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BRIEF REPORT

Relationships Between Transgender Congruence, Gender Identity Rumination, and Self-Esteem in Transgender and Gender-Nonconforming Individuals

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The present study investigated the association between transgender congruence and self-esteem in transgender and gender-nonconforming (TGNC) individuals and whether rumination about gender identity atemporally mediates this relationship. In a cross-sectional study, 323 TGNC individuals completed an online survey measuring the 2 factors of transgender congruence (i.e., appearance congruence and gender identity acceptance), rumination about gender identity, and self-esteem. Data were analyzed using a mediation analysis with gender identity acceptance and appearance congruence as predictors, rumination about gender identity as mediator, and self-esteem as outcome. The results revealed positive associations between both factors of transgender congruence and self-esteem. Furthermore, it was found that these relationships were partially atemporally mediated by rumination about gender identity. More specifically, higher levels of appearance congruence and gender identity acceptance were associated with higher levels of self-esteem through less rumination about gender identity. These results suggest that transgender congruence and rumination about gender identity are factors that can be addressed in clinical settings to increase self-esteem and other components of mental health in TGNC individuals.

Public Significance Statement
This study suggests that transgender and gender-nonconforming (TGNC) people who feel comfortable with their appearance and are acceptive of their gender identity have more self-esteem, which can partly be explained by the fact that they ruminate less about being TGNC. The findings imply that supporting TGNC people to feel comfortable with their appearance and to accept their gender identity by psychological or medical treatments will result in better mental health.

Keywords: transgender and gender-nonconforming, transgender congruence, rumination about gender identity, self-esteem, mental health

Transgender and gender-nonconforming (TGNC) is an umbrella term for individuals whose gender identity differs from the sex assigned to them at birth (Dozier, 2005). An estimated .4% to

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1.3% of the world's population identifies as transgender or gender-nonconforming, which accounts for around 25 million individuals (Winter et al., 2016). It is well documented that TGNC individuals experience less psychological well-being (e.g., more stress, less self-esteem, lower life satisfaction) and more mental health problems (e.g., depression, anxiety, suicidal ideation) than cisgender individuals do, that is, individuals who experience congruence between sex assigned at birth and gender identity (e.g., Davey, Bouman, Arcelus, & Meyer, 2014; Dhejne, Van Vlerken, Heylens, & Arcelus, 2016; Meyer, Brown, Herman, Reisner, & Bockting, 2017; Warren, Smalley, & Barefoot, 2016). According to the minority stress model and the gender affirmation framework as well as empirical findings, these adverse outcomes are due to social stigma, rejection, and discrimination related to gender identity or expression (Bockting, Miner, Swinburne Romine, Hamil-

ton, & Coleman, 2013; Hendricks & Testa, 2012; Meyer, 2003; Sevelius, 2013; Valentine & Shipherd, 2018). Therefore, it is important to identify resilience and protective factors facilitating psychological well-being and mental health in TGNC individuals.

Transgender congruence has been introduced as an important resource protecting TGNC individuals against adverse psychological outcomes (Glynn et al., 2016). *Transgender congruence* refers to "the degree to which transgender individuals feel genuine, authentic, and comfortable within their external appearance/presence and accept their genuine identity rather than the socially prescribed identity" (Kozee, Tylka, & Bauerband, 2012, p. 181). Thus, transgender congruence comprises two factors, that is, appearance congruence and gender identity acceptance. Empirical findings revealed that transgender congruence is positively associated with a variety of indicators of psychological well-being and mental health (Chodzen, Hidalgo, Chen, & Garofalo, 2019; Glynn et al., 2016; Ho & Mussap, 2017; Jackman, Dolezal, Levin, Honig, & Bockting, 2018; Kozee et al., 2012; McLemore, 2015). However, factors accounting for these associations, which can reveal further insights relevant to facilitating mental health among TGNC individuals, are not yet fully understood.

