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The Role of Authenticity in the Link Between Self-Determination, Gender Minority Stress, Psychological Well-being and Distress in Transgender, Nonbinary, and Gender Expansive Individuals

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The Role of Authenticity in the Link Between Self-Determination, Gender Minority Stress, Psychological Well-being and Distress in Transgender, Nonbinary, and Gender Expansive Individuals

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DISSERTATION

A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy in the
College of Education at the University of Kentucky

By
Zakary Alexander Clements
Lexington, Kentucky
Director: Dr. Sharon S. Rostosky, Professor of Counseling Psychology
Lexington, Kentucky
2023

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ABSTRACT OF DISSERTATION

THE ROLE OF AUTHENTICITY IN THE LINK BETWEEN SELF-DETERMINATION, GENDER MINORITY STRESS, PSYCHOLOGICAL WELL-BEING AND DISTRESS IN TRANSGENDER, NONBINARY, AND GENDER EXPANSIVE INDIVIDUALS

Transgender, nonbinary, and gender expansive individuals (TNB and GE) have the same basic psychological needs (BPN) for self-determination as their cisgender counterparts yet face unique gender minority stressors (GMS) that may impact psychological distress and well-being. Authenticity is an important factor that may also affect psychological well-being and distress in TNB and GE people. Few research studies have examined BPN attainment or GMS factors and psychological well-being and distress. The role of authenticity, which is associated with psychological well-being in cisgender samples, has yet to be examined in TNB and GE people on the context of BPN attainment or GMS. The current dissertation addressed these gaps in research in a sample of 489 TNB and GE participants who were 18 to 61 years of age. Participants completed a survey assessing BPN attainment, GMS experiences, general and identity-specific authenticity, and psychological well-being measures (eudaimonic well-being, hedonic well-being) and psychological distress (depressive symptoms, anxiety, and negative affect). Six structural equation models explored these relationships. Findings indicated that higher BPN attainment was associated with more psychological well-being and less psychological distress. Proximal minority stressors were associated with less psychological well-being and more psychological distress. Distal gender minority stressors were unexpectedly associated with more psychological well-being and less psychological distress. General authenticity was an important mediator of these associations, and identity-specific authenticity was an important mediator between GMS and psychological well-being and distress. The current study documents the importance of BPN attainment on psychological well-being and distress in TNB and GE individuals and emphasizes the negative effect of proximal gender minority stressors. Further research on resiliency processes that mediate associations between distal gender minority stressors and psychological well-being and distress are suggested. This study highlights the importance of authenticity as an intervening factor that may contribute to the overall well-being of TNB and GE individuals.

KEYWORDS: transgender, nonbinary, gender expansive, basic psychological needs, gender minority stress, authenticity

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04/11/2023

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The Role of Authenticity in the Link Between Self-Determination, Gender Minority Stress, Psychological Well-being and Distress in Transgender, Nonbinary, and Gender Expansive Individuals

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Date

DEDICATION

This dissertation is dedicated to my maternal grandparents, Mary and David Wood. I miss you both deeply every day. I am blessed with happy memories and important lessons learned. I truly would not be who I am today without the love from you both. Thank you.

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CHAPTER 1. THE ROLE OF AUTHENTICITY IN THE LINK BETWEEN SELF-DETERMINATION, GENDER MINORITY STRESS, PSYCHOLOGICAL WELL-BEING AND DISTRESS IN TRANSGENDER, NONBINARY, AND GENDER EXPANSIVE INDIVIDUALS

INTRODUCTION

Transgender, nonbinary (TNB), and gender expansive (GE) individuals are those whose gender identity does not align with their sex assigned at birth. Transgender is the broader umbrella term that includes people who do and do not identify within the gender binary (nonbinary, gender expansive). In the U.S., TNB and GE individuals face higher levels of prejudice and discrimination (Aparicio-García et al., 2018; Lelutiu-Weinberger et al., 2020) and stigma-related anxiety and depressive symptoms (Adams et al., 2017) compared to cisgender individuals (Lefevor et al., 2019). TNB and GE youth report high rates of suicidal ideation (Trevor Project, 2020). Thus, TNB and GE individuals are at risk for more psychological distress that can undermine their health.

An important objective of counseling psychology is to reduce psychological distress and help people to thrive. Psychological well-being (PWB) is conceptualized as eudaimonic and hedonic well-being (Ryff, 1989). Eudaimonic well-being is "happiness or contentment that is achieved through self-actualization and having meaningful purpose in one's life" (*APA Dictionary of Psychology*, n.d.). Eudaimonia is the philosophical notion that we aspire to achieve our unique potential (Ryff & Singer, 2008). Eudaimonic well-being is the psychological state that results from enacting one's values that align with one's purpose and brings meaning to one's life (Waterman et al,, 2010).

Hedonic well-being is defined as "the type of happiness or contentment that is achieved when pleasure is obtained and pain is avoided" (*APA Dictionary of Psychology*,

n.d.). Hedonism is the philosophy that an individual's inclination is to live life in pursuit of pain avoidance and pleasure maximization (Ryan & Deci, 2001). Consequently, hedonic well-being is defined as subjective pleasure and positive feelings.

Psychological well-being overall may be lower in TNB and GE populations compared to their cisgender peers. Several general psychological factors and identity-specific factors may be associated with psychological well-being and distress in TNB and GE people. The first two aims of this dissertation project are to test a basic psychological needs (BPN) model and a gender minority stress (GMS) model of psychological well-being and distress in TNB and GE people.

Self-determination theory (SDT) is a general psychological model that posits three basic psychological needs (BPN) that are associated with psychological distress and well-being (Deci & Ryan, 1980). Human beings are theorized to grow and develop through an innate process of attaining the basic needs for autonomy, relatedness, and competence (Deci & Ryan, 2000; Deci & Ryan, 2002; 1985; 1980). The first aim was to examine the utility of a BPN model for understanding psychological distress and well-being in TNB and GE individuals.

The challenges of meeting basic psychological needs apply to all human beings, however dealing with social stigma, discrimination, and the accompanying gender minority stress are additional challenges for TNB and GE individuals (Lefevor et al., 2019; Poquiz et al., 2021). The Gender Minority Stress (GMS) theory outlines specific distal stressors (gender-related discrimination, rejection, victimization, and non-affirmation of gender identity) and proximal stressors (internalized transphobia, negative expectations, nondisclosure) that are associated with poorer mental and physical health

outcomes for TNB and GE individuals (Testa et al., 2015). The second aim was to the utility of a GMS model for understanding psychological distress and well-being in TNB and GE individuals.

Some research has shown that authenticity is important to psychological well-being in TNB and GE people (e.g., Bradford et al., 2019; Levitt & Ippolito, 2014; Riggle et al., 2011). The third aim of this dissertation project was to explore whether general or identity-specific authenticity provides additional explanatory value in understanding psychological well-being and distress in each of the two models (i.e., BPN and GMS). In the sections that follow, I will describe the theoretical framework for each of the two models (general and identity-specific) and the empirical findings that suggest the potential contribution to understanding psychological well-being and distress in TNB and GE individuals. I will then review empirical literature on authenticity (general and identity-specific) in TNB and GE individuals to understand possible contributions to psychological well-being.

1.1.1 Self-Determination Theory

Self-Determination Theory (SDT) proposes that individuals achieve psychological growth through an innate process of satisfying three basic psychological needs: autonomy, relatedness, and competence (Deci & Ryan, 2000; Deci & Ryan, 2002; 1985; 1980). Autonomy refers to the need to freely act in a manner that is consistent with one's goals and values (Ryan & Deci, 2006). Relatedness refers to the need to belong and connect with others and is facilitated by receiving empathy and support (Deci & Ryan, 2017). Competence refers to perceptions of effectiveness and mastery and is facilitated

by opportunities and challenges that encourage engagement and provide both positive and critical feedback (Deci & Ryan, 2017).

SDT suggests individuals are internally motivated to seek autonomy, relatedness, and competence (Deci & Ryan, 2000). Social contexts and the individual differences that people bring into those contexts can facilitate or impede the satisfaction of these needs. Supportive social contexts accelerate basic psychological needs attainment and contribute to psychosocial well-being (Deci & Ryan, 1980; 2000). Conversely, social contexts that obstruct basic psychological need fulfillment may interfere with psychological well-being (Deci & Ryan, 2002).

Associations between psychological need fulfillment and well-being in general adult samples have been well-documented. A meta-analysis across 36 samples spanning the U.S, Japan, and China showed significant moderate correlations between autonomy, positive affect, and satisfaction with life. Significant negative associations were documented between autonomy and negative affect (r = - 0.38; Yu et al., 2018). Reed-Fitzke and Lucier-Greer (2020) explored perceived BPN satisfaction and frustration among 375 emerging adult college students. A MANOVA test of between-subjects effects found that emerging adults who rated their BPNs as "sufficiently satisfied" had significantly lower levels of anxiety and depressive symptoms, and significantly higher levels of life satisfaction compared to those in the "ambivalent" BPN attainment group (p. 31).

TNB and GE individuals live in a social context that poses challenges that may interfere with BPN attainment. For example, some states have recently banned gender affirming care for TNB and GE youth (Conron et al., 2022), inhibiting bodily autonomy.

Many TNB and GE individuals who seek identity document changes encounter barriers that prevent them from exercising their autonomy (Movement Advancement Project, 2023b). Relatedness is likely impacted by stigma and marginalization. Individuals may find it difficult to connect with others who may not be accepting of their identities. They may have difficulty finding other TNB and GE individuals to connect with and may have insufficient social support from family. Competence may be impacted when TNB and GE individuals are banned from participating in sports programs and denied educational and employment opportunities (Movement Advancement Project, 2023a,b). In sum, BPN attainment may be challenging in the context of discrimination, and may be lower for TNB and GE individuals compared to the general population.

In a grounded theory study, Levy and colleagues (2015) explored perceptions of BPN fulfillment in a sample of 14 transgender military service members. Participants reported difficulty attaining BPNs because of fear of discrimination and rejection if they disclosed their identities to their fellow service members, and concerns about repercussions (socially or career-based). Since no published empirical studies testing associations between BPN fulfillment and psychological distress and well-being in TNB and GE individuals could be identified, a primary aim of the current project was to fill this gap.

1.1.2 Gender Minority Stress and Resilience

Applied to LGB populations, minority stress describes chronic and acute stressors that are more distal (discrimination, prejudice, violence) or proximal (vigilance, fear of rejection, concealment, internalized negative societal attitudes; Brooks, 1981, Meyer,

2003). An expansion of this theory to TNB and GE populations, the gender minority stress and resilience framework (GMSR; Hendricks & Testa, 2012; Testa et al., 2015) includes gender-specific distal stressors (gender-related discrimination, rejection, victimization, and non-affirmation of gender identity), proximal stressors (internalized transphobia, negative expectations, concealment), and resiliencies (community connectedness, pride) that impact psychological and physical health outcomes for TNB and GE individuals (Hendricks & Testa, 2012, Testa et al., 2015).

Gender minority stress is associated with higher levels of distress and may partially explain the psychological health disparities between TNB and cisgender communities. For example, in a sample of 149 Italian trans and gender nonconforming[1] individuals, Scandurra and colleagues (2018) found that gender-related discrimination was significantly positively associated with anxiety and depressive symptoms. Pease and colleagues (2022), in a cross-sectional data analysis of 363 TNB and GE individuals, found that distal gender minority stressors were significantly associated with psychological distress. In a study of 109 transgender adolescents seeking care in a clinical setting, Chodzen and colleagues (2019) found that proximal stressors were significant predictors of major depressive disorder and generalized anxiety disorder.

Gender minority stressors (Testa et al., 2015) may also interfere with the well-being of TNB and GE individuals. Smith and colleagues (2018) used a Community-Based Participatory Research (CBPR) approach with 30 transgender adults living in a rural state. In qualitative interviews, respondents reported that experiencing gender-based discrimination increased their mental health challenges and negatively impacted well-

[1] The current dissertation project uses GE (gender expansive) to include individuals who identify with many gender labels, including (but not limited to) gender nonconforming, agender, bigender.

being. Despite these challenges, resiliencies can protect the well-being of TNB and GE individuals. For example, Puckett and colleagues (2019) found that, in a sample of 695 transgender participants, resiliency was significantly negatively associated with depressive symptoms and anxiety. In addition to those associated with the gender minority stress and resilience model, TNB and GE individuals report other strengths and positive aspects of their identities (Matsuno, 2019; Matsuno & Israel, 2018; Puckett et al., 2019; Riggle et al., 2011), including feelings of authenticity (Riggle et al., 2011, Riggle & Mohr, 2015, Austin, 2016).

1.1.3 Authenticity

Authenticity has been conceptualized as a *personality trait* (Wood et al., 2008) and as a *state* that is context-specific (Lenton et al., 2013). As a personality trait, authenticity is defined as consistency between an individual's values and morals and their actions and behaviors (Newman, 2019). Conceptualized as a state, authenticity is a subjective feeling in which individuals feel aligned with their true self in the present moment (Sedikides et al., 2017). The social environment or context influences feelings of authenticity. Research suggests that authenticity is largely a state-dependent phenomenon where individuals feel more authentic when they are in specific social contexts that support their personality traits and values (Fleeson & Wilt, 2010; Bayır-Toper et al., 2020; Lenton et al., 2016).

1.1.3.1 General Authenticity

General authenticity (sometimes referred to as state authenticity) is a feeling of subjective authenticity, a context-dependent state that all individuals feel they are

behaving in accordance with their values and are consciously in tune with themselves (physiological states, beliefs, emotions; Lenton et al., 2016). Feeling authentic is important to self-esteem (Kernis, 2003; Kernis & Goldman, 2006), self-acceptance (Austin, 2016), and other aspects of psychological well-being (Rostosky et al., 2018a; Sutton, 2020). Sutton (2020) conducted a meta-analysis and identified 65 studies on the relationship between authenticity and well-being in general adult samples. The meta-analysis revealed a significant moderate positive relationship between authenticity and well-being ($r = 0.40$; Sutton, 2020).

1.1.3.2 Identity-specific Authenticity

Identity-specific authenticity is a trait related to accepting and living one's gender identity. This includes individuals' "feelings of congruence, confidence, and inner-strength and awareness" related to their gender identity (Riggle & Mohr, 2015, p. 83). Identity-specific authenticity has been associated with well-being in in TNB and GE populations. In a sample of mainly LGB individuals, identity-specific authenticity was strongly associated with all six subscales of Ryff's (1989; Ryff & Keyes, 1995) measures of PWB (Rostosky et al., 2018a). Since only 12.3% of the participants in the sample identified as TNB, there was insufficient power to examine this group separately. However, in a qualitative interview study of 20 TNB individuals, identity-specific authenticity was a core component of happiness (Tebbe et al., 2022). Other scholars note that identity-specific authenticity appears to support identity navigation (Austin, 2016) and positive-identity development (Riggle & Mohr, 2015; Riggle et al., 2014).

1.1.3.3 Authenticity and BPN

Authenticity may be related to BPN attainment. Autonomy and authenticity are related concepts, yet conceptually distinct; Authenticity concerns being real, genuine, or true; autonomy involves independence and feeling in control of one's actions (Thomaes et al., 2017; Soenens & Vansteenkiste, 2005). In the context of BPN attainment, acting authentically has been associated with autonomy (Ryan & Deci, 2006; Zheng et al., 2020). Findings from a general sample of 759 adolescents suggest that autonomy increases authenticity, which in turn increases well-being (Thomaes et al., 2017). Legate and colleagues (2017) found that authenticity (as well as optimism) predicted satisfaction of BPNs in a sample of 71 LGB adults.

In interviews with 18 trans-identified individuals Levitt and Ippolito (2014) found that identity-specific authenticity related to gender presentation is important for well-being, but individuals in the study balanced their gender presentation against risks of experiencing minority stressors and discrimination. The authors concluded that TNB and GE individuals continually evaluate the benefits and risks of authentic gender presentation as they navigate different social contexts. Authenticity is important to the well-being of TNB and GE people, yet social stigma shapes its attainment and expression. Thus, examining the role of authenticity in relation to BPN in TNB and GE individuals' psychological well-being and distress is important, given the lack of research on this aspect of both general and identity-specific authenticity in this population.

1.1.3.4 Authenticity and GMS

TNB and GE individuals report strengths and positive aspects related to their gender identity that may buffer the negative effects of gender minority stress. One consistent finding across studies related to strengths and positive aspects of TNB and GE

identities is the importance of authenticity (Riggle et al., 2011, Riggle & Mohr, 2015, Austin, 2016). Thus, examining the contribution of general and identity-specific authenticity to the well-being of TNB and GE individuals is important.

Gender minority stressors may impact authenticity in TNB and GE individuals. The social context of stigma and discrimination may challenge TNB and GE individuals' general authenticity and their identity-specific authenticity. Austin (2016) interviewed 13 racially diverse transgender or gender non-conforming (TGNC) 18–29-year-olds in a constructivist grounded theory analysis of navigating and developing TGNC identities in youth and young adulthood. In their analysis, Austin (2016) revealed that feeling authentic was an important ongoing challenge impacted by emotional, interpersonal, and environmental barriers.

