1) of transgender congruence on self-esteem was found (Adj. $R^2 = .228$, $F(2,321) = 48.706$, $p < .001$). Significant direct effects (step 2) were found for both appearance congruence

on self-esteem and gender identity acceptance on self-esteem. Twenty eight percent of the variance of self-esteem was explained by the two aspects of transgender congruence and rumination about gender identity ($\Delta R^2 = .056$, $F(1,320) = 25.390$ $p < .001$; adj. $R^2 = .283$, $F(3,320) = 43.401$, $p < .001$).

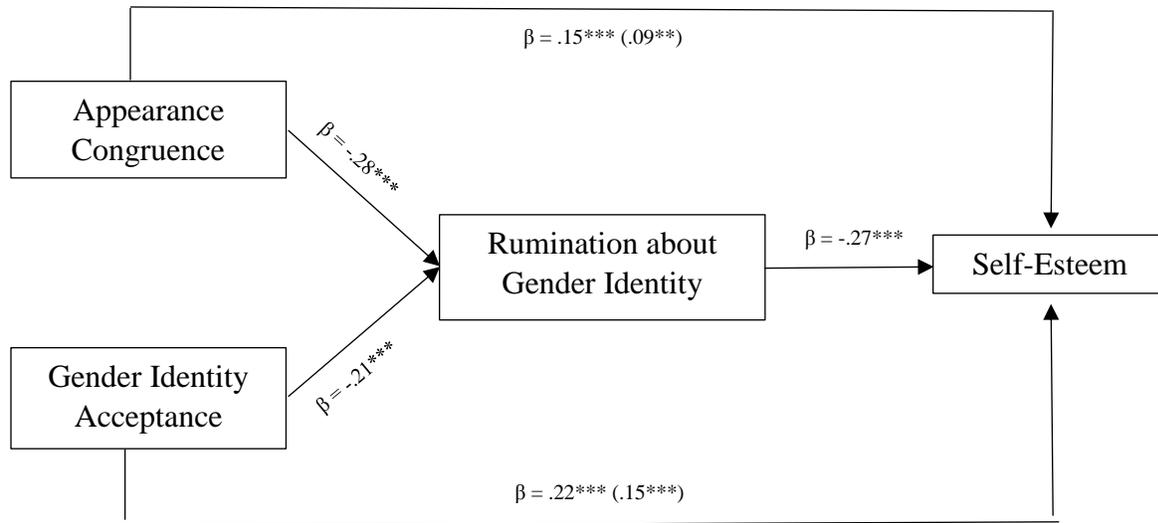


Figure 1. Mediation model linking appearance congruence and gender identity acceptance to self-esteem via rumination about gender identity, Total effects are displayed in parentheses $^{***}p < .001$, $^{**}p < .01$.

The bootstrap analyses revealed significant indirect effects of appearance congruence, .08, BCa 95% CI [.046, .118], as well as gender identity acceptance, .06, BCa 95% CI [.0303, .0984], on self-esteem via rumination about gender identity. Thus, as expected, lower appearance congruence and gender identity acceptance were associated with more rumination about their gender identity which, in turn, was associated with lower self-esteem.

Discussion

The current study focused on relationships between transgender congruence (i.e., appearance congruence and gender identity acceptance), rumination about gender identity and self-esteem in TGNC individuals. In line with previous findings of Baudson et al., (2016) and

Riggle et al., (2011), and as expected, the results showed that lower transgender congruence was associated with lower self-esteem, suggesting that feeling uncomfortable with external appearance or experiencing difficulties in accepting true identity is likely to translate into global feelings of insecurity and low self-worth. The current study expands previous studies by assessing the role of rumination about gender identity in this relationship, which is an important underlying maintaining factor in many mental health problems (Harrington & Blankenship, 2002). As expected and in line with Kolubinski et al., (2016) results of the mediation analysis showed that the relationships of appearance congruence and gender identity acceptance with self-esteem were mediated by rumination about gender identity. Since low self-esteem is associated with many mental health problems, it is promising that targeting the coping strategy of rumination about topics relating to gender identity (thus aspects of transgender congruence) could increase self-esteem and in turn reduce mental health problems.

An interesting observation is that besides mediation via rumination about gender identity, also significant direct relationships of both appearance congruence and gender identity acceptance with self-esteem were found. Previous studies on self-esteem in TGNC individuals found that social connectedness, which was not assessed in the current study, is important in understanding how TGNC individuals experience interpersonal closeness in the social world (e.g., friends, family, society) (Austin & Goodman, 2017). The construct social connectedness includes three factors; belonging, affiliation, and companionship, each of which are important in maintaining positive mental health and wellbeing (Austin & Goodman, 2017). Therefore, it could be argued that even if a TGNC individual had high transgender congruence, but lacked interpersonal closeness that they may still experience low self-esteem. However, this explanation remains hypothetical needing further investigation.