One factor possibly accounting for the associations between transgender congruence and psychological outcomes might be rumination about gender identity, an important process specifically relevant in the context of emotion regulation in TGNC individuals (Bauerband & Galupo, 2014; Shulman et al., 2017). Rumination in general refers to a maladaptive emotion-focused coping strategy that is characterized by persistent negative thoughts about distressing experiences (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). Previous research has indicated that rumination negatively affects psychological well-being and mental health in both the general population and in TGNC individuals (Kirkegaard Thomsen, 2006; Nolen-Hoeksema et al., 2008; Timmins, Rimes, & Rahman, 2017). *Rumination about gender identity* specifically captures the unmanageable negative thoughts regarding one's gender identity and expression (Bauerband & Galupo, 2014), which are found to be evident in TGNC individuals (Brewster, Velez, DeBlaere, & Moradi, 2012). Based on the assumptions of the minority stress model and the gender affirmation framework (Meyer, 2003; Sevelius, 2013), it can be expected that not feeling comfortable with the external appearance and not accepting the gender identity results in significant distress, which in turn contributes to increased rumination about gender identity. Accordingly, Bauerband and Galupo (2014) showed that transgender congruence is strongly negatively related to rumination about gender identity. Following the empirical findings regarding the adverse effects of general rumination on psychological outcomes, it may be assumed that rumination about gender identity negatively affects psychological well-being and mental health in TGNC individuals (Bauerband & Galupo, 2014). Thus, transgender congruence may facilitate psychological well-being and mental health, because it protects TGNC individuals from ruminating thoughts about gender identity.

The Present Study

The present study explored the associations between transgender congruence, rumination about gender identity, and psychological outcomes in TGNC individuals using a cross-sectional design. More specifically, it was examined whether rumination about gender identity atemporally mediates (due to the cross-sectional design; Winer et al., 2016) the relationships between the two factors of transgender congruence, that is, appearance congruence and gender identity acceptance, and self-esteem. *Self-esteem,* defined as a global evaluation of the self and one's own feeling of worthiness (Rosenberg, 1965), was chosen as outcome because of its central role in the etiology of mental health problems (for meta-analyses, see Mann, Hosman, Schaalma, & de Vries, 2004, and Sowislo & Orth, 2013).

Based on previous findings, it was expected that higher levels of appearance congruence and gender identity acceptance would be associated with higher levels of self-esteem. Additionally, it was expected that rumination about gender identity would atemporally mediate the relationships between the factors of transgender congruence and self-esteem, with higher levels of appearance congruence and gender identity acceptance being associated with lower levels of rumination about gender identity, which in turn would be associated with higher levels of self-esteem.

Method

Participants and Procedure

Participants were recruited via various TGNC Facebook groups. Individuals with a minimum age of 18 years and self-identify under the trans* umbrella (i.e., not identify as cisgender) were invited to take part in the online study Comfort With Gender Identity. After participants opened the link to the online survey, they were provided with information about the study and completed an informed consent form, in which voluntary participation, anonymity, and professional data handling were assured. Subsequently, demographic questions and questionnaires measuring self-esteem, transgender congruence, and rumination about gender identity were presented. On average it took 10 min to complete the questionnaire. Participants received no compensation for their participation. The study was approved by the Ethics Committee of the Faculty of Social and Behavioral Sciences of Utrecht University, the Netherlands.

A total of 323 participants between 18 and 70 years of age fully completed the survey. Participants identified themselves as (trans) man (*n* = 176; 54.5%), (trans) woman (*n* = 56; 17.3%), nonbinary (*n* = 42; 13%), agender (*n* = 10; 3.1%), genderqueer (*n* = 9; 2.8%), demiboy (*n* = 8; 2.5%), genderfluid (*n* = 5; 1.5%), demigirl (*n* = 1; .3%), and bigender (*n* = 1; .3%). Participants who did not choose one of these options (*n* = 15; 4.6%) identified themselves, for example, as transmasculine, maverique, nonbinary trans man, and queer. The mean age of the total sample and the three largest subgroups are presented in Table 1. The majority of the participants were from the Netherlands (41.8%) or New Zealand (32.2%), followed by United States (7.1%) and Australia (6.2%). The rest of the participants lived in mainly European countries. About half of the participants (53.3%) were involved in a romantic relationship.

Measures

Means and standard deviations for all measures for the total sample and the three largest subgroups (i.e., (trans) men, (trans) women, nonbinary) can be found in Table 1.