The emotional barriers to authenticity include deciding to prioritize this internal compass and sense of self over societal expectations and accompanying fears of rejection. Interpersonal barriers to authenticity include managing nonacceptance or nonaffirmation from family members, friends, and important others. Environmental barriers to authenticity included lack of access to an accepting community and resources, including social support and economic or financial independence (Austin, 2016). Understanding the role of authenticity in supporting well-being in the context of gender minority stress is an important empirical endeavor.

CURRENT STUDY

The first two aims of this dissertation study were to test a BPN model and a GMS model of psychological distress and well-being in TNB and GE individuals. The third aim

was to explore the potential contribution of authenticity (general and identity-specific) in mediating the associations in each of the two models. In the sections that follow, I will describe the research hypotheses and exploratory research questions that build on the theory and research reviewed above.

1.1.4 Research Hypotheses

A BPN model based on Self-Determination Theory (Deci & Ryan, 1980) is the basis for the first hypothesis. In a sample of TNB and GE individuals,

(H1) BPN (autonomy, relatedness, and competence) will be associated with higher levels of psychological well-being (eudaimonic, hedonic) and lower levels of psychological distress (depressive symptoms, anxiety, negative affect).

An GMS model based on Gender Minority Stress Theory (Testa et al., 2015) is the basis for the second hypothesis. In a sample of TNB and GE individuals,

(H2) Gender minority stressors (discrimination, rejection, victimization, nonaffirmation, internalized transphobia, negative expectations, nondisclosure) will be related to lower psychological well-being (eudaimonic, hedonic) and higher levels of psychological distress (depressive symptoms, anxiety, negative affect).

1.1.5 Exploratory Research Questions

Based on previous research findings that suggest the importance of authenticity to positive identity and psychological well-being in sexual and gender minority individuals (Petrocchi et al., 2020; Rostosky et al., 2018) and the current gap in theoretically-grounded model testing, I examined the potential role of general and identity-specific authenticity in

the general basic psychological needs (BPN) model and the identity-specific gender minority stress (GMS) model. The following research questions guide an exploration of the role of authenticity (general and identity-specific).

1. Does general authenticity mediate the associations between BPN and psychological well-being/distress?
2. Does general authenticity mediate the associations between GMS and psychological well-being/distress?
3. Does identity-specific authenticity mediate the associations between BPN and psychological well-being/distress?
4. Does identity-specific authenticity mediate the associations between GMS and psychological well-being/distress?

METHOD

1.1.6 Participants

A final sample of participants (*N* = 489) ranged in age from 18 to 61 (*M* = 26.32, *Median* = 24, *SD* = 6.72) and resided in the U.S. Participants' gender identity was assessed based on recommendations from Puckett and colleagues (2020). Participants could select multiple options or write in their own self-label. Participants identified as transgender (60%), nonbinary (67%), genderqueer (26%), agender (13%), trans woman (11%), trans man (24%), and Two Spirit/third gender (1%). Eight percent wrote in other self-labels (e.g., abinary, demiboy, demigirl ; 8%).

Participants identified their race as Asian/ Asian American (3%), Black/African American/Caribbean American (7%), White/ European American (67%), Latino/a/x/ Chicano/ South American (5%), Multiracial (15%), and prefer not to answer (3%). Participants indicated their primary sexual orientation as Bisexual (27%), Queer (21%), Pansexual (14%), Asexual (11%), Lesbian (10%), Gay (10%), Straight (4%), and identity not listed (e.g., demisexual, greysexual; 5%). See Table 1.1, p. 59 for all available demographic information.

1.1.7 Procedures

1.1.7.1 Recruitment

All study procedures were approved by the University of Kentucky's Institutional Review Board (#76994). Participants were recruited through an on online research platform, *Prolific Academic*. Individuals were recruited based on identifying as transgender, trans man, trans woman, genderqueer, gender nonconforming, or a different transgender identity, being over 18, and residing in the U.S. or a U.S. territory. Participants who completed the online survey were compensated five dollars for their participation. An initial sample of 528 participants was recruited. Participants who were cisgender (n = 5), who failed attention checks (n = 15), who did not complete the survey beyond demographic questions (n = 6), and duplicate responses (n = 3) were not included in the data analysis.

1.1.8 Measures

Data were collected from September 7th through 26th, 2022 using an online self-report Qualtrics survey, which was piloted by six individuals. Participants first completed demographic items. Next, they completed quantitative measures of Eudaimonic well-being (QEWB; Waterman et al., 2010), Hedonic well-being (satisfaction with life, happiness, and positive affect; Watson et al., 1988, Diener et al., 1985, Lyubomirsky & Lepper, 1999), Psychological distress (depressive symptoms, anxiety, negative affect; Radloff, 1977; Beck & Steer, 1993; Watson et al., 1988), Basic psychological needs (Chen et al., 2015; Deci & Ryan, 2000); Gender minority stressors (Testa et al., 2015), general authenticity (AS; Wood et al., 2008), and Transgender identity-specific authenticity (T-PIM; Riggle & Mohr, 2015). Each of the measures is described in the following section. Additionally, see the Appendix, p. 85, for the full survey.

1.1.8.1 Outcome Variables

1.1.8.1.1 EUDAIMONIC WELL-BEING.

The Questionnaire for Eudaimonic Well-Being (QEWB; Waterman et al., 2010) is a 21-item global measure of eudaimonic well-being, including components of self-discovery, perceived development of one's best potential, a sense of purpose and meaning in life, intense involvement in activities investment of significant effort, and enjoyment of activities as personally expressive. Items are rated on a 5-point Likert scale ranging from 0 (*Strongly Disagree*) to 5 (*Strongly Agree*). Items include, "I can say that I have found my purpose in life" and "I feel best when I'm doing something worth

investing a great deal of effort in." The scale has been validated for use with general adult populations; the QEWB is significantly positively correlated with self-esteem and negatively correlated with anxiety and depressive symptoms (Waterman et al., 2010). Mean scores were calculated for each participant; high scores indicate greater eudaimonic well-being. Alpha reliability in the current sample was α = 0.87.

1.1.8.1.2 Hedonic Well-being.

I used the following scales of satisfaction with life, subjective happiness, and positive affect, to measure hedonic well-being.

Satisfaction with Life. The Satisfaction with Life Scale (SWLS; Diener et al., 1985) is a 5-item scale measuring global satisfaction with life. Items on this scale include, "In most ways my life is ideal" and "I am satisfied with my life." Participants indicate their level of agreement with these statements using a 7-point Likert scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). The SWLS demonstrated validity in a sample of 150 LGBT employees in the UK and was associated with authentic living (Fletcher & Everly, 2021). Mean scores were calculated for each participant. Higher scores signal greater levels of satisfaction, while lower scores indicate feelings of dissatisfaction. Alpha reliability in the current sample was α = 0.87.

Happiness. The Subjective Happiness Scale (Lyubomirsky & Lepper, 1999) is a 4-item scale measuring happiness in comparison to perceived levels of happiness of others. Items include, "In general I consider myself…" and "Compared to most of my peers, I consider myself…". Participants indicate their level of happiness by

responding to statements using a 7-point Likert scale from 1 (lower happiness) to 7 (higher happiness). The SHS demonstrated validity in a sample of 54 trans individuals seeking gender reassignment surgery, and was associated with increased global functioning (de Vries et al., 2014). Mean scores were calculated for each participant, higher scores indicate greater subjective happiness while lower scores indicate lower subjective happiness. Alpha reliability in the current sample was $\alpha = 0.88$.

Positive Affect. The Positive and Negative Affect Scale (PANAS; Watson et al., 1988) is a 20-item scale measuring an individual's self-reported affect in the past seven days. There are ten positive affect words (e.g., interested, proud). Participants rate the extent to which the word describes their feelings using a 5-point Likert scale ranging from 1 (*very slightly or not at all*) to 5 (*extremely*). The PANAS positive affect subscale was associated with greater overall positive functioning in a sample of 32 transgender and gender nonconforming adults (Huit et al., 2022), suggesting evidence of its validity for use in the current study. Mean scores were calculated for each participant; higher scores on the positive subscale represent higher positive affect. Reliability in the current sample was $\alpha = 0.89$.

1.1.8.1.3 Psychological Distress

Depressive symptoms. Depressive symptoms in the past week were measured using the 10-item Center for Epidemiologic Studies Depression Scale (CES-D-10; Radloff, 1977). Items included, "I felt depressed" and "I could not 'get going'." Items were answered on a 4-point Likert scale ranging from 1 (*Rarely or None of the Time*) to 4 (*All of the Time, 5-7 days*). The CES-D-10 demonstrated validity in a sample of 61

transgender adults over the age of 50, and was positively associated with experiencing discrimination (White Hughto & Reisner, 2018). Mean scores were calculated for each participant; higher scores indicate higher depressive symptomology. Alpha reliability in the current sample was $\alpha = 0.85$.

Anxiety. Anxiety symptoms were measured using the 21-item Beck Anxiety Inventory (BAI; Beck & Steer, 1993). Participants are asked to indicate how much a specific symptom has bothered them in the past month. Symptoms include numbness or tingling, feeling hot, or inability to relax. Items are rated on a 4-point Likert scale ranging from 0 (*not at all*) to 3 (*severely- it bothered me a lot*). The BAI demonstrated validity in a sample of 88 trans men with gender dysphoria, and was positively associated with experiencing headaches (Yalinay Dikmen et al., 2021). Mean scores were calculated for each participant; higher scores indicate higher levels of anxiety. Alpha reliability in the current sample was $\alpha = 0.88$.

Negative Affect. The Positive and Negative Affect Scale (PANAS; Watson et al., 1988) is a 20-item scale measuring an individual's affect in the past seven days. There are ten negative affect words (e.g., disinterested, afraid). Participants rate how the word describes their feelings using a 5-point Likert scale ranging from 1 (*very slightly or not at all*) to 5 (*extremely*). The negative scale demonstrated validity in a sample of 32 transgender and gender nonconforming adults and was associated with decreased overall positive functioning (Huit et al., 2022). Mean scores were calculated for each participant; higher scores on the negative subscale represent higher negative affect. Alpha reliability in the current sample was $\alpha = 0.89$.

1.1.8.2 Predictor Variables

1.1.8.2.1 Basic Psychological Needs.

Basic Psychological Needs. The Basic Psychological Needs and Frustration Scale (BPNFS; Chen et al., 2015) is a 16-item questionnaire based on self-determination theory (Deci & Ryan, 2000). There are four 4-item subscales. Three subscales were used in the current study to measure autonomy (e.g., "I feel my choices express who I really am"), relatedness (e.g., "I feel close and connected with other people who are important to me"), and competence (e.g., "I feel capable at what I do"). Items are answered on a 7-point Likert scale ranging from 1 (*not true at all*) to 7 (*very true*). The scale has been found to be reliable in general population adult samples in the US, China, Belgium, and Peru, and positively associated with life satisfaction and vitality (Chen et al., 2015). Mean scores for each subscale were calculated, and higher scores indicate higher levels of attainment of each construct. Alpha reliability for each subscale was calculated in the current sample: autonomy ($\alpha = 0.90$), relatedness ($\alpha = 0.94$), and competence ($\alpha = 0.96$).

1.1.8.2.2 Gender Minority Stressors.

Distal Stressors. Four subscales from the Gender Minority Stressors and Resilience Model (Testa et al., 2015; 2017) were used to asses specific distal gender minority stressors. Discrimination (e.g., "Because of my gender identity or expression, I have had difficulty finding a bathroom to use when I am out in public"), rejection (e.g., "I have been rejected at school or work because of my gender identity or expression"), and victimization (e.g., "I have been threatened with physical harm because of my gender identity or expression") subscales are answered on a multiple-answer 2-point Likert scale

ranging from 0 (*Never*) to 1 (*Yes, before age 18; Yes, after age 18; Yes, in the past year*). Sums were calculated for each participant, with higher scores on each subscale indicating higher occurrence of that specific distal minority stressor. Alpha reliability for each subscale in the current sample was*:* discrimination ($\alpha = 0.88$), rejection ($\alpha = 0.89$), and victimization ($\alpha = 0.91$).

The five items on the nonaffirmation of gender identity subscale (e.g., "I have difficulty being perceived as my gender") are answered on a 5-point Likert scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree).* Mean scores were calculated for each participant, with higher scores indicating greater levels of nonaffirmation. The nonaffirmation subscale was reliable in the current sample ($\alpha = 0.87$).

Proximal Stressors. Three subscales from the Gender Minority Stress and Resilience Model (Testa et al., 2015; 2017) were used to analyze specific proximal gender minority stressors. The subscales measure distinct forms of proximal gender minority stressors including internalized transphobia (eight-items; "I resent my gender identity or expression"), negative expectations for future events (nine-items; "If I express my gender identity/history, others wouldn't accept me"), and nondisclosure (five-items; "Because I don't want others to know my gender identity/history, I change the way I walk, gesture, sit, or stand"). Items on the subscales are answered on a 5-point Likert scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree*). Mean scores were calculated for each subscale, with higher scores indicating greater levels of proximal stressors. These proximal stressor subscales have demonstrated validity in a sample of 297 trans and nonbinary adults, and were associated with gender dysphoria (Lindley &

Galupo, 2020). Reliability for each subscale was calculated: internalized transphobia (α = 0.93), negative expectations for future events (α = 0.98), and nondisclosure (α = 0.95).

1.1.8.3 Mediator Variables

1.1.8.3.1 *General Authenticity.*

General Authenticity**.** The 12-item Authenticity Scale (AS; Wood et al., 2008) is composed of three four-item subscales: authentic living, accepting external influence, and self-alienation. Items on the authentic living subscale include, "I am true to myself in most situations." Items on the accepting external influence subscale include, "I usually do what other people tell me to do." Items on the self-alienation subscale include, "I feel as if I don't know myself very well." Each item on the scale was slightly modified to specify that the participant respond in terms of the present. That is, "Right now" was added before each statement. Lenton and colleagues (2013) found this qualifier was important to assessing state (rather than trait) authenticity. Participants respond to each item on a 7-point Likert scale ranging from 1 (*does not describe me at all*) to 7 (*describes me very well*). Since higher scores on accepting external influence and self-alienation indicate less general authenticity, items on the accepting external influence and self-alienation scales were reverse scored. In the current sample mean scores were calculated for each participant. The AS is a valid measure of authenticity; the subscales were significantly associated with LGB-specific authenticity a sample of 272 LGB-identified individuals (Riggle et al., 2014). Alpha reliabilities in the current sample were authentic living subscale (α = 0.80), accepting external influence subscale (α = 0.90), and the self-

alienation subscale (α = 0.88). Higher scores indicate greater levels of general authenticity.

1.1.8.3.2 IDENTITY-SPECIFIC AUTHENTICITY.

The 5-item Authenticity subscale of the T-PIM (Riggle & Mohr, 2015) assesses an individual's feelings of authenticity specific to their transgender identity. Items on the subscale include "I embrace my transgender identity." Statements are presented on a 7-point Likert scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). A CFA confirmed the factor loadings of the authenticity subscale of the T-PIM in a diverse sample of 901 TNB adults (Taube & Mussap, 2021). The T-PIM is a valid measure of positive identity that has been found to be associated with identity affirmation (Mohr & Kendra, 2011) in a sample of 138 trans-identified individuals (Riggle & Mohr, 2015). Mean scores were calculated for each individual, with higher scores indicating more identity-specific authenticity. Alpha reliability in the sample is α = 0.88.

1.1.9 Data Analytic Plan

To calculate the required sample size for the model testing, I used a SEM sample size program (d = 0.30, α = 0.05, b = 0.80; Soper, 2023; Westland, 2010) and determined the minimum number of observed variables required was 323. All models were fit in R version 4.2.1 (R Core Team, 2022) using the lavaan package (Rosseel, 2012) with full-information maximum likelihood estimation.

To test hypothesis one, I included BPN measures as latent variables to predict psychological well-being and distress (BPN model). To test the second hypothesis, I included distal and proximal gender minority stressors as two latent variables to predict

psychological well-being and distress (GMS model). To explore the four research questions, I ran four models using Sobel mediation tests (Bollen, 1989, Kline, 2010; Sobel, 1982).

The roles of general and identity-specific authenticity were explored as potential mediators of the associations hypothesized above. The first two models explored the role of *general authenticity*. Specifically, I examined the BPN model with the addition of *general authenticity* as a latent mediator variable (Model 1). Then, I examined the GMS model with the addition of *general authenticity* as a latent mediator variable (Model 2).

The second two models explored the role of *identity-specific authenticity*. I first examined the BPN model with *identity-related authenticity* as an observed mediator variable (Model 3). Then I examined the GMS model with *identity-specific authenticity* as an observed mediator variable (Model 4).