A vast number of TGNC individuals find that their gender dysphoria provides unique opportunities for positive development of identity, i.e., individual growth, resiliency, and reduce symptoms of mental health problems by transitioning (Maguen, Shipherd, Harris & Welch, 2007; Riggle et al., 2011). However, not all TGNC individuals have equal opportunity in accessing resources which aid in gender affirmation. Barriers in receiving gender-affirming care varies between countries depending on laws and healthcare programs, however barriers can include long waiting lists, healthcare discrimination, and financial barriers (see i.e., Gonzales & Henning-Smith, 2017 and Puckett, Cleary, Rossman, Mustanski, & Newcomb, 2017). For example, while in the Netherland financial barriers are not an issue, long waiting list are quite critical, whereas, in previous years there have been no surgeons for gender-affirming surgery in New Zealand leading to 20 year waiting lists (Principle17, 2016). As Kaufman, (2008), Korell, and Lorah, (2007) discussed, providing affirmative psychological services could help to increase psychosocial well-being by focusing on increasing transgender congruence and reducing rumination about gender identity (as opposed to only focusing on transitioning).

Limitations

Some limitations need to be acknowledged. First, that the recruitment of participants was restricted to those using Facebook TGNC groups where the description and link were posted. While this mode of communication proved to be advantageous in attracting a large number of participants, an implication is that there is no representation of those without Facebook and not in the specific groups – namely the older TGNC community and those who do not seek TGNC Facebook networks. There may also have been cultural differences between countries and subcultural differences within the TGNC community, most notably, Dutch participants and Transmen were overrepresented in the current sample. Thus results of this study may not be representative of the general population of TGNC individuals. Furthermore, the possibility of

self-selection bias must be acknowledged (Bethlehem, 2010). Lastly, given the cross-sectional nature of the present study, direction of causality cannot be determined. Due to limited existing research in this area, further research and longitudinal studies are necessary in order to address these limitations.

Conclusion

Despite the limitations, this study adds to the literature by targeting relationship between transgender congruence and self-esteem and the mediating role of gender identity rumination in TGNC individuals. Given the fact that there is increasing healthcare needs for TGNC individuals, it is important to further study the underlying factors that influence mental health problems. Understanding how underlying factors such as transgender congruence and rumination relate to self-esteem in TGNC individuals is valuable in selecting appropriate targets for treatments and interventions in the context of gender-affirming healthcare.

References

- Austin, A., & Goodman, R. (2017). The impact of social connectedness and internalized transphobic stigma on self-esteem among transgender and gender non-conforming adults. *Journal of Homosexuality, 64*, 825-841. doi:10.1080/00918369.2016.1236587
- Bauerband, L. A., & Galupo, M. P. (2014). The gender identity reflection and rumination scale: Development and psychometric evaluation. *Journal of Counseling & Development, 92*, 219-231. doi: 10.1002/j.1556-6676.2014.00151.x
- Bethlehem, J. (2010). Selection bias in web surveys. *International Statistical Review, 78*, 161-188. doi:10.1111/j.1751-5823.2010.00112.x
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*, 943-951. doi:10.2105/AJPH.2013.301241
- Baudson, T. G., Weber, K. E., & Freund, P. A. (2016). More than only skin deep: appearance self-concept predicts most of secondary school students' self-esteem. *Frontiers in Psychology, 1568*, 1-14. doi:10.3389/fpsyg.2016.01568
- Dozier, R. (2005). Beards, breasts, and bodies: Doing sex in a gendered world. *Gender & Society, 19*, 297-316. doi:10.1177/0891243204272153
- Everaert, J., Koster, E., Schacht, R., & De Raedt, R. (2010). Evaluatie van de psychometrische eigenschappen van de Rosenberg zelfwaardeschaal in een poliklinisch psychiatrische populatie. *Gedragstherapie, 43*, 307-317. Retrieved from <http://hdl.handle.net/1854/LU-1100824>
- Glynn, T. R., Gamarel, K. E., Kahler, C. W., Iwamoto, M., Operario, D., & Nemoto, T. (2016).