Table 1

Descriptive Statistics and Bivariate Correlations of the Study Variables for the Total Sample and the Three Largest Subgroups

Variable	Sample	M (SD)	1	2	3	4
1. Appearance congruence[a]	Total sample[c]	3.03 (1.14)	—			
	(Trans) men[d]	$3.22 (1.12)_1$				
	(Trans) women[e]	$3.21 (1.24)_1$				
	Nonbinary[f]	$2.31 (.90)_2$				
2. Gender identity acceptance[a]	Total sample[c]	3.98 (.99)	.28***	—		
	(Trans) men[d]	$3.83 (1.02)_1$	.31***			
	(Trans) women[e]	$4.29 (.96)_2$	.44**			
	Nonbinary[f]	$4.07 (.94)_{1, 2}$	.05			
3. Rumination about gender identity[b]	Total sample[c]	2.00 (.73)	−.52***	−.41***	—	
	(Trans) men[d]	$2.01 (.74)_1$	−.52***	−.45***		
	(Trans) women[e]	$1.83 (.73)_1$	−.53***	−.22		
	Nonbinary[f]	$2.04 (.68)_1$	−.54***	−.19		
4. Self-esteem[b]	Total sample[c]	2.74 (.69)	.44***	.32***	−.48***	—
	(Trans) men[d]	$2.73 (.67)_{1, 2}$	.39***	.34***	−.49***	
	(Trans) women[e]	$2.98 (.76)_1$	.58***	.32*	−.38**	
	Nonbinary[f]	$2.57 (.68)_2$	.39*	.13	−.36*	
5. Age	Total sample[c]	28.54 (11.23)	.26***	.09	−.24***	.32***
	(Trans) men[d]	$26.69 (9.57)_1$	.32***	.14	−.29***	.33***
	(Trans) women[e]	$37.80 (15.20)_2$	.15	−.03	−.07	.31*
	Nonbinary[f]	$26.71 (9.28)_1$	.35*	−.33*	−.21	.14

Note. A multivariate analysis of variance with post-hoc Bonferroni comparisons with subgroup ([trans] man vs. [trans] woman vs. nonbinary) as independent variable and all study variables as dependent variables resulted in a significant overall effect for subgroup, $F(10, 534) = 9.13$, $p < .001$, Wilks $\Lambda = .73$, $\eta_p^2 = .15$. Means that do not share subscripts are significantly different at the $p < .05$ level. Moderation analyses revealed that the bivariate correlations did not significantly differ between the three subgroups, except for the correlation between appearance congruence and gender identity acceptance, which differed between the (trans) women and nonbinary group ($p = .02$).
[a] Scale range = 1–5. [b] Scale range = 1–4. [c] $N = 323$. [d] $n = 176$. [e] $n = 56$. [f] $n = 42$.
* $p < .05$. ** $p < .01$. *** $p < .001$.

Transgender congruence. The Transgender Congruence Scale (Kozee et al., 2012) was used to measure the two factors of transgender congruence, that is, appearance congruence (nine items; e.g., "My outward appearance reflects my gender identity") and gender identity acceptance (three items; e.g., "I have accepted my gender identity"). 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 indicated greater appearance congruence and gender identity acceptance. In this study, Cronbach's alphas were .94 and .79 for appearance congruence and the gender identity acceptance, respectively.

Rumination about gender identity. Rumination about gender identity was measured using the rumination subscale of the Gender Identity Reflection and Rumination Scale (Bauerband & Galupo, 2014). The five items (e.g., "I waste time thinking about my gender identity") 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 indicated more rumination. In the current study, Cronbach's alpha was .81.

Self-esteem. Self-esteem was measured with the Rosenberg Self-Esteem Scale (Rosenberg, 1965) consisting of 10 items capturing individuals' global perception of their own worth. 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 indicated greater self-esteem. In the current study, Cronbach's alpha was .92.

Statistical Analysis

Statistical analyses were performed with IBM SPSS Statistics Version 25 and PROCESS for SPSS 3.3. In Step 1, bivariate associations between the study variables were analyzed using Pearson correlation coefficients. In Step 2, a mediation analysis with the two factors of transgender congruence, that is, appearance congruence and gender identity acceptance, as independent variables; rumination about gender identity as mediator; and self-esteem as dependent variable was conducted. Age was included as control variable because it was significantly related to appearance congruence, rumination about gender identity, and self-esteem. Note that, due to the cross-sectional data, the mediation analysis reflects an atemporal mediation yielding evidence of correlational associations rather than evidence of causality (Winer et al., 2016).