RESULTS

1.1.10 Preliminary Data Analysis

I prepared the data for analyses by first screening cases, then screening variables, and then accounting for missing data. Missing data was low (<0.01%), thus missing values were replaced with median values of participants' responses to subscales. After, I checked the data to ensure that it met statistical assumptions. All subscales had appropriate skewness and kurtosis (<|1|). To assess multicollinearity, the Variable Inflation Factor (VIF) was calculated for each predictor variable on each outcome variable for BPN (all VIF < 2) and GMS (all VIF < 2) models. I examined outliers using

cases with a significant Mahalanobis distance ($p < 0.001$; De Maesshalck et al., 2000). Twelve outliers were identified and removed from the data analysis. A final sample of 489 participants was retained for analysis.

1.1.11 Model Specification

I used four fit indices to test model fitness: Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), Tucker Lewis Index (TLI), and Standardized Root Mean Square Residual (SRMR). I used Kline (2010)'s recommendations for model fitness: RMSEA less than or equal to .08 (acceptable) and .05 (good), a CFI value greater than or equal to .90 (acceptable) and .95 (good), TLI of 0.90 (acceptable) or 0.95 (good; Tucker & Lewis, 1973), and SRMR of .08 (acceptable) or .05 (good; Hu & Bentler, 1995). I also analyzed chi-square for each model; however; due to the potential for chi-square to inappropriately reject models with large sample sizes, chi-square was not considered when determining model fitness (Weston & Gore, 2006). Additionally, consistent with model re-specification processes in SEM, in cases of unacceptable model fitness, I examined modification indices to determine additional parameter constraints to correct model fitness for the data (Schumacker & Lomax, 2010).

1.1.12 Confirmatory Factor Analyses

The initial hypothesized models included basic psychological needs (BPN), distal and proximal gender minority stressors, hedonic well-being, psychological distress, and general authenticity as latent variables. A Confirmatory Factor Analysis (CFA) was conducted on BPN as a latent variable, fit with the observed variables of autonomy, relatedness, and competence. CFA model fit indices indicated good model fit $\chi^2(1) =$

3.476, $p = 0.062$, RMSEA = 0.071 (90% CI: 0.00, 0.159), CFI = 0.993, TLI = 0.979, SRMR = 0.042.

A CFA was conducted on both distal and proximal gender minority stressors as latent variables. Distal minority stressors' latent variable was fit with the observed variables of discrimination, rejection, victimization, and nonaffirmation. CFA model fit indices indicated good model fit $\chi^2(3) = 7.490$, $p < 0.001$, RMSEA = 0.055 (90% CI: 0.00, 0.107), CFI = 0.991, TLI = 0.982, SRMR = 0.020.

Proximal minority stressors' latent variable was fit the with observed variables of internalized transphobia, negative expectations, and nondisclosure. CFA model fit indices initially indicated poor model fitness $\chi^2(15) = 80.717$, $p < 0.001$, RMSEA = 0.095 (90% CI: 0.075, 0.115), CFI = 0.929, TLI = 0.901, SRMR = 0.070. I examined modification indices and added in error covariance between discrimination and nondisclosure to correct model specification which resulted in an acceptable model fit $\chi^2(14) = 59.102$, $p < 0.001$, RMSEA = 0.081 (90% CI: 0.060, 0.103), CFI = 0.951, TLI = 0.927, SRMR = 0.074.

A CFA was conducted on hedonic well-being as a latent variable, fit with observed variables: satisfaction with life, subjective happiness, and positive affect. The loading indicated poor model fitness, $x^2(1) = 16.785$, $p < 0.001$, RMSEA = 0.180 (90% CI: 0.111, 0.260), CFI = 0.962, TLI = 0.877, SRMR = 0.084. No modifications improved model fitness. I thus retained satisfaction with life, subjective happiness, and positive affect as individual observed outcome variables rather than a latent hedonic well-being variable.

A CFA was conducted on psychological distress as a latent variable, fit with observed variables: depressive symptomology, anxiety, and negative affect. Results indicated poor model fitness, $x^2(1) = 39.353$, $p < 0.001$, RMSEA = 0.280 (90% CI: 0.209, 0.358), CFI = 0.935, TLI = 0.804, SRMR = 0.242. No modifications improved model fitness. Thus, depressive symptoms, anxiety, and negative affect were retained as observed outcome variables rather than a latent psychological distress variable.

A CFA was conducted on general authenticity as a latent variable, fit with the observed variables of authentic living, external influence, and self-alienation. CFA model fit indices indicated good model fit $\chi^2(1) = 3.476$, $p = 0.062$, RMSEA = 0.071 (90% CI: 0.00, 0.159), CFI = 0.993, TLI = 0.979, SRMR = 0.042.

1.1.13 Control Variables

I ran bivariate analyses and a One-way Analysis of Variance (ANOVA) to test for significant demographic differences (i.e., age, gender, race) in outcome variables. Bivariate associations indicated that being older was significantly positively associated with eudaimonic well-being, victimization, all general authenticity variables (i.e., authentic living, less acceptance of external influence, less self-alienation), and negatively associated with nonaffirmation, internalized transphobia, and negative affect (See Table 1.2). Identifying within the binary (vs. nonbinary or GE) was significantly associated with higher satisfaction with life $F(1) = 11.988$, $p < 0.001$. Being a Person of Color (vs. being White) was significantly associated with less rejection of external influence $F(1) = -6.107$, $p = 0.014$ and more negative affect $F(1) = 6.006$, $p = 0.015$. Due to these significant differences between demographic groups, I included age (continuous), gender identity (dichotomous: 1 = nonbinary/gender expansive, 0 = binary), and race

(dichotomous: 1 = persons of color, 0 = White) as control variables in all models described below. Descriptive statistics (Means, *SD)* and bivariate correlations for all variables included in the analyses are shown in Table 1.2, p. 61.

1.1.14 BPN Model

The BPN model examined BPN attainment which is based on self-determination theory. The model was fit with three subscales of basis psychological needs attainment (autonomy, relatedness, and competence; Chen et al., 2015) as a latent predictor of eudaimonic well-being (Waterman et al., 2010), and satisfaction with life (Diener et al., 1985), happiness (Lyubormirsky & Lepper, 1999), positive affect (Watson et al., 1988), depressive symptoms (Radloff, 1977), anxiety (Beck & Steer, 1993), and negative affect (Watson et al., 1988).

Since BPN attainment loaded appropriately in the CFA, all variables and regression paths were input into a SEM model to test the BPN model. The BPN Model was an acceptable fit to the data χ^2 (24) = 64.658; $p < .001$; RMSEA = .059 (90% CI: .042, .076); CFI = .985; TLI = .953; SRMR = .025. See Figure 1.1 (below) for path results of the General Model including factor loadings and Table 1.3, p. 63 for all variables' error variances and standard errors.

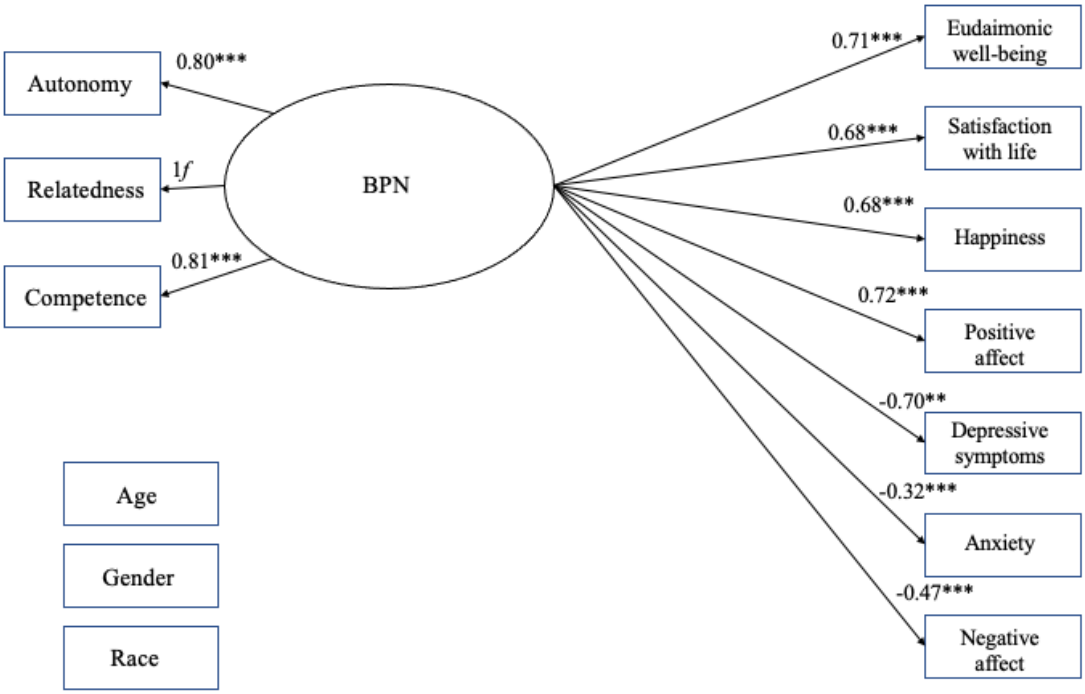

Figure 1.1 Basic Psychological Needs (BPN) Model

Note. * = p <.05, ** = p <.01, *** = p <.001; χ^2 (24) = 64.658; p < .001; RMSEA = .059 (90% CI: .042, .076); CFI = .985; TLI = .953; SRMR = .025. Only significant associations are depicted, and coefficients are standardized. *f* indicates fixed loading on the latent variable. Age, Gender, and Race are included as control variables. Gender is a dichotomous variable where 1 = nonbinary/gender expansive and 0 = binary. Race is a dichotomous variable where 1 = POC and 0 = white.

Results indicated that higher levels of BPN attainment were significantly associated with all outcome measures. Higher levels of BPN attainment were associated with more eudaimonic well-being, B = 0.718, p < .001, satisfaction with life B = 0.680, p < .001, happiness B =0.681, p < 0.001, positive affect B = 0.722, p < 0.001; less depressive symptoms B = -0.702, p < 0.001, anxiety B = -0.322, p < 0.001, and negative affect B = -0.474, p < 0.001. See Table 1.4, p. 64 for all direct paths for the BPN model.

R^2 values for outcome variables were all significant, supporting the first hypothesis. The BPN model explained 53.5% of the variance in eudaimonic well-being,

48.4% of the variance in satisfaction with life, 47.0% of the variance in subjective happiness, 53.1% of the variance in positive affect, 49.8% of the variance in depressive symptomology, 11.8% of the variance in anxiety, and 24.6% of the variance in negative affect.

1.1.15 H2: GMS Model

The GMS model was based on gender minority stress theory (Testa et al., 2015). The model was fit with two latent variables: distal gender minority stressors (gender related discrimination, rejection, victimization, and nonaffirmation of gender identity) and proximal gender minority stressors (internalized transphobia, negative expectations for future events, and nondisclosure) as predictors of eudaimonic well-being (Waterman et al., 2010), and satisfaction with life (Diener et al., 1985), happiness (Lyubormirsky & Lepper, 1999), positive affect (Watson et al., 1988), depressive symptoms (Radloff, 1977), anxiety (Beck & Steer, 1993), and negative affect (Watson et al., 1988).

Since distal and proximal gender minority stressors each loaded appropriately as latent variables in the CFA analysis, then all variables and regression paths were included into a SEM model. The GMS Model initially was initially not an acceptable fit to the data ($x^2[71] = 298.376$, $p < .001$, RMSEA = .081 [90% CI: .072, .091], CFI = .920, TLI = 0.851, SRMR = .085). I then considered the modification indices to ascertain any substantive model modifications. Thus, the final theoretical model was modified to include error covariances between gender identity and discrimination, nondisclosure, and nonaffirmation, which corrected model specification. The GMS Model was then an acceptable fit to the data χ^2 (70) = 216.490, $p < 0.001$, RMSEA = 0.065 (90% CI: 0.056, 0.075), CFI = 0.949, TLI = 0.901, SRMR = 0.072. See Figure 1.2 (below) for path

results of the GMS model, including factor loadings and Table 1.5, p. 66 for all variables' error variances and standard errors.

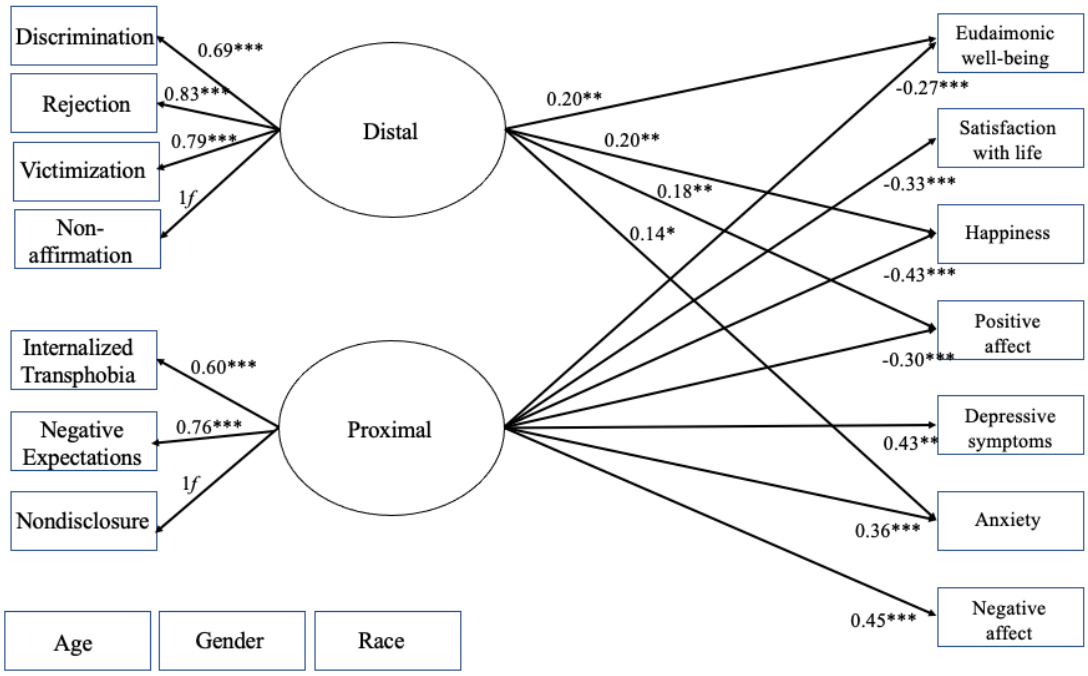

Figure 1.2 Gender Minority Stress (GMS) Model

Note. * = p <.05, ** = p <.01, *** = p <.001; χ^2 (70) = 216.490; p < .001; RMSEA = .065 (90% CI: .056, .075); CFI = .949; TLI = .901; SRMR = .072. Only significant associations are depicted, and coefficients are standardized. *f* indicates fixed loading on the latent variable. Age, Gender, and Race are included as control variables. Gender is a dichotomous variable where 1 = nonbinary/gender expansive and 0 = binary. Race is a dichotomous variable where 1 = POC and 0 = white.

Results indicated that higher levels of distal gender minority stress were associated with more eudaimonic well-being (B = 0.202, p = 0.002), happiness (B = 0.195, p = 0.003), positive affect (B = 0.184, p = 0.005), and anxiety (B = 0.137, p < 0.024).

Results showed that higher levels of proximal gender minority stress were associated with less eudaimonic well-being (B = -0.266, p < 0.001), satisfaction with life

(B = 0.195, p < 0.001), happiness (B = -0.425, p < 0.001), positive affect (B = -0.301, p < 0.001); more depressive symptoms (B = 0.428, p < 0.001), anxiety (B = 0.357, p < 0.001), and negative affect (B = 0.449, p < 0.001). See Table 1.6, p. 68 for all direct paths for the GMS Model.

R^2 for outcome variables were all significant. The GMS Model explained 6.5% of the variance in eudaimonic well-being, 11.3% of the variance in satisfaction with life, 12.7% of the variance in happiness, 6.6% of the variance in positive affect, 20.8% of the variance in depressive symptomology, 21.8% of the variance in anxiety, and 18.8% of the variance in negative affect.

1.1.16 The Role of Authenticity

The next section details the exploration of general and identity-specific authenticity as mediators in the BPN model and GMS model tested above. The first model uses the BPN model with the addition of *general authenticity* as a latent mediator variable. The second model uses the GMS model with the addition of *general authenticity* as a latent mediator variable. The third model uses the BPN model with *identity-specific authenticity* as a mediator observed variable. The fourth model uses the GMS model with *identity-specific authenticity* as a mediator observed variable.

1.1.16.1 Model 1: The Role of General Authenticity in the BPN Model

This model explored the role of general authenticity in the BPN model. The first model tested the mediation effect of general authenticity (latent variable; Wood et al., 2008) in the associations between BPN attainment (BPN model) and outcome variables.

Since BPN and general authenticity loaded appropriately as latent variables in the CFA, all variables and regression paths were input into a SEM model to test Model 1.