- The role of gender affirmation in psychological well-being among transgender women. *Psychology of Sexual Orientation and Gender Diversity*, 3, 336-344.
doi:10.1037/sgd0000171
- Gonzales, G., & Henning-Smith, C. (2017). Barriers to care among transgender and gender nonconforming adults. *The Milbank Quarterly*, 95, 726-748. doi:10.1111/1468-0009.12297
- Harrington, J. A., & Blankenship, V. (2002). Ruminative thoughts and their relation to depression and anxiety. *Journal of Applied Social Psychology*, 32, 465-485. doi: 10.1111/j.1559-1816.2002.tb00225.x
- Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford Publications.
- Kaufman, R. (2008). Introduction to transgender identity and health. In H.J. Makadon, K.H. Mayer, J. Potter, & H. Goldhammer (Eds.), *The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health*. Philadelphia, PA: American College of Physicians.
- Kolubinski, D. C., Nikčević, A. V., Lawrence, J. A., & Spada, M. M. (2016). The role of metacognition in self-critical rumination: An investigation in individuals presenting with low self-esteem. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 34, 73-85. doi:10.1007/s10942-015-0230-y
- Korell, S.C., & Lorah, P. (2007). An overview of affirmative psychotherapy and counseling with transgender clients. In K.J. Bieschke, R.M. Perez, & K.A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp.271–288). Washington, DC: American Psychological Association.
doi:10.1037/11482-011
- Kozee, H. B., Tylka, T. L., & Bauerband, L. A. (2012). Measuring transgender individuals'

comfort with gender identity and appearance: Development and validation of the Transgender Congruence Scale. *Psychology of Women Quarterly*, *36*, 179-196.
doi:10.1177/0361684312442161

Mann, M. M., Hosman, C. M., Schaalma, H. P., & De Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, *19*, 357-372. doi:10.1093/her/cyg041

Mruk, C. J. (2006). *Self-esteem: Research, theory, and practice* (3rd ed.). New York, NY: Springer.

MacCarthy, S., Reisner, S. L., Nunn, A., Perez-Brumer, A., & Operario, D. (2015). The time is now: attention increases to transgender health in the United States but scientific knowledge gaps remain. *LGBT Health*, *2*, 287-291. doi:10.1089/lgbt.2014.0073

Maguen, S., Shipherd, J.C., Harris, H.N., & Welch, L.P. (2007). Prevalence and predictors of disclosure of transgender identity. *International Journal of Sexual Health*, *19*, 3–13.
doi:10.1300/J514v19n01_02

Nolen-Hoeksema, S., Wisco, B. E., & Lyubomirsky, S. (2008). Rethinking rumination. *Perspective of Psychological Science*, *3*, 400–424. doi:10.1111/j.1745-6924.2008.00088.x

Principle17.org. (2016). *Report Principle 17 "Trans health care in the Netherlands"*.

Retrieved from

http://www.principle17.org/sites/default/files/Report%20P17%20trans%20health%20care%20Netherlands_0.pdf [Accessed 22 Jun. 2018].

Puckett, J. A., Cleary, P., Rossman, K., Mustanski, B., & Newcomb, M. E. (2017). Barriers to gender-affirming care for transgender and gender nonconforming individuals. *Sexuality Research and Social Policy*, *15*, 1-12. doi:10.1007/s13178-017-0295-8

Riggle, E. D. B., Rostosky, S. S., McCants, W., & Pascale-Hague, D. (2011). The positive

- aspects of a transgender identity. *Psychology and Sexuality*, 2, 147-158.
doi:10.1080/19419899.2010.534490
- Rosenberg, M. (1965). *Society and the Adolescent Self-Image*. Princeton, N.J.: Princeton University Press.
- Russell, S. T., Ryan, C., Toomey, R. B., Diaz, R. M., & Sanchez, J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: Implications for young adult health and adjustment. *Journal of School Health*, 81, 223-230. doi:10.1111/j.1746-1561.2011.00583.x
- Sevelius, J. M. (2013). Gender affirmation: A framework for conceptualizing risk behavior among transgender women of color. *Sex Roles*, 68, 675-689. doi:10.1007/s11199-012-0216-5
- Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin*, 139, 213-240.
doi:10.1037/a0028931
- Steiger, A. E., Allemand, M., Robins, R. W., & Fend, H. A. (2014). Low and decreasing self-esteem during adolescence predict adult depression two decades later. *Journal of Individuality and Social Psychology*, 106, 325-338. doi: 10.1037/a0035133
- Valentine, S. E., & Shipherd, J. C. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming individuals in the United States. *Clinical Psychology Review*. doi:10.1016/j.cpr.2018.03.003
- Watkins, E. (2004). Appraisals and strategies associated with rumination and worry. *Individuality and Individual Differences*, 37, 679-694. doi:10.1016/j.paid.2003.1
- Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., ... & Wylie, K. (2016).

Transgender people: Health at the margins of society. *The Lancet*, 388, 390-400.

doi:10.1016/S0140-6736(16)00683