The mediation analysis contained the following subanalyses (Hayes, 2018): First, to estimate the effects of appearance congruence and gender identity acceptance on rumination about gender identity, we calculated a multiple regression analysis by entering both factors of transgender congruence simultaneously. Second, a hierarchical regression analysis in which the two factors of transgender congruence were entered in Step 1 and rumination about gender identity was entered in Step 2 was calculated to estimate the total (Step 1) and direct (Step 2) effects of appearance congruence and gender identity acceptance as well as the effect of rumination about gender identity (Step 2) on self-esteem. Third, indirect effects of appearance congruence and gender identity acceptance on self-esteem through rumination about gender iden-

tity were determined by means of bootstrap analyses with 5,000 bootstrap samples generating 95% percentile bootstrap confidence intervals (CIs). All coefficients are reported in standardized form.

Results

Bivariate Associations Between Transgender Congruence, Rumination About Gender Identity, and Self-Esteem

The results of the correlation analyses of the study variables are presented in Table 1. As expected, appearance congruence and gender identity acceptance were significantly negatively related to rumination about gender identity and significantly positively related to self-esteem. Also, a significant negative association between rumination about gender identity and self-esteem was found.

Total, Direct, and Indirect Effects of Transgender Congruence on Self-Esteem Through Rumination About Gender Identity

The results of the regression analyses are presented in Figure 1. The multiple regression analysis revealed significant negative effects of both factors of transgender congruence on rumination about gender identity (controlled for age), indicating that higher levels of appearance congruence and gender identity acceptance are associated with less rumination about gender identity. A total of 35% of the variance in rumination about gender identity could be explained, $F(3, 321) = 58.35$, $p < .001$.

The hierarchical regression analysis revealed significant positive total effects in Step 1 and significant positive direct effects of both factors of transgender congruence on self-esteem (controlled for age) in Step 2. This indicates that higher levels of appearance congruence and gender identity acceptance are associated with higher levels of self-esteem. Furthermore, Step 2 of the hierarchical regression analysis yielded a significant negative effect of rumination about gender identity on self-esteem (controlled for age), indicating that less rumination about gender identity is associated with higher levels of self-esteem. In Step 1, a total of 28% of the variance in self-esteem could be explained by the two factors of transgender congruence and age, $F(3, 321) = 41.52$, $p <$

.001. Adding rumination about gender identity in Step 2 resulted in a 4.6% increase of the explained variance in self-esteem, $\Delta F(1, 317) = 21.85$, $p < .001$. Together, the two factors of transgender congruence, rumination about gender identity, and age explained a total of 32% of the variance in self-esteem, $F(4, 321) = 38.65$, $p < .001$.

The bootstrap analyses revealed significant positive indirect effects of appearance congruence ($\beta = .11$; 95% CI [.062, .169]), as well as of gender identity acceptance ($\beta = .08$; 95% CI [.037, .124]) on self-esteem through rumination about gender identity (controlled for age). This indicates that higher levels of appearance congruence and gender identity acceptance are associated with higher levels of self-esteem through less rumination about gender identity.

Discussion

The current study investigated the relationships between transgender congruence (i.e., appearance congruence and gender identity acceptance), rumination about gender identity, and self-esteem in TGNC individuals using a cross-sectional design. As expected, the results showed that higher levels of both appearance congruence and gender identity acceptance as well as lower levels of rumination about gender identity were associated with higher levels of self-esteem. These results are in line with previous findings (e.g., Bauerband & Galupo, 2014; Glynn et al., 2016; Kozee et al., 2012) and suggest that transgender congruence may be a protective factor in the context of psychological well-being and mental health in TGNC individuals.

Furthermore, as expected, the results of the mediation analysis revealed that the relationships of both factors of transgender congruence with self-esteem were atemporally mediated by rumination about gender identity. These findings suggest that experiencing comfort with external appearance and accepting one's gender identity may protect TGNC individuals from ruminating about their gender identity, which in turn may contribute to a more positive global evaluation of the self and more feelings of self-worth. The present findings indicate that rumination about gender identity only partially accounts for the associations between the two factors of transgender congruence and self-esteem, suggesting that transgender congruence may also have a more direct associ-
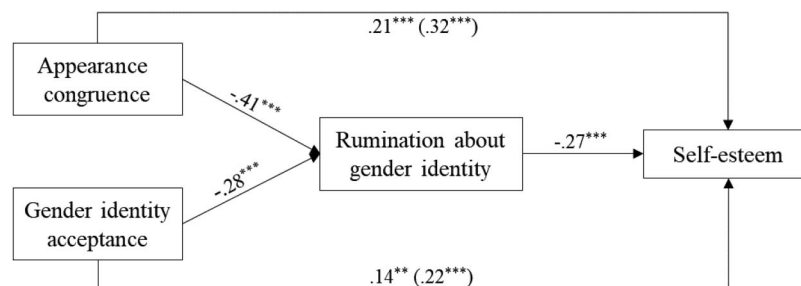