Model 1 was initially a poor fit to the data ($x^2[38] = 190.786$, $p < .001$, RMSEA = .091 [90% CI: .000, .159], CFI = .933, TLI = 0.908, SRMR = .048). I then considered the modification indices to ascertain any substantive model modifications. Thus, the final theoretical model was modified to include error covariances between authentic living, self-alienation, and autonomy, which corrected model specification. Model 1 was then an acceptable fit to the data χ^2 (51) = 195.11, $p < 0.001$, RMSEA = 0.076 (90% CI: 0.065, 0.087), CFI = 0.958, TLI = 0.905, SRMR = 0.056. See below for Figure 1.3 (indirect effects; see below) for Model 3, including factor loadings. See Table 1.7, p. 69 for all variables' error variances and standard errors.

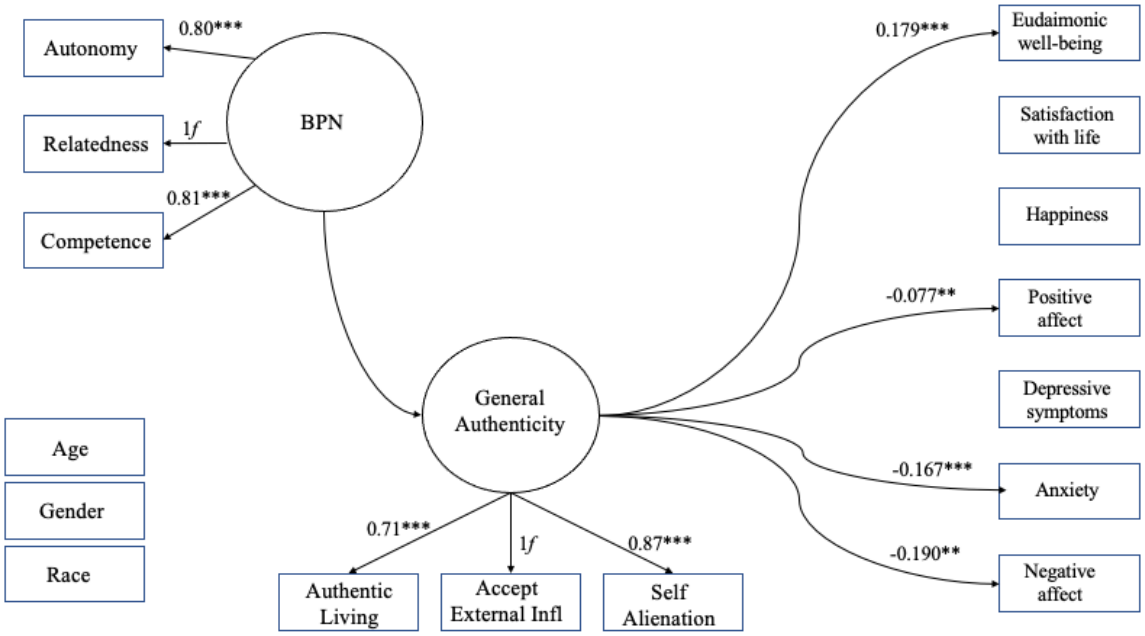

Figure 1.3 Model 1: Indirect effects, BPN with General Authenticity

Note. . * = p <.05, ** = p <.01, *** = p <.001. Only significant associations are depicted, and coefficients are standardized. *f* indicates fixed loading on the latent variable. Age, Gender, and Race are included as

control variables. Gender is a dichotomous variable where 1 = nonbinary/gender expansive and 0 = binary. Race is a dichotomous variable where 1 = POC and 0 = white.

The indirect effects (mediation) of general authenticity were tested using Sobel (1982) tests. Regarding psychological well-being outcome variables, BPN had significant indirect paths through general authenticity on eudaimonic well-being $ab = 0.315$, $p < 0.001$ and positive affect $ab = -0.077$, $p = 0.015$. BPN positively affects general authenticity ($B = 0.566$, $p < 0.001$), and general authenticity, in turn, positively affects eudaimonic well-being ($B = 0.315$, $p < 0.001$) and reduces positive affect ($B = -0.136$ $p = 0.008$). Further, after accounting for the indirect effects, BPN still had a significant positive direct effect on eudaimonic well-being ($B = 0.528$, $p < .001$) and positive affect ($B = 0.801$, $p < 0.001$).

Regarding psychological distress outcome variables, BPN had significant indirect paths through general authenticity on anxiety $ab = -0.167$ and negative affect $ab = -0.190$, $p < 0.001$. BPN positively affects general authenticity ($B = 0.566$, $p < 0.001$), and general authenticity, in turn, is associated with less anxiety ($B = -0.295$, $p < 0.001$) and negative affect ($B = -0.366$, $p < 0.001$). Further, after accounting for the indirect effect of general authenticity, BPN still has a significant negative direct effect on anxiety ($B = -0.152$, $p < 0.001$) and on negative affect ($B = -0.280$, $p < 0.001$). There were no other significant indirect paths. See Table 1.8, p. 70 for all indirect paths for Model 1.

There were significant direct paths from BPN and more satisfaction with life $B = 0.715$, $p < .001$, more happiness $B = 0.708$, $p < 0.001$, and less depressive symptoms $B = -0.664$, $p < 0.001$. See Figure 1.4 (direct effects; see below) Table 1.9, p. 71 for all direct paths for Model 1.

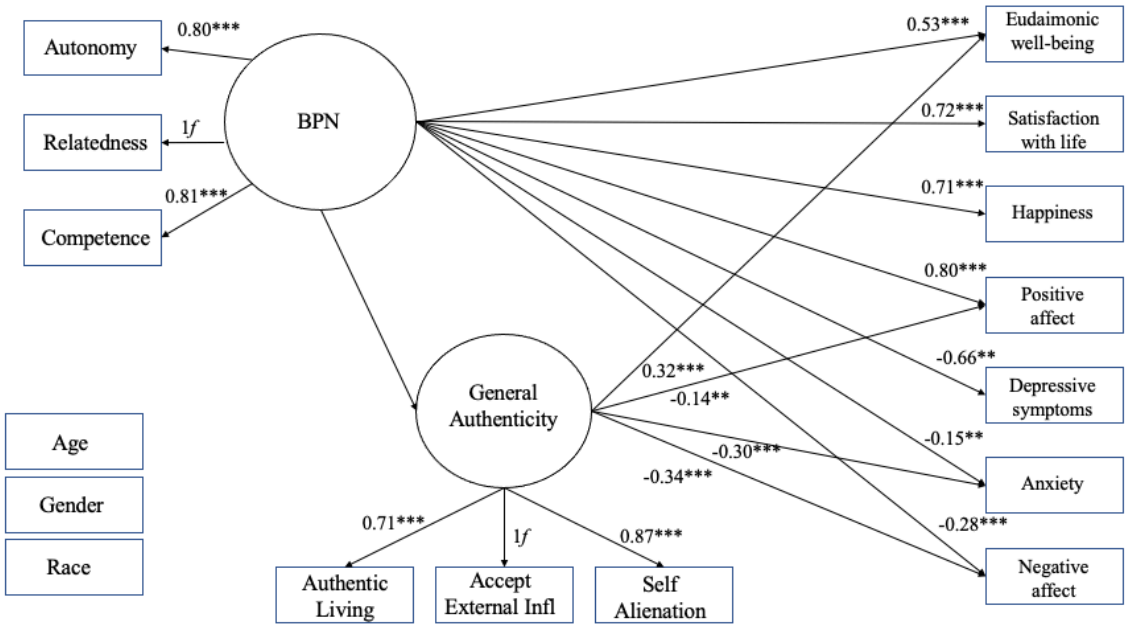

Figure 1.4 Model 1: Direct effects, BPN with General Authenticity

Note. . * = p <.05, ** = p <.01, *** = p <.001. Only significant associations are depicted, and coefficients are standardized. *f* indicates fixed loading on the latent variable. Age, Gender, and Race are included as control variables. Gender is a dichotomous variable where 1 = nonbinary/gender expansive and 0 = binary. Race is a dichotomous variable where 1 = POC and 0 = white.

R^2 for outcome variables were all significant. Model 1 explained 58.0% of the variance in eudaimonic well-being, 48.1% of the variance in satisfaction with life, 47.5% of the variance in subjective happiness, 54.5% of the variance in positive affect, 51.1% of the variance in depressive symptomology, 16.9% of the variance in anxiety, and 31.1% of the variance in negative affect.

1.1.16.2 Model 2: The Role of General Authenticity in the GMS Model

The second exploratory model examines the role of general authenticity in the GMS model. The second model tested the mediation effect of general authenticity (latent

variable; Wood et al., 2008) in the associations between distal and proximal gender minority stressors and all outcome variables.

I conducted a CFA adding general authenticity as a latent variable into the GMS model. CFA model fit indices initially indicated inadequate model fitness $\chi^2(35) = 168.668$, $p < 0.001$, RMSEA = 0.088 (90% CI: 0.075, 0.102), CFI = 0.904, TLI = 0.877, SRMR = 0.082. I then considered the modification indices to ascertain any substantive model modifications. The model was modified to include error covariances between discrimination and nondisclosure, authentic living and self-alienation, and nonaffirmation and self-alienation, which corrected model specification and resulted in an acceptable model fit $\chi^2(32) = 109.274$, $p < 0.001$, RMSEA = 0.070 (90% CI: 0.056, 0.085), CFI = 0.945, TLI = 0.9272 SRMR = 0.075. I then included all regressions into a SEM model to test Model 2.

Model 2 was initially a poor fit to the data ($\chi^2[108] = 421.061$, $p < 0.001$, RMSEA = .077 [90% CI: .069, .085], CFI = .914, TLI = 0.852, SRMR = .079.) I then considered the modification indices to ascertain any substantive model modifications. Thus, I respecified the model using modification indices and included error covariances between gender identity and gender minority stressors. Model 2 was then an acceptable fit to the data χ^2 (106) = 296,998, $p < 0.001$, RMSEA = 0.061 (90% CI: 0.053, 0.069), CFI = 0.948, TLI = 0.907, SRMR = 0.064. See Figures 1.5 (indirect paths; see below) for Model 2 and Table 1.10, p. 73 for all variables' error variances and standard errors.

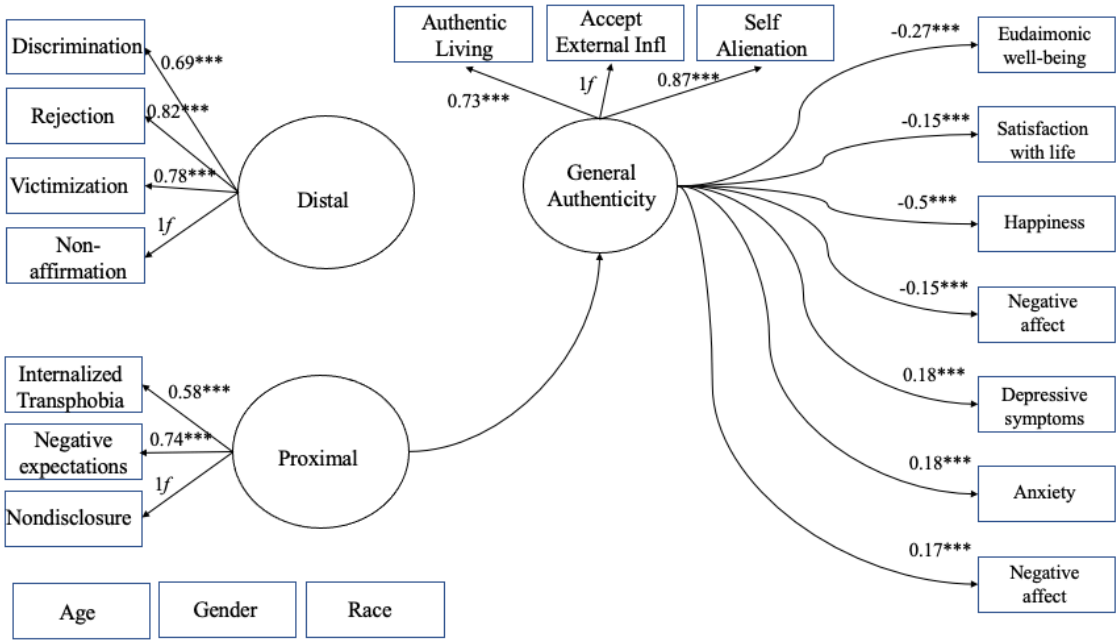

Figure 1.5 Model 2: Indirect effects, GMS with General Authenticity

Note. . * = p <.05, ** = p <.01, *** = p <.001. Only significant associations are depicted, and coefficients are standardized. *f* indicates fixed loading on the latent variable. Age, Gender, and Race are included as control variables. Gender is a dichotomous variable where 1 = nonbinary/gender expansive and 0 = binary. Race is a dichotomous variable where 1 = POC and 0 = white.

The indirect effects (mediation) of general authenticity were tested using Sobel (1982) tests, which indicated no significant indirect effects of distal stressors on any outcome through general authenticity. Regarding psychological well-being outcome variables, proximal stressors had a significant indirect path through general authenticity on eudaimonic well-being ab = -0.270, p < 0.001, satisfaction with life ab = -0.147, p < 0.001, happiness ab = -0.146, p < 0.001, and positive affect ab = -0.153 p < 0.001. Proximal stressors negatively affect general authenticity (B = -0.392, p < 0.001), and general authenticity, in turn, positively affects eudaimonic well-being (B = 0.687, p < 0.001), satisfaction with life (B = 0.375, p < 0.001), happiness (B = 0.372, p < 0.001), and positive affect (B = 0.390, p < 0.001). Further, after accounting for the indirect effects,

proximal stressors still had a significant negative direct effect on happiness (B = -0.230, p = 0.001). Proximal stressors had no significant direct effects on eudaimonic well-being, satisfaction with life, or positive affect suggesting those relationships were completely mediated by general authenticity.

Regarding psychological distress, proximal stressors had a significant indirect path through general authenticity on depressive symptomology ab = 0.176, $p < 0.001$, anxiety ab = 0.118, $p < 0.001$, and negative affect = 0.171, $p < 0.001$. Proximal stressors negatively affect general authenticity (B = -0.392, $p < 0.001$), and general authenticity, in turn, negatively affects depressive symptoms (B = -0.448, $p < 0.001$), anxiety (B = -0.302, $p < 0.001$), and negative affect (B = -0.436, $p < 0.001$). Further, after accounting for the indirect effects, proximal stressors had a significant positive direct effect on depressive symptomology (B = 0.132, p = 0.020) and anxiety (B = 0.201, p = 0.001). Proximal stressors had no significant direct effect on negative affect, suggesting the relationship was completely mediated by general authenticity. There were no other significant indirect paths. See Table 1.11, p. 74 for all indirect paths from Model 2.

There were significant direct paths from higher distal minority stressors to more depressive symptomology (B = 0.132, p = 0.020) and more anxiety (B = 0.201, p = 0.001). See Figure 1.6 (direct paths; see below) Table 1.12, p. 75 for all direct paths from Model 2.

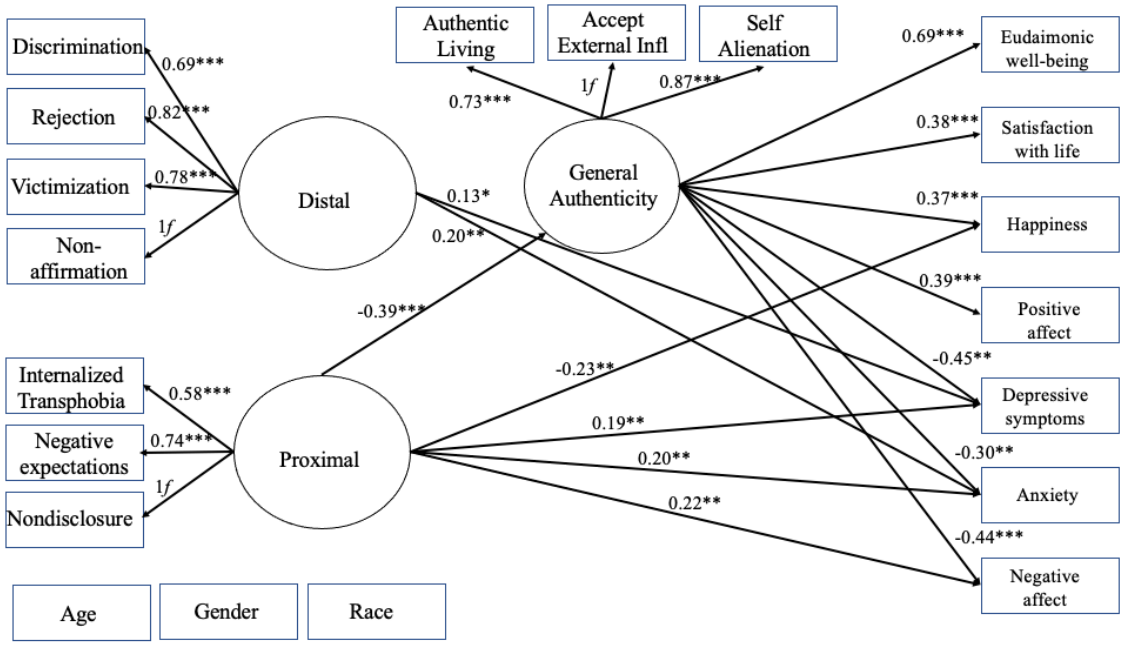

Figure 1.6 Model 2: Direct effects, GMS with General Authenticity

Note. . * = p <.05, ** = p <.01, *** = p <.001. Only significant associations are depicted, and coefficients are standardized. *f* indicates fixed loading on the latent variable. Age, Gender, and Race are included as control variables. Gender is a dichotomous variable where 1 = nonbinary/gender expansive and 0 = binary. Race is a dichotomous variable where 1 = POC and 0 = white.

R^2 for outcome variables were all significant. Model 2 explained 43.9% of the variance in eudaimonic well-being, 21.8% of the variance in satisfaction with life, 20.9% of the variance in subjective happiness, 17.4% of the variance in positive affect, 34.1% of the variance in depressive symptomology, 26.7% of the variance in anxiety, and 31.1% of the variance in negative affect.

1.1.16.3 Model 3: The Role of Identity-Specific Authenticity in the BPN Model

The third model explored the role of identity-specific authenticity in the BPN Model. The third model tested the mediation effect of identity-specific authenticity (observed; Riggle & Mohr, 2015) in the associations between BPN attainment and

outcome variables. The model was fit with the BPN Model and included identity-related authenticity (Riggle & Mohr, 2015) as an observed mediator variable.

All regressions were included in a SEM model to test Model 3 which indicated acceptable fit to the data χ^2 (26) = 75.096; $p < 0.001$; RMSEA = .062 (90% CI: .046, .079; CFI = .982; TLI = .940; SRMR = .026. See Figure 1.7 (below) for all direct path results and Table 1.13, p. 77 for all variables' error variances and standard errors.

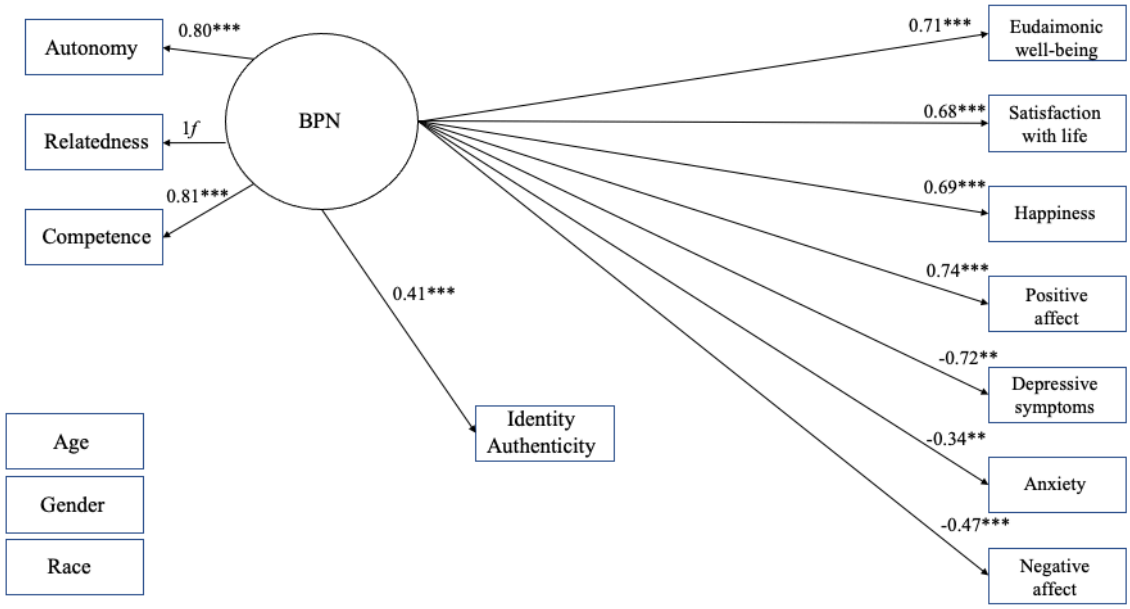

Figure 1.7 Model 3: Direct effects, BPN with Identity-specific Authenticity
Note. * = p <.05, ** = p <.01, *** = p <.001. Only significant associations are depicted, and coefficients are standardized. *f* indicates fixed loading on the latent variable. Age, Gender, and Race are included as control variables. Gender is a dichotomous variable where 1 = nonbinary/gender expansive and 0 = binary. Race is a dichotomous variable where 1 = POC and 0 = white.

Based on Sobel (1982) tests, there were no significant indirect effects of BPN attainment on psychological well-being and distress through identity-specific authenticity. See Table 1.14, p. 78 for all indirect paths from Model 4.

Significant direct paths are as follows. Higher levels of basic psychological needs attainment were significantly associated with all outcome measures. Specifically, higher levels of basic psychological needs attainment were associated with higher eudaimonic well-being, $B = 0.711$, $p < .001$, higher levels of satisfaction with life $B = 0.682$, $p < .001$, higher levels of happiness $B = 0.690$, $p < 0.001$, higher levels of positive affect $B = 0.744$, $p < 0.001$, lower levels of depressive symptoms $B = -0.719$, $p < 0.001$, lower levels of anxiety $B = -0.340$, $p < 0.001$, lower levels of negative affect $B = -0.469$, $p < 0.001$, and higher identity-specific authenticity $B = 0.412$, $p < 0.001$. Results indicate that higher levels of identity-specific authenticity were not significantly associated with any outcome variables in the model See Table 1.15, p. 79 for all direct paths from Model 3.

R^2 for outcome variables were all significant. Model 3 explained 53.4% of the variance in eudaimonic well-being, 48.4% of the variance in satisfaction with life, 47.1% of the variance in subjective happiness, 53.3% of the variance in positive affect, 50.0% of the variance in depressive symptomology, 11.9% of the variance in anxiety, and 24.5% of the variance in negative affect.

1.1.16.4 Model 4: The Role of Identity-specific Authenticity in the GMS Model

The fourth model tested the mediation effect of identity-specific authenticity in the associations between distal and proximal gender minority stressors and outcome variables. The model was fit with the GMS Model and included identity-specific authenticity (Riggle & Mohr, 2015) as an observed mediator variable.

I included all variables into the SEM model to test Model 4, which was initially a poor fit to the data ($\chi^2[74] = 374.291$, $p < 0.001$, RMSEA = .091 [90% CI: .082, .100],

CFI = .906, TLI = 0.807, SRMR = .092). I then considered the modification indices to ascertain any substantive model modifications. Thus, the final theoretical model was modified to include error covariances related to gender identity, discrimination, nonaffirmation, nondisclosure, and internalized transphobia which corrected model specification. Model 4 was then an acceptable fit to the data χ^2 (73) = 207.914, $p < 0.001$, RMSEA = 0.061 (90% CI: 0.052, 0.071), CFI = 0.958, TLI = 0.912, SRMR = 0.064. See Figures 1.8 (indirect paths; see below) for Model 4 and Table 1.16, p. 81 for all variables' error variances and standard errors from Model 4.

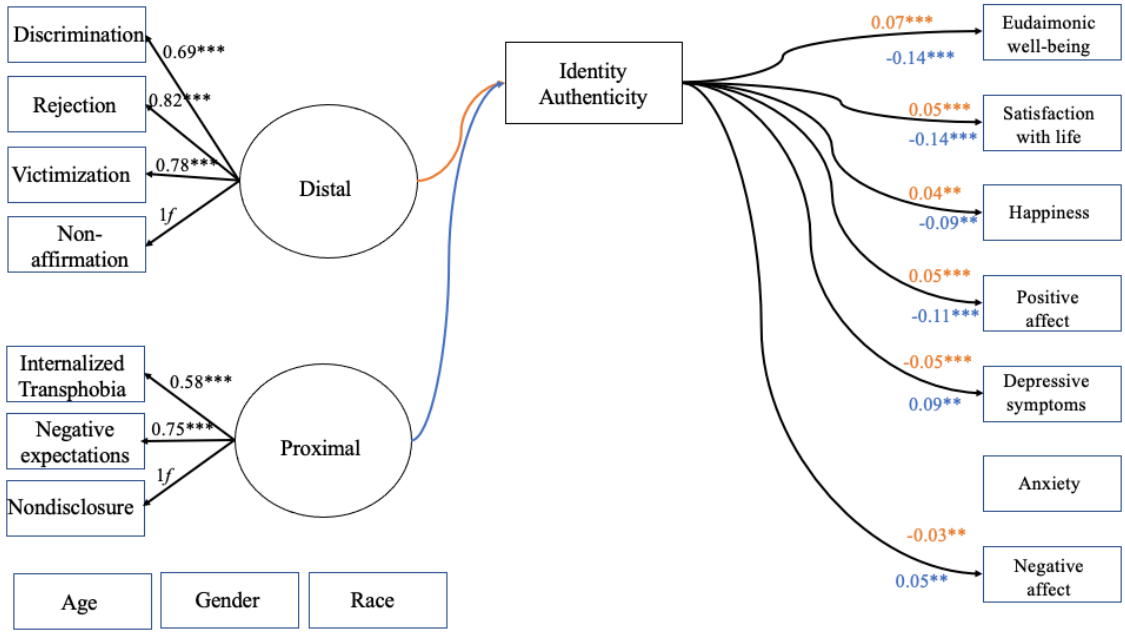

Figure 1.8 Model 4: Indirect effects, GMS with Identity-specific Authenticity

Note. . * = p <.05, ** = p <.01, *** = p <.001. Only significant associations are depicted, and coefficients are standardized. *f* indicates fixed loading on the latent variable. Age, Gender, and Race are included as control variables. Gender is a dichotomous variable where 1 = nonbinary/gender expansive and 0 = binary. Race is a dichotomous variable where 1 = POC and 0 = white.

The indirect effects (mediation) of identity-specific authenticity were tested using Sobel (1982) tests. Regarding distal minority stressors, there were significant indirect

paths through identity-specific authenticity on eudaimonic well-being $ab = 0.070$, $p < 0.001$, satisfaction with life $ab = 0.059$, $p = 0.002$, happiness $ab = 0.052$, $p = 0.001$, positive affect $ab = 0.05$, $p < 0.001$, depressive symptoms $ab = -0.046$, $p = 0.001$, and negative affect $ab = -0.027$, $p = 0.025$. Distal stressors positively affected identity-specific authenticity ($B = 0.231$, $p < 0.001$), and identity-specific authenticity, in turn, positively affects eudaimonic well-being ($B = 0.303$, $p < 0.001$), satisfaction with life ($B = 0.254$, $p < 0.001$), happiness ($B = 0.192$, $p < 0.001$), positive affect ($B = 0.132$, $p < 0.001$), and was associated with less depressive symptoms ($B = -0.198$, $p < 0.001$) and less negative affect ($B = -0.117$, $p = 0.013$).

Further, after accounting for the indirect effects, distal stressors still had a significant positive direct effect on depressive symptoms ($B = 0.142$, $p = 0.024$) and anxiety ($B = 0.150$, $p = 0.018$). Distal stressors had no significant direct effects on eudaimonic well-being, satisfaction with life, happiness, or negative affect; suggesting those relationships were completely mediated by identity-specific authenticity.

Regarding proximal minority stressors, there were significant indirect paths through identity-specific authenticity on eudaimonic well-being $ab = -0.138$, $p < 0.001$, satisfaction with life $ab = -0.114$, $p < 0.001$, happiness $ab = -0.086$, $p < 0.001$, positive affect $ab = -0.100$, $p < 0.001$, depressive symptoms $ab = 0.089$, $p < 0.001$, and negative affect = -0.052, $p = 0.15$. Proximal stressors negatively affect identity-specific authenticity ($B = -0.448$, $p < 0.001$), and identity-specific authenticity, in turn, positively affects eudaimonic well-being ($B = 0.303$, $p < 0.001$), satisfaction with life ($B = 0.254$, $p < 0.001$), happiness ($B = 0.192$, $p < 0.001$), positive affect ($B = 0.224$, $p < 0.001$), and is

associated with fewer depressive symptoms (B = -0.198, p < 0.001) and less negative affect (B = -0.117, p = 0.013).

Further, after accounting for the indirect effects, proximal stressors still had a significant negative direct effect on happiness (B = -0.265, p = 0.001), and significant positive direct effects on depressive symptoms (B = 0.142, p = 0.024), anxiety (B = 0.334, p < 0.001), and negative affect (B = 0.343, p < 0.001). Proximal stressors had no significant direct effects on eudaimonic well-being, satisfaction with life or positive affect, suggesting that those relationships were completely mediated by identity-specific authenticity. There were no other significant indirect paths. See Table 1.17, p. 82 for all indirect paths from Model 4. See Table 1.9 (direct paths; see below) Table 1.18, p. 83 for all direct paths from Model 4.

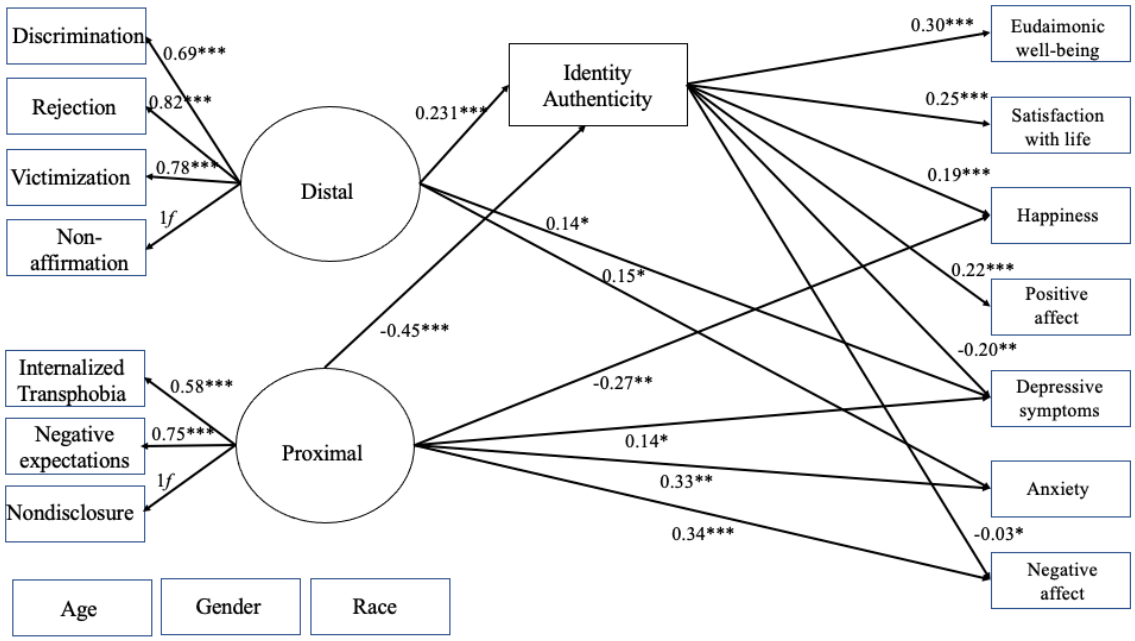

Figure 1.9 Model 4: Direct effects, GMS with Identity-specific Authenticity

Note. . * = p <.05, ** = p <.01, *** = p <.001. Only significant associations are depicted, and coefficients are standardized. f indicates fixed loading on the latent variable. Age, Gender, and Race are included as

control variables. Gender is a dichotomous variable where 1 = nonbinary/gender expansive and 0 = binary. Race is a dichotomous variable where 1 = POC and 0 = white.

R^2 for outcome variables were all significant. Model 4 explained 11.7% of the variance in eudaimonic well-being, 13.6% of the variance in satisfaction with life, 12.4% of the variance in subjective happiness, 8.3% of the variance in positive affect, 20.9% of the variance in depressive symptomology, 21.5% of the variance in anxiety, and 17.5% of the variance in negative affect.

DISCUSSION

This dissertation study had three main aims. The first was to examine the utility of a basic psychological needs attainment (BPN) model for understanding psychological distress and well-being in TNB and GE individuals. The second aim was to examine the utility of a gender minority stress (GMS) model to understand psychological distress and well-being in TNB and GE individuals. The third aim was to explore the role of general and identity-specific authenticity in the BPN model and GMS models. The aims were addressed by examining relationships among hypothesized predictors and outcomes and then exploring the role of general and identity-specific authenticity in those associations. Each of the models was sufficient in fitting the data and explaining associations.

I found support for some but not all hypotheses. BPN attainment was directly associated with psychological distress and well-being, supporting the first hypothesis. In the GMS model, proximal gender minority stressors were significantly associated with psychological distress and well-being, supporting the second hypothesis. Distal minority stressors were positively associated with anxiety; however, distal stressors were also

associated with eudaimonic well-being, happiness, and positive affect, which was contradictory to the second hypothesis.

Regarding the exploratory questions, general authenticity was a significant mediator of BPN and eudaimonic well-being, positive affect, anxiety, and negative affect, but not satisfaction with life, positive affect, or depressive symptoms. In the GMS model, general authenticity mediated the association between proximal stressors (but not distal stressors) and psychological distress and well-being. Identity-specific authenticity did not mediate the associations between BPN and psychological distress and well-being. Identity-specific authenticity mediated the relationship between both distal and proximal stressors and psychological well-being, depressive symptoms, and negative affect. Next, I discuss each of these findings in relation to previous empirical studies.