Figure 1. Results of the multiple and hierarchical regression analyses that were calculated as part of the mediation analysis linking the two factors of transgender congruence with self-esteem via rumination about gender identity. Total effects derived from Step 1 of the hierarchical regression analysis are displayed in parentheses. All coefficients are reported in standardized form. Control paths for age on rumination about gender identity ($\beta = -.11$, $p = .02$) and on self-esteem ($\beta = .19$, $p < .001$) were omitted for figure clarity. ** $p < .01$. *** $p < .001$.

ation with self-esteem or that additional variables not assessed in the current study, such as transgender community belongingness (Barr, Budge, & Adelson, 2016), also underlie this association.

The results of the present study suggest that transgender congruence is an important factor facilitating psychological well-being and mental health of TGNC individuals. Given the high prevalence of mental health problems among TGNC individuals (e.g., Meyer et al., 2017), these findings may have important clinical implications. As highlighted by Kozee and colleagues (2012), therapists and counselors can help TGNC clients by developing individualized strategies that can help them to cope in times when they feel less congruent with their appearance and gender identity, irrespective of whether they decide to engage in the transitioning process. Attending to and addressing transgender congruence in (psychological) health care could help to increase self-esteem and psychosocial well-being by reducing rumination about gender identity.

Furthermore, it is important that TGNC clients who consider engaging in transitioning be supported in this process. Previous studies have shown that the level of transgender congruence of treatment-seeking transgender people considerably improved following gender-affirming medical treatments, such as hormone replacement therapy and genital affirming surgery (e.g., Fisher et al., 2014; Owen-Smith et al., 2018). However, not all TGNC treatment-seeking individuals have equal opportunity to access gender affirmation care. Possibilities greatly vary between countries depending on laws and health care programs, and barriers TGNC individuals encounter include long waiting lists, health care discrimination, and financial barriers (e.g., Gonzales & Henning-Smith, 2017). Despite increased awareness of barriers to gender-affirming care, there are a number of improvements that can be made at a broader policy level to ease and facilitate access to care that can improve the well-being and health of TGNC individuals (Puckett, Cleary, Rossman, Mustanski, & Newcomb, 2018).

Our results must be considered in light of study limitations. First, given the cross-sectional nature of this study, findings cannot be used to infer causality (Winer et al., 2016). Although the tested mediation model is based on theoretical assumptions, it is also reasonable to assume that the direction of the relationships may be reversed or reciprocal; for example, low self-esteem could (also) increase rumination, and rumination could (also) negatively affect transgender congruence. Alternative models were not tested in the current study. In the future, longitudinal studies are needed to study causal effects. Second, the recruitment of participants was restricted to those using Facebook TGNC groups, and the present sample consisted of primarily Dutch participants who self-identified as (trans) man. Therefore, the results of this study may not be representative of the general population of TGNC individuals. Finally, only one aspect of psychological well-being and mental health (i.e., self-esteem) was assessed in the present study. Future researchers may use more comprehensive measures to differentiate between the role of transgender congruence and rumination about gender identity in various aspects of the mental health of TGNC individuals.

Despite the limitations, this study adds to the literature by providing further evidence of transgender congruence being an important factor in the context of mental health in TGNC individuals and by providing first evidence of rumination about gender identity being a factor accounting for the relationship between

transgender congruence and self-esteem in TGNC individuals. The present findings suggest that supporting TGNC individuals to improve their appearance congruence and their gender identity acceptance by psychological and/or medical treatments would result in increased mental health. Given the increasing health care needs for TGNC individuals, it is important to further study the underlying factors that can be addressed in clinical settings to increase self-esteem and other components of mental health in TGNC individuals.

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