1.1.17 Basic Psychological Needs and Well-being

Higher levels of BPN attainment were associated with more psychological well-being (eudaimonic well-being, satisfaction with life, happiness, and positive affect) and less psychological distress (depressive symptoms, anxiety, and negative affect). This finding is consistent with existing literature that has shown positive effects of BPN attainment on well-being in the general population (Yu et al., 2018). These findings document, seemingly for the first time, that basic psychological needs attainment is important to the psychological health and well-being of TNB and GE individuals, and that BPN theory is a useful framework for considering the psychological health and well-being of this population.

Autonomy, relatedness, and competence are essential basic psychological needs (Deci & Ryan, 2000; 1980). Social context can facilitate or inhibit basic psychological

needs attainment (Deci & Ryan, 2000). For example, Levy and colleagues (2015) analyses of interviews with 14 transgender military service members revealed struggles and challenges to attain psychological needs for autonomy, relatedness, and competency.

This dissertation builds upon Levy and colleagues (2015) findings, showing the detrimental impact of thwarted BPN attainment for TNB and GE individuals. Autonomy needs are challenged when TNB and GE people are prevented from authentic gender identity presentation, bodily modification, voice modification, pronoun usage, and other gender-affirming care interventions. Competency needs may be inhibited though diminished ability to access one's personal power to accomplish one's life goals and dreams or one's reactivity to unrealistic demands and expectations of others. Relatedness needs may be inhibited by lack of trust that one is psychologically and physically safe enough to pursue close meaningful connections with others, at work for example.

Social stigma and discrimination, the common root of the examples above, may prevent BPN attainment. If an individual's social environment obstructs BPN attainment, there may be psychological costs and increased psychological distress (Deci & Ryan, 2002). The current study findings suggest that supporting the autonomy, relatedness, and competence of TNB and GE individuals may help to facilitate psychological well-being and decrease psychological distress, despite the challenges of social stigma.

1.1.18 Gender Minority Stress

Distal minority stressors are external sources of stress that were operationalized as experiences of discrimination, rejection, victimization, and nonaffirmation. Contrary to the second hypothesis, distal stressors were associated with more eudaimonic well-being, happiness, and positive affect. Perhaps this unexpected association is explained by how

distal stressors were assessed in this study. Individuals' experiences of distal stressors were self-reported according to the time frame before the age of 18, after the age of 18, and in the past year. Thus, distal minority stressors could span over the lifetime. Emotionally processing an external stressor such as an experience of discrimination or rejection could, over time, result in increased feelings of meaning and purpose (eudaimonic well-being) and facilitate other positive and emotions (subjective happiness and positive affect; Goldman & Greenberg, 2019). Additionally, individual's outness may have impacted these findings. It might be that individuals in this sample, possibly partially due to self-selection on prolific, had higher levels of outness. Outness is associated with discrimination (Wall et al., 2022) and polyvictimization (Messinger et al., 2022). These possibilities deserve focused empirical testing.

Effective coping strategies and the cultivation of resiliency may help explain these unexpected findings (Matsuno & Israel, 2018). In the face of adversity, effective coping may improve TNB and GE individuals' sense of purpose and meaning. For example, Lindley and Budge (2022) found that types of facilitative coping (e.g., social activism, hope, social connection) and avoidant coping (e.g., behavioral avoidance, strategic gender expression, nondisclosure) were significantly correlated with distal minority stressors, and warranted further exploration. There was variation in the direction of correlation between type of distal stressor and type of facilitative or avoidant coping. Thus, it may be that the sample in this dissertation utilized different types of coping strategies that were not assessed, which might help explain the more counterintuitive findings related to distal minority stressors.

Additionally, group and individual identity-specific resilience factors may buffer the negative effects of distal gender minority stressors. However, research so far has only explored general resiliency factors, not identity-specific resiliency factors, with mixed findings related to depression and anxiety. Puckett and colleagues (2019) found no significant association between community connectedness and anxiety but found a significant negative correlation with depression. Testa and colleagues (2015) found significant negative associations between pride, community connectedness, and less anxiety and depressive symptoms. Measures of resilience have been historically pride and community connectedness (Testa et al., 2015). However, no quantitative measure of identity-specific resilience currently exists for TNB and GE individuals (Puckett, 2022). Thus, there is also the potential that this sample had identity-specific resiliency that may also help explain these unexpected findings, future research should develop a holistic resiliency measure for TNB and GE individuals.

Proximal gender minority stressors are internal sources of stress including internalized transphobia, negative expectations for the future, and concealment. In the current study, these stressors were associated with less psychological well-being and more psychological distress, consistent with the second hypothesis. Similar associations between proximal minority stressors and psychological distress have been documented in other TNB and GE youth and adult samples (Chodzen et al., 2019; Helsen et al., 2022). This dissertation supports these previous findings and expands upon them to highlight the negative impact of proximal stressors on psychological *well-being* as well as psychological distress. Proximal gender minority stressors are psychologically damaging to TNB and GE individuals and may have negative effects on health (Griffin et al., 2019).

These internalized processes are indicative of a negative self-view and lack of self-acceptance of one's gender identity, and thus are important targets of intervention that could be life-saving for some TNB and GE people.

1.1.18.1 General Authenticity

General authenticity was operationalized as authentic living, rejecting external influence, and low self-alienation. Overall, BPN attainment was significantly associated with more general authenticity. General authenticity was significantly associated with higher eudaimonic well-being, lower anxiety, and lower negative affect. Associations with satisfaction with life, happiness, and depressive symptoms were not statistically significant.

Interestingly, general authenticity was significantly associated with less positive affect. Smallenbroek and colleagues (2017) also found that authenticity was unrelated to positive affect. Being genuine and true to oneself includes acknowledging the full range of human emotion, including one's negative feelings. Experiencing less frequent positive affect may also reflect recent experiences (in the past seven days) of stigma-related stressors. Given the pattern of associations, general authenticity, or claiming and championing one's truth, one's values, beliefs, and essence even in the face of rejection, may be more aligned with eudaimonic well-being (meaning and purpose) than hedonic well-being (life satisfaction, happiness, positive affect), a finding supported by a meta-analysis that demonstrated the positive effect of general authenticity on eudaimonic well-being (Sutton et al., 2020).

General authenticity was a significant mediator of the associations between BPN attainment and psychological distress (i.e., anxiety, negative affect) and (eudaimonic)

well-being. Thus, BPN attainment was associated with more general authenticity which, in turn, was associated with more eudaimonic well-being, less anxiety, and less negative affect. This finding suggests that when an individual's basic needs are met that is associated with more authenticity, which is then, in turn, associated with more positive outcomes for that individual. There may also be bi-directional effects.

In the GMS models that included general authenticity, only proximal minority stress (not distal minority stress) was significantly associated with lower general authenticity. General authenticity, in turn, was significantly associated with more psychological well-being and less psychological distress. General authenticity was also a significant mediator of the relationship between proximal stressors (but not distal stressors) and psychological well-being and distress. Higher proximal stress was associated with lower general authenticity, which in turn was associated with greater psychological well-being and less psychological distress. This finding suggests that when an individual is experiencing more proximal stressors, that is associated with less authenticity. While general authenticity is associated with more positive outcomes, it may intervene in the effect of proximal stressors on psychological well-being and distress. There may also be bi-directional effects.

Overall, these findings suggest general authenticity, which includes behaviors such as living authentically, not being overly reactive to others' demands, and taking responsibility for knowing and supporting one's own "truth" including one's needs, wants, beliefs, and values (Lenton et al., 2016) is important for TNB and GE psychological well-being. For TNB and GE people whose identities are stigmatized, living authentically may include gender expression or presentation, rejecting negative

messages and social influences, acting in accordance with values, and finding supportive environments where they can be their true selves. Current study findings suggest that facilitating general authenticity may help to address the mental health disparities keep TNB/GE people from flourishing.

1.1.18.2 Identity-specific Authenticity

Identity-specific authenticity was operationalized as the trait of being aware, accepting, and feeling comfortable with one's TNB/GE gender identity (Riggle & Mohr, 2015). Findings indicated significant positive associations with BPN attainment. That is, feeling authentic in one's gender identity is associated with basic psychological need attainment (a sense of autonomy, relatedness, and competence). However, identity-specific authenticity was not related to psychological distress or well-being in the mediation model (even though the bivariate correlations indicated associations in the expected directions). It may be that other variables in the model accounted for these associations. For example, the concept of BPN autonomy could have some shared variance with identity-specific authenticity, as they are significantly correlated in the bivariate table ($r = 0.33$) and both measure an individual's overall self-congruence or agency.

Identity-specific authenticity did not mediate associations between BPN attainment and outcomes. These findings suggest that identity-specific authenticity may not play a significant role in the relationship between BPN attainment and psychological well-being or distress outcomes. Identity-specific authenticity is a specific concept, while BPN and psychological distress and well-being are global constructs. Thus, it is plausible

that regarding global constructs, identity-specific authenticity was not an important component in the relationships.

In the GMS models, distal stressors were significantly associated with higher identity-specific authenticity, while proximal stressors were associated with lower identity-specific authenticity. Identity-specific authenticity was significantly positively associated with psychological well-being outcomes and negatively associated with depressive symptoms and negative affect, replicating previous findings of associations between identity-specific authenticity and eudaimonic well-being (Rostosky et al., 2018) with a TNB and GE sample.

Identity-specific authenticity was also a significant mediator of the relationship between both distal and proximal minority stressors and all outcomes except anxiety. Higher proximal stress was associated with lower identity-specific authenticity, which in turn was associated with greater psychological well-being and less depressive symptoms and negative affect. Thus, the overall mediation path was negative, yet identity-specific authenticity is potentially an intervening variable in the relationship between proximal stressors and psychological well-being and distress. Higher distal stress was associated with higher identity-specific authenticity, which in turn was associated with greater psychological well-being and less depressive symptoms and negative affect. This finding suggests that when an individual is experiencing more distal stress, they are more likely to experience more identity-specific authenticity, and identity-specific authenticity also was associated with more positive outcomes.

In some environments, TNB and GE people may not be physically safe (distal stress), even though they have achieved a high level of identify-specific authenticity. An

individual's outness plays an important and nuanced role in the connection between authenticity and well-being, specifically for LGB individuals (Riggle et al., 2017). For TNB and GE individuals, concealment and outness can be either physically detrimental or psychologically protective (Flynn & Smith, 2020; Rood et al., 2017). Decisions to conceal may impact feelings of identity-specific authenticity. While concealment can have negative consequences for feelings of authenticity in one's gender identity, TNB and GE individuals who choose to conceal their identity may be doing what is necessary to protect themselves from harm in the short term.

Identity-specific authenticity may be an especially important resource or resilience factor for combating negative views of the self and negative fears and expectations that characterize proximal gender minority stress. The findings from this study suggest that lower levels of proximal stressors are associated with higher levels of identity-specific authenticity. TNB and GE individuals are continually balancing authentic self-presentation and safety in their daily lives (Levitt et al., 2016; Levitt & Ippolito, 2014b; Rood et al., 2017). Thus, TNB and GE individuals may feel empowered to be authentic when feelings of self-doubt, fear of rejection, and other forms of internal (proximal) stress are effectively acknowledged, processed, and healed, which may have positive effects on psychological health and well-being. Facilitating identity-specific authenticity may help to lower proximal gender minority stress and increase well-being.

1.1.19 Overall Findings

Overall, the BPN model showed strong positive associations between BPN attainment and psychological well-being outcomes, and strong negative association with psychological distress. The model explained a significant amount of the variance in

psychological well-being and depressive symptoms. The BPN model explained more variance in psychological well-being outcomes, depressive symptoms, and negative affect than the GMS model. The GMS model explained more of the variance in anxiety than the BPN model.

Findings from the current study suggest that BPN attainment may have a significant effect on psychological well-being and distress in TNB and GE individuals. These findings suggest that TNB and GE individuals have the same basic psychological needs for autonomy, relatedness, and competence that every other human being has, and satisfying these needs is important to psychological well-being. Gender minority stressors challenge the psychological health and well-being of TNB and GE individuals. Proximal stressors have a powerful negative effect on TNB and GE individuals. Internalized aspects of gender minority stress (but apparently not distal stressors) may diminish TNB and GE individuals' psychosocial well-being, and lead to increased psychological distress.

Finally, general authenticity appears to be an important factor in some of these relationships. TNB and GE individuals who feel authentic in general reported significantly more positive outcomes, making this an important component in improving the psychological well-being of this population that experiences disproportionate mental health concerns. Identity-specific authenticity may be an especially important resource in combatting gender minority stressors and their negative effects on psychological distress and well-being. TNB and GE individuals who have more identity-specific authenticity reported more positive outcomes. In the face of stigma and adversity, authenticity, or an

internal sense of unconditional self-acceptance, may protect against psychological distress and support psychological well-being.

1.1.20 Limitations and Future Research

Some limitations should be considered. First, the models document statistically significant associations, but the correlational design prevents establishing causality. Most likely there are bidirectional effects such that TNB and GE people who report higher levels of psychological well-being and lower levels of psychological distress may tend to also report higher levels of the predictor variables. Second, I was unable to obtain a racially representative sample of participants due to the lack of racially diverse participants on the platform that also met the gender identity criteria. Thus, the findings of this study may not be generalizable to racially and ethnically diverse populations. Recruiting racially and ethnically diverse samples is an on-going challenge to conducting online research (Christian et al., 2007). Other researchers have noted the importance of developing trust in multiply marginalized communities by including members of the community in the research (dickey et al., 2016). While I identify as a White trans man, other gender minority identity intersections were not represented on the research team. Communication and trust building through Prolific Academic was limited to written recruitment materials and informed consent procedures.

Third, the average age of the sample was 26 years old (range 16-81) so findings may not be generalizable to TNB and GE youth, who may be at a particularly important developmental stage for learning, exploring, embracing, and cultivating authenticity (Austin, 2016). Meanwhile, this sample's identity-specific authenticity means were significantly higher than two of the general authenticity measures (self-alienation and

rejecting external influence) but not authentic living. Since age was positively associated with general authenticity in all models and associated with more rejecting external influence and less self-alienation. It may be important to utilize older TNB and GE individuals as role models to promote these general authenticity factors in TNB and GE individuals.

Fourth, most of the sample (97%) identified their primary sexual orientation as under the LGBQA umbrella, thus the intersection of sexuality and gender may impact findings, an exploration that was beyond the scope of the current study. Lastly, this study was conducted during an ongoing pandemic and time of considerable increase in political animosity towards TNB and GE individuals (Movement Advancement Project, 2023). This sociopolitical context is important to keep in mind, as these experiences may have impacted overall well-being and perceptions of gender minority stress, as this sample's mean proximal stressors were slightly higher than mean proximal stressors from Testa and colleagues (2015) sample. Future research might further explore aspects of the sociopolitical environment to understand the connections between BPN attainment, gender minority stress, and authenticity as they impact psychological distress and well-being in TNB and GE individuals.

1.1.21 Practice Implications

These findings confirm the importance of BPN attainment and the deleterious effects of proximal minority stressors on psychological well-being and psychological distress in TNB and GE individuals. TNB and GE people endure disproportionate rates of psychological distress compared to the general population (Adams et al., 2017). Political attacks (Movement Advancement Project, 2023a,b) that seek to remove TNB and GE

rights to bodily autonomy and freedom (e.g., in Oklahoma and Tennessee; Trevor Project, 2023; Trans Formations Project, 2023) may interfere with TNB and GE individuals' basic psychological needs for autonomy, relatedness, and competence, and increase their gender minority stressors with detrimental effects on their psychological well-being.. Psychological service providers can advocate against discriminatory bills and educate communities on the importance of supporting the civil rights of TNB and GE people.

The findings from this study suggest that facilitating general authenticity and identity-specific authenticity may facilitate positive outcomes for TNB and GE individuals. Simply making it safe for TNB and GE individuals to authentically express their gender identity has positive effects on the individual and the community. Safe and socially supportive environments are important for TNB and GE individuals; individuals are more likely to experience themselves as being authentic in supportive environments (Ryan & Ryan, 2019).

The findings from this study may motivate families, schools, communities, and health service providers to recognize the importance of providing safety and support for TNB and GE identity development, basic psychological needs attainment, and psychological well-being. Future research may document the impact of authentic gender identity expression on physical, as well as psychological health, which could assist in addressing the well-documented health disparities for TNB and GE individuals (Tebbe & Moradi, 2016; Trevor Project, 2020).

This study shows that even in the face of adversity (distal minority stressors), TNB and GE people may still create a joyful, meaningful, purposeful, vibrant life (i.e.,

eudaimonic well-being). Clinicians can consider these factors in promoting TNB and GE individuals' self-acceptance and their pursuit of purpose and meaning in the context of stigma and gender minority stress. Clinicians can focus on coping (Lindley & Galupo, 2020) and resiliency (Matsuno & Israel, 2018) to assess how individuals build meaningful lives even in times of suffering. Clinicians can focus on reducing the insidious negative effects of internalized proximal minority stressors. For example, clinicians can lead their TNB and GE clients to build a solid and secure base inside themselves and provide a safe and accepting place for clients (i.e., acquired secure attachment). Interventions might include being present with and "witnessing" the client as they recount the negative stigma-related experiences while also guiding them to de-center, reframe, and externalize rather than internalize these negative messages and experiences.

Authenticity, general and identity-specific, is an important strength to facilitate and develop in the therapeutic setting. As previous research has suggested, fostering authenticity in general can be a useful intervention to protect marginalized individuals from the negative psychological effects of experiences of rejection and social exclusion (Gino & Kouchaki, 2020). Thomaes and colleagues (2017) used an experimental control study and asked participants to recall a particular incident in which they felt and acted authentically, while another group recalled a incident in which they did not feel and did not act authentically. They found that individuals who were asked to recall an incident of authenticity were significantly more likely to report higher well-being than the control group. Asking clients to reflect on experiences of being authentic in general and related to their TNB or GE identity may help to empower clients' sense of agency in their lives

and help to fulfill needs for autonomy and competence (as opposed to helplessness and hopelessness). Even small interventions like this could potentially have large effects if they are identity specific (Oyserman & Destin, 2010; Clements et al., 2021).

The current findings expand previous findings in LGB samples (Petrocchi et al., 2020; Rostosky et al., 2018) by documenting the positive association between authenticity and well-being in TNB and GE people. The findings of this piece of basic research supports the next step of designing and evaluating interventions that focus on facilitating and supporting authenticity. While intervening to end stigma-related distal stress is crucial, it is also important to help clients process their negative stigma-related experiences so that they are not internalized and do not undermine basic needs attainment. Interventions that focus on these goals could help TNB and GE people to build resiliencies that support their health and well-being.

1.1.22 Conclusion

The findings from this dissertation study suggest that helping TNB and GE people attain their basic needs for autonomy, relatedness, and competence, reduce their proximal gender minority stress, and increase their general and identity-specific authenticity may be beneficial to their psychological health and well-being. As previous research findings suggest, authenticity is important to positive identity and the psychological well-being of sexual minorities and TNB individuals (Riggle et al., 2011; Riggle & Mohr, 2015; Riggle et al., 2017; Rostosky et al., 2018; Martinez et al., 2017). Few studies have explored general and identity-specific authenticity in TNB and GE individuals. The findings from this study suggest general authenticity and identity-specific authenticity contribute to psychological outcomes in this sample of TNB and GE individuals. This research

suggests future research might concentrate on other mediating factors (e.g., resiliency, coping, concealment) that could provide support for other interventions to improve the health and well-being of TNB and GE individuals.

Table 1.1: Participant Demographics (*N* = 489)

Age Mean (SD)	26.32 (6.72)
Race/Ethnicity (%)	
Asian/Asian American	13 (3)
Black/African American	35 (7)
Latine/a/x/o/Chicano	25 (5)
White/Caucasian/European American	327 (67)
Multiracial	75 (15)
Other	14 (3)
Socioeconomic Status (%)	
<$20,000	149 (31)
>$150,000	24 (5)
$20-$40,000	124 (25)
$40-$60,000	90 (18)
$60-$80,000	50 (10)
$80-$100,000	32 (7)
$100-$150,000	20 (4)
Residential Area (%)	
Rural area (>2,500)	35 (8)
Small town (2,500-25,000)	91 (18)
Large town (25,000-100,000)	85 (17)
Suburban area (100,000-250,000)	114 (23)
City (250,000-999,999)	122 (25)
Large city (1,000,000+)	45 (9)
Education Level (%)	
Less than High School Diploma/GED	15 (3)
High School Diploma/GED	79 (16)
Some College/Technical Degree (e.g., dental hygienist, welder)/	188 (40)
Associate degree	39 (8)
Bachelor's Degree	134 (27)
Postgraduate Degree (MD, PhD, Master's)	27 (6)
Gender Identity (%)*	
Transgender	292 (60)
Nonbinary	332 (68)
Genderqueer	126 (26)
Agender	66 (14)
Trans woman	55 (11)
Trans man	120 (24)
Two Spirit/Third gender	5 (1)
Use different words	41 (8)

Table 1.1 Participant Demographics (continued)

Primary Sexual Identity (%)	
Bisexual	131 (27)
Lesbian	47 (10)
Gay	47 (10)
Queer	102 (21)
Straight	17 (3)
Pansexual	68 (14)
Asexual	53 (11)
Identity not listed	24 (5)
Relationship Status (%)	
Single	228 (47)
In a relationship/relationships	154 (32)
Partnered	53 (11)
Married	46 (9)
Divorced	2 (<1)
Relationship status not listed	6 (1)

** Gender Identity options total over 100% as participants selected all gender identities that applied to them.*

Table 1.2 Means, standard deviations, and bivariate correlations of all measurement variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1. Age	-																					
2. BPN A	-.00	-																				
3. BPN R	-.03	.55*	-																			
4. BPN C	.08	.65*	.49*	-																		
5.GMS-D	.00	-.1*	-.1*	-.01	-																	
6. GMS- R	.05	-.1*	-.2*	-.02	.55*	-																
7. GMS-V	.1*	-.2*	1.2*	-.1*	.56*	.63*	-															
8.GMSnonA	-.1*	-.2*	-.1*	-.2*	.11*	.19*	.09*	-														
9.GMS-IT	-.1*	-.3*	-.3*	-.3*	.14*	.16*	.22*	.21*	-													
10.GMSneg	-.03	-.3*	-.3*	-.2*	.29*	.37*	.34*	.27*	.43*	-												
11.GMSnonD	-.04	-.1*	-.2*	-.1*	.42*	.34*	.32*	.21*	.40*	.50*	-											
12.EWB	.06*	.62*	.36*	.60*	.02	.08	.05	-.1*	-.2*	-.1*	-.1*	-										
13.SWLS	-.02	.53*	.53*	.54*	-.1*	-.1*	-.1*	-.2*	-.3*	-.2*	-.2*	.39*	-									
14.SHS	.06	.52*	.49*	.56*	.01	-.02	-.02	-.3*	-.3*	-.2*	-.1	.49*	.60*	-								
15.PANAS +	.03	.57*	.45*	.60*	.03	.05	.01	-.1*	-.2*	-.1*	-.06	.57*	.43*	.58*	-							
16.CESD	-.06	-.5*	-.5*	-.6*	.12*	.19*	.22*	.31*	.37*	.34*	.19*	-.4*	-.5*	-.6*	-.5*	-						

Table 1.2 (continued)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
17.BAI	-.09	-.2*	-.2*	-.3*	.18*	.21*	.29*	.25*	.24*	.27*	.27*	-.1*	-.2*	-.2*	-.08	.53*	-					
18.PANAS -	-.1*	-.4*	-.3*	-.4*	.07	.09*	.16*	.28*	.32*	.30*	.19*	-.3*	-.4*	-.4*	-.2*	.69*	.64*	-				
19.Auth live	.15*	.50*	.30*	.43*	.04	.01	-.02	-.11	-.3*	-.2*	-.3*	.50*	.33*	.27*	.28*	-.3*	-.2*	-.3*	-			
20.Extern infl	.26*	.28*	.06	.30*	.07*	.02	.01	-.1*	-.2*	-.1*	-.08	.40*	.08*	.13*	.13*	-.2*	-.2*	-.3*	.46*	-		
21.Self alien	.23*	.47*	.33*	.46*	.01	-.05	-.08	-.3*	-.3*	-.2*	-.2*	.55*	.33*	.41*	.35*	-.5*	-.4*	-.5*	.48*	.57*	-	
22.TPIM auth	.11*	.33*	.34*	.31*	.08	.05	.05	-.07	-.7*	-.2*	-.2*	.33*	.28*	.27*	.26*	-.3*	-.1*	-.2*	.43*	.24*	.40*	-
Mean	26	4.2	4.8	4.0	0.2	0.3	0.2	2.8	1.4	2.5	2.1	2.4	3.1	3.4	2.6	1.6	1.1	2.5	5.3	4.5	4.1	5.3
SD	6.7	1.4	1.6	1.7	0.2	0.2	0.2	1.0	1.1	0.9	1.2	0.6	1.4	1.4	0.8	0.6	0.5	0.8	1.1	1.5	1.7	1.3
Range	18-61	1-7	1-7	1-7	0-1	0-1	0-1	0-4	0-4	0-4	0-4	0-4	1-7	1-7	1-5	0-3	0-3	1-5	1-7	1-7	1-7	1-7

Note: subscale abbreviations are as follows: BPN-A = BPN Autonomy, BPN- R = BPN Relatedness, BPN-C = BPN Competence, GMS-Dis = GMS Discrimination, GMS_Rej = GMS Rejection, GMS-Vict = GMS Victimization, GMSnonA= GMS nonaffirmation, GMSIT= GMS internalized transphobia, GMS-neg = GMS Negative expectations, GMSnonD= GMS nondisclosure, EWB= Eudaimonic Well-being, SWLS= Satisfaction with Life, SHS= subjective happiness PANAS + = PANAS Positive Affect, CESD= Center , BAI = Beck Anxiety Inventory, PANAS - = PANAS Negative Affect, Auth live = Authentic living, Extern infl = external influence, self alien = self alienation, TPIM auth = TPIM Authenticity.

Table 1.3 BPN Model Error Variances and Standard Errors

	B	β	*SE*
BPN Autonomy	0.353	0.661	0.055
BPN Competence	0.352	0.951	0.079
BPN Relatedness	0.617	1.609	0.110
Eudaimonic Well-being	0.465	0.144	0.012
Satisfaction with Life	0.516	1.046	0.082
Subjective Happiness	0.530	1.038	0.081
Positive Affect	0.469	0.279	0.023
Depressive Symptoms	0.502	0.185	0.015
Anxiety	0.882	0.252	0.017
Negative Affect	0.754	0.526	0.036

Note. *B* = unstandardized estimates, β = standardized estimates. All error variances are significant at $p < 0.001$.

Table 1.4 Summary of Direct Effects for BPN Model

Predictor	Criterion	*B*	*SE*	β	*p*
BPN	Eudaimonic Well-being	0.399	0.023	0.719	<0.001
	Satisfaction with Life	0.969	0.059	0.680	<0.001
	Subjective Happiness	0.953	0.059	0.681	<0.001
	Positive Affect	0.556	0.031	0.722	<0.001
	Depressive Symptoms	-0.426	0.025	-0.702	<0.001
	Anxiety	-0.172	0.026	-0.322	<0.001
	Negative Affect	-0.395	0.038	-0.474	<0.001
Age	Eudaimonic Well-being	0.012	0.003	0.143	<0.001
	Satisfaction with Life	-0.010	0.008	-0.046	0.194
	Subjective Happiness	0.009	0.007	0.042	0.241
	Positive Affect	0.002	0.004	0.018	0.594
	Depressive Symptoms	-0.003	0.003	-0.035	0.318
	Anxiety	-0.006	0.003	-0.072	0.096
	Negative Affect	-0.012	0.005	-0.099	0.015
Gender	Eudaimonic Well-being	0.009	0.038	0.008	0.813
	Satisfaction with Life	0.354	0.101	0.123	<0.001
	Subjective Happiness	-0.194	0.101	-0.069	0.054
	Positive Affect	-0.033	0.053	-0.021	0.535
	Depressive Symptoms	0.044	0.043	0.036	0.303
	Anxiety	0.091	0.046	0.084	0.050
	Negative Affect	0.052	0.068	0.031	0.466
Race	Eudaimonic Well-being	0.024	0.040	0.021	0.547
	Satisfaction with Life	-0.180	0.107	-0.059	0.093
	Subjective Happiness	0.080	0.106	0.027	0.454
	Positive Affect	0.156	0.056	0.095	0.005
	Depressive Symptoms	0.060	0.045	0.046	0.187
	Anxiety	0.040	0.049	0.035	0.414

Table 1.4 (continued)

Negative Affect	0.164	0.072	0.092	0.023

Note. *B* = unstandardized estimates, β = standardized estimates.

Table 1.5 GMS Model Error Variances and Standard Errors

	B	β	*SE*
GMS-D Discrimination	0.524	9.797	0.767
GMS-D Rejection	0.318	9.880	1.129
GMS-D Victimization	0.384	8.760	0.846
GMS-D Nonaffirmation	0.970	32.493	2.089
GMS-P Internalized Transphobia	0.636	0.893	0.066
GMS-P Negative Expectations	0.419	0.375	0.037
GMS-P Nondisclosure	0.415	0.711	0.067
Eudaimonic Well-being	0.935	0.292	0.019
Satisfaction with Life	0.887	1.845	0.122
Subjective Happiness	0.873	1.756	0.120
Positive Affect	0.934	0.569	0.037
Depressive Symptoms	0.792	0.304	0.021
Anxiety	0.782	0.231	0.016
Negative Affect	0.812	0.583	0.040

Note. *B* = unstandardized estimates, β = standardized estimates. All error variances are significant at $p < 0.001$.

Table 1.6 Summary of Direct Effects for GMS Model

Predictor	Criterion	*B*	*SE*	β	*p*
Distal	Eudaimonic Well-being	0.111	0.037	0.199	0.003
	Satisfaction with Life	0.072	0.093	0.050	0.440
	Subjective Happiness	0.268	0.092	0.189	0.004
	Positive Affect	0.140	0.051	0.181	0.006
	Depressive Symptoms	0.025	0.038	0.040	0.517
	Anxiety	0.075	0.033	0.138	0.023
	Negative Affect	-0.059	0.053	-0.069	0.270
Proximal	Eudaimonic Well-being	-0.147	0.038	-0.262	<0.001
	Satisfaction with Life	-0.469	0.095	-0.326	<0.001
	Subjective Happiness	-0.593	0.095	-0.419	<0.001
	Positive Affect	-0.231	0.053	-0.297	<0.001
	Depressive Symptoms	0.263	0.039	0.424	<0.001
	Anxiety	0.191	0.034	0.352	<0.001
	Negative Affect	0.379	0.055	0.446	<0.001
Age	Eudaimonic Well-being	0.012	0.004	0.143	0.001
	Satisfaction with Life	-0.009	0.009	-0.040	0.352
	Subjective Happiness	0.008	0.009	0.036	0.402
	Positive Affect	0.002	0.005	0.019	0.669
	Depressive Symptoms	-0.004	0.004	-0.041	0.325
	Anxiety	-0.006	0.003	-0.074	0.071
	Negative Affect	-0.012	0.005	-0.091	0.029
Gender	Eudaimonic Well-being	0.027	0.050	0.024	0.591
	Satisfaction with Life	0.357	0.127	0.122	0.005
	Subjective Happiness	-0.198	0.125	-0.069	0.112
	Positive Affect	-0.014	0.070	-0.009	0.836

Table 1.6 (continued)

	Depressive Symptoms	0.059	0.052	0.047	0.260
	Anxiety	0.120	0.045	0.109	0.008
	Negative Affect	0.084	0.072	0.049	0.243
Race	Eudaimonic Well-being	0.008	0.053	0.007	0.876
	Satisfaction with Life	-0.195	0.133	-0.064	0.142
	Subjective Happiness	0.050	0.131	0.017	0.701
	Positive Affect	0.136	0.073	0.083	0.063
	Depressive Symptoms	0.059	0.055	0.045	0.281
	Anxiety	0.030	0.047	0.026	0.525
	Negative Affect	0.166	0.076	0.092	0.028

Note. *B* = unstandardized estimates, β = standardized estimates.

Table 1.7 Model 1 (BPN + General Authenticity) Error Variances and Standard Errors

	B	β	*SE*
BPN Autonomy	0.365	0.666	0.054
BPN Competence	0.351	0.950	0.079
BPN Relatedness	0.616	1.606	0.110
State Authentic Living	0.491	0.617	0.058
State External Influence	0.446	1.300	0.107
State Self Alienation	0.240	0.722	0.121
Eudaimonic Well-being	0.420	0.131	0.010
Satisfaction with Life	0.519	1.053	0.084
Subjective Happiness	0.525	1.029	0.081
Positive Affect	0.455	0.271	0.023
Depressive Symptoms	0.489	0.180	0.014
Anxiety	0.831	0.239	0.016
Negative Affect	0.689	0.485	0.033

Note. *B* = unstandardized estimates, β = standardized estimates. All error variances are significant at $p < 0.001$.

Table 1.8 Model 1 (BPN + General Authenticity) Summary of Indirect Effects

Predictor	Mediator	Criterion	*ab*	*SE*	*p*
BPN	General Authenticity	Eudaimonic Well-being	0.179	0.017	<0.001
		Satisfaction with Life	-0.039	0.044	0.207
		Subjective Happiness	-0.026	0.043	0.402
		Positive Affect	-0.077	0.024	0.015
		Depressive Symptoms	-0.045	0.017	0.119
		Anxiety	-0.167	0.020	<0.001
		Negative Affect	-0.190	0.030	<0.001

Note. *ab* = standardized indirect path using Sobel (1982) mediation tests.

Table 1.9 Model 1 (BPN + General Authenticity) Summary of Direct Effects

Predictor	Criterion	*B*	*SE*	β	*p*
BPN	Eudaimonic Well-being	0.295	0.027	0.528	<0.001
	Satisfaction with Life	1.018	0.078	0.715	<0.001
	Subjective Happiness	0.992	0.077	0.709	<0.001
	Positive Affect	0.618	0.042	0.801	<0.001
	Depressive Symptoms	-0.403	0.032	-0.664	<0.001
	Anxiety	-0.082	0.033	-0.152	0.013
	Negative Affect	-0.235	0.048	-0.280	<0.001
	General Authenticity	0.719	0.068	0.566	<0.001
Gen Auth	Eudaimonic Well-being	0.139	0.021	0.315	<0.001
	Satisfaction with Life	-0.077	0.059	-0.069	0.193
	Subjective Happiness	-0.050	0.058	-0.045	0.393
	Positive Affect	-0.083	0.031	-0.136	0.008
	Depressive Symptoms	-0.038	0.025	-0.079	0.125
	Anxiety	-0.124	0.026	-0.295	<0.001
	Negative Affect	-0.222	0.038	-0.366	<0.001
Age	Eudaimonic Well-being	0.006	0.003	0.068	0.054
	Satisfaction with Life	-0.007	0.008	-0.032	0.399
	Subjective Happiness	0.011	0.008	0.050	0.184
	Positive Affect	0.005	0.004	0.048	0.192
	Depressive Symptoms	-0.001	0.003	-0.015	0.687
	Anxiety	-0.000	0.004	-0.002	0.956
	Negative Affect	-0.002	0.005	-0.019	0.641
	General Authenticity	0.044	0.008	0.232	<0.001
Gender	Eudaimonic Well-being	0.024	0.036	0.021	0.504
	Satisfaction with Life	0.355	0.102	0.123	0.001

Table 1.9 (continued)

	Subjective Happiness	-0.192	0.101	-0.068	0.057
	Positive Affect	-0.036	0.054	-0.023	0.496
	Depressive Symptoms	0.038	0.042	0.031	0.363
	Anxiety	0.079	0.045	0.073	0.080
	Negative Affect	0.030	0.065	0.018	0.645
	General Authenticity	-0.086	0.104	-0.033	0.407
Race	Eudaimonic Well-being	0.039	0.038	0.033	0.303
	Satisfaction with Life	-0.185	0.108	-0.061	0.087
	Subjective Happiness	0.077	0.107	0.026	0.469
	Positive Affect	0.149	0.057	0.091	0.008
	Depressive Symptoms	0.055	0.045	0.042	0.219
	Anxiety	0.027	0.048	0.024	0.570
	Negative Affect	0.140	0.069	0.079	0.042
	General Authenticity	-0.100	0.110	-0.037	0.361

Note. *B* = unstandardized estimates. , β = standardized estimates.

Table 1.10 Model 2 (GMS + General Authenticity) Error Variances and Standard Errors

	B	β	SE
GMS-D Discrimination	0.520	9.695	0.769
GMS-D Rejection	0.324	9.956	1.116
GMS-D Victimization	0.397	8.973	0.841
GMS-D Nonaffirmation	0.970	32.489	2.089
GMS-P Internalized Transphobia	0.667	0.868	0.068
GMS-P Negative Expectations	0.450	0.388	0.038
GMS-P Nondisclosure	0.398	0.660	0.067
General Authentic Living	0.465	0.576	0.057
General External Influence	0.532	1.338	0.099
General Self Alienation	0.237	0.679	0.117
Eudaimonic Well-being	0.561	0.178	0.014
Satisfaction with Life	0.782	1.638	0.108
Subjective Happiness	0.791	1.570	0.105
Positive Affect	0.826	0.498	0.033
Depressive Symptoms	0.659	0.251	0.017
Anxiety	0.733	0.213	0.014
Negative Affect	0.689	0.490	0.016

Note. β = standardized estimates, *b* = unstandardized estimates. All error variances are significant at $p < 0.001$.

Table 1.11 Model 2 (GMS + General Authenticity) Summary of Indirect Effects

Predictor	Mediator	Criterion	*ab*	*SE*	*p*
Distal	General Authenticity	Eudaimonic Well-being	0.083	0.025	0.063
		Satisfaction with Life	0.046	0.036	0.067
		Subjective Happiness	0.045	0.034	0.064
		Positive Affect	0.047	0.020	0.066
		Depressive Symptoms	-0.054	0.018	0.065
		Anxiety	-0.137	0.011	0.072
		Negative Affect	-0.053	0.024	0.064
Proximal		Eudaimonic Well-being	-0.270	0.031	<0.001
		Satisfaction with Life	-0.147	0.048	<0.001
		Subjective Happiness	-0.146	0.046	<0.001
		Positive Affect	-0.153	0.027	<0.001
		Depressive Symptoms	0.176	0.023	<0.001
		Anxiety	0.118	0.015	<0.001
		Negative Affect	0.171	0.030	<0.001

Note. *ab* = standardized indirect path using Sobel (1982) mediation tests.

Table 1.12 Model 2 (GMS + General Authenticity) Summary of Direct Effects

Predictor	Criterion	*B*	*SE*	β	*p*
Distal	Eudaimonic Well-being	0.026	0.030	0.046	0.391
	Satisfaction with Life	-0.046	0.088	-0.032	0.605
	Subjective Happiness	0.158	0.087	0.122	0.071
	Positive Affect	0.074	0.049	0.095	0.129
	Depressive Symptoms	0.082	0.035	0.132	0.020
	Anxiety	0.109	0.032	0.201	0.001
	Negative Affect	0.019	0.049	0.022	0.705
	General Authenticity	0.132	0.071	0.121	0.062
Proximal	Eudaimonic Well-being	0.057	0.036	0.102	0.107
	Satisfaction with Life	-0.183	0.102	-0.126	0.073
	Subjective Happiness	-0.324	0.101	-0.230	0.001
	Positive Affect	-0.071	0.056	-0.091	0.207
	Depressive Symptoms	0.199	0.041	0.194	0.003
	Anxiety	0.107	0.037	0.198	0.004
	Negative Affect	0.187	0.057	0.222	0.001
	General Authenticity	-0.426	0.083	-0.392	<0.001
Gen Auth	Eudaimonic Well-being	0.357	0.024	0.687	<0.001
	Satisfaction with Life	0.500	0.066	0.375	<0.001
	Subjective Happiness	0.483	0.066	0.372	<0.001
	Positive Affect	0.279	0.036	0.390	<0.001
	Depressive Symptoms	-0.255	0.027	-0.448	<0.001
	Anxiety	-0.150	0.024	-0.302	<0.001
	Negative Affect	-0.339	0.037	-0.436	<0.001
Age	Eudaimonic Well-being	-0.001	0.003	-0.009	0.811
	Satisfaction with Life	-0.027	0.008	-0.123	0.004

Table 1.12 (continued)

	Subjective Happiness	-0.010	0.008	-0.405	0.287
	Positive Affect	-0.008	0.004	-0.067	0.123
	Depressive Symptoms	0.005	0.003	0.058	0.138
	Anxiety	-0.001	0.004	-0.008	0.851
	Negative Affect	0.001	0.005	0.004	0.913
	General Authenticity	0.033	0.0007	0.204	<0.001
Gender	Eudaimonic Well-being	0.076	0.044	0.068	0.080
	Satisfaction with Life	0.376	0.127	0.131	0.003
	Subjective Happiness	-0.223	0.126	-0.080	0.078
	Positive Affect	-0.003	0.070	-0.002	0.971
	Depressive Symptoms	0.053	0.051	0.043	0.301
	Anxiety	0.121	0.046	0.113	0.009
	Negative Affect	0.086	0.071	0.052	0.223
	General Authenticity	-0.193	0.100	-0.090	0.058
Race	Eudaimonic Well-being	0.045	0.043	0.038	0.291
	Satisfaction with Life	-0.143	0.126	-0.047	0.253
	Subjective Happiness	0.100	0.123	0.034	0.416
	Positive Affect	0.165	0.069	0.100	0.017
	Depressive Symptoms	0.033	0.050	0.025	0.511
	Anxiety	0.015	0.046	0.013	0.745
	Negative Affect	0.131	0.069	0.073	0.060
	General Authenticity	-0.095	0.100	-0.041	0.341

Note. *B* = unstandardized estimates, β = standardized estimates.

Table 1.13 Model 3 (BPN + Identity-specific Authenticity) Error Variances and Standard Errors

	B	β	*SE*
BPN Autonomy	0.356	0.664	0.054
BPN Competence	0.359	0.967	0.079
BPN Relatedness	0.614	1.588	0.108
TPIM Authenticity	0.821	1.362	0.091
Eudaimonic Well-being	0.446	0.144	0.012
Satisfaction with Life	0.516	1.043	0.082
Subjective Happiness	0.529	1.035	0.081
Positive Affect	0.467	0.277	0.023
Depressive Symptoms	0.500	0.184	0.015
Anxiety	0.881	0.251	0.017
Negative Affect	0.755	0.525	0.036

Note. *B* = unstandardized estimates, β = standardized estimates. All error variances are significant at $p < 0.001$.

Table 1.14 Model 3 (BPN + Identity-specific Authenticity) Summary of Indirect Effects

Predictor	Mediator	Criterion	*ab*	*SE*	*p*
BPN	Identity Authenticity	Eudaimonic Well-being	0.003	0.009	0.715
		Satisfaction with Life	-0.002	0.024	0.935
		Subjective Happiness	-0.014	0.024	0.566
		Positive Affect	-0.018	0.013	0.184
		Depressive Symptoms	0.010	0.010	0.324
		Anxiety	0.010	0.011	0.357
		Negative Affect	-0.004	0.016	0.818

Note. *ab* = standardized indirect path using Sobel (1982) mediation tests.

Table 1.15 Model 3 (BPN + Identity-specific Authenticity) Summary of Direct Effects

Predictor	Criterion	*B*	*SE*	β	*p*
BPN	Eudaimonic Well-being	0.395	0.025	0.711	<0.001
	Satisfaction with Life	0.970	0.066	0.682	<0.001
	Subjective Happiness	0.966	0.066	0.690	<0.001
	Positive Affect	0.573	0.035	0.744	<0.001
	Depressive Symptoms	-0.436	0.028	-0.719	<0.001
	Anxiety	-0.182	0.029	-0.340	0.013
	Negative Affect	-0.391	0.043	-0.469	<0.001
	Identity Authenticity	0.531	0.061	0.412	<0.001
Identity Authenticity	Eudaimonic Well-being	0.006	0.017	0.014	0.717
	Satisfaction with Life	-0.004	0.045	-0.003	0.935
	Subjective Happiness	-0.026	0.045	-0.024	0.561
	Positive Affect	-0.033	0.024	-0.056	0.165
	Depressive Symptoms	0.019	0.019	0.041	0.310
	Anxiety	0.019	0.020	0.046	0.350
	Negative Affect	-0.007	0.030	-0.011	0.819
Age	Eudaimonic Well-being	0.012	0.003	0.143	<0.001
	Satisfaction with Life	-0.010	0.008	-0.045	0.203
	Subjective Happiness	0.009	0.008	0.045	0.217
	Positive Affect	0.003	0.004	0.024	0.490
	Depressive Symptoms	-0.004	0.003	-0.039	0.267
	Anxiety	-0.006	0.003	-0.076	0.079
	Negative Affect	-0.012	0.005	-0.098	0.016
	Identity Authenticity	0.018	0.008	0.094	0.026
Gender	Eudaimonic Well-being	0.009	0.038	0.008	0.811
	Satisfaction with Life	0.354	0.101	0.123	<0.001

Table 1.15 (continued)

	Subjective Happiness	-0.194	0.101	-0.069	0.054
	Positive Affect	-0.033	0.053	-0.022	0.530
	Depressive Symptoms	0.044	0.043	0.036	0.301
	Anxiety	0.091	0.046	0.085	0.049
	Negative Affect	0.052	0.068	0.031	0.447
	Identity Authenticity	-0.015	0.109	-0.006	0.891
Race	Eudaimonic Well-being	0.024	0.040	0.021	0.547
	Satisfaction with Life	-0.180	0.107	-0.060	0.092
	Subjective Happiness	0.079	0.107	0.027	0.457
	Positive Affect	0.156	0.056	0.095	0.006
	Depressive Symptoms	0.060	0.045	0.047	0.186
	Anxiety	0.040	0.049	0.036	0.411
	Negative Affect	0.164	0.072	0.092	0.023
	Identity Authenticity	-0.011	0.115	-0.004	0.922

Note. *B* = unstandardized estimates, β = standardized estimates.

Table 1.16 Model 4 (GMS + Identity-specific Authenticity) Error Variances and Standard Errors

	B	β	*SE*
GMS-D Discrimination	0.521	9.728	0.763
GMS-D Rejection	0.324	9.997	1.114
GMS-D Victimization	0.387	8.792	0.838
GMS-D Nonaffirmation	0.970	32.412	2.083
GMS-P Internalized Transphobia	0.664	0.894	0.068
GMS-P Negative Expectations	0.440	0.389	0.038
GMS-P Nondisclosure	0.400	0.666	0.067
TPIM Authenticity	0.861	1.432	0.099
Eudaimonic Well-being	0.883	0.274	0.018
Satisfaction with Life	0.864	1.782	0.115
Subjective Happiness	0.876	1.746	0.115
Positive Affect	0.917	0.549	0.035
Depressive Symptoms	0.791	0.302	0.020
Anxiety	0.785	0.232	0.016
Negative Affect	0.825	0.590	0.039

Note. *B* = unstandardized estimates, β = standardized estimates. All error variances are significant at $p < 0.001$.

Table 1.17 Model 4 (GMS + Identity-specific Authenticity) Summary of Indirect Effects

Predictor	Mediator	Criterion	*ab*	*SE*	*p*
Distal	Identity Authenticity	Eudaimonic Well-being	0.070	0.010	<0.001
		Satisfaction with Life	0.059	0.024	<0.001
		Subjective Happiness	0.044	0.020	0.002
		Positive Affect	0.053	0.012	0.001
		Depressive Symptoms	-0.046	0.009	0.001
		Anxiety	-0.004	0.006	0.709
		Negative Affect	-0.027	0.010	0.025
Proximal		Eudaimonic Well-being	-0.136	0.016	<0.001
		Satisfaction with Life	-0.114	0.037	<0.001
		Subjective Happiness	-0.086	0.033	<0.001
		Positive Affect	-0.110	0.019	<0.001
		Depressive Symptoms	0.089	0.014	<0.001
		Anxiety	0.008	0.011	0.707
		Negative Affect	0.052	0.018	0.015

Note. *ab* = standardized indirect path using Sobel (1982) mediation tests.

Table 1.18 Model 4 (GMS + Identity-specific Authenticity) Summary of Direct Effects

Predictor	Criterion	*B*	*SE*	β	*p*
Distal	Eudaimonic Well-being	0.034	0.036	0.061	0.353
	Satisfaction with Life	-0.101	0.093	-0.070	0.277
	Subjective Happiness	0.136	0.093	0.086	0.146
	Positive Affect	0.056	0.052	0.073	0.274
	Depressive Symptoms	0.088	0.039	0.142	0.024
	Anxiety	0.081	0.034	0.150	0.018
	Negative Affect	-0.004	0.055	-0.005	0.942
	Identity Authenticity	0.298	0.063	0.231	<0.001
Proximal	Eudaimonic Well-being	-0.018	0.040	-0.032	0.659
	Satisfaction with Life	-0.181	0.102	-0.126	0.076
	Subjective Happiness	-0.375	0.103	-0.265	<0.001
	Positive Affect	-0.093	0.057	-0.121	0.100
	Depressive Symptoms	0.160	0.043	0.259	<0.001
	Anxiety	0.182	0.038	0.334	<0.001
	Negative Affect	0.290	0.060	0.343	<0.001
	Identity Authenticity	-0.578	0.078	-0.448	<0.001
Identity Authenticity	Eudaimonic Well-being	0.131	0.021	0.303	<0.001
	Satisfaction with Life	0.283	0.053	0.254	<0.001
	Subjective Happiness	0.210	0.053	0.192	<0.001
	Positive Affect	0.134	0.029	0.224	<0.001
	Depressive Symptoms	-0.095	0.022	-0.198	<0.001
	Anxiety	-0.007	0.019	-0.017	0.709
	Negative Affect	-0.077	0.031	-0.117	0.013
Age	Eudaimonic Well-being	0.011	0.004	0.127	0.353
	Satisfaction with Life	-0.012	0.009	-0.054	0.201

Table 1.18 (continued)

	Subjective Happiness	0.006	0.009	0.026	0.538
	Positive Affect	0.001	0.005	0.007	0.871
	Depressive Symptoms	-0.003	0.004	-0.031	0.449
	Anxiety	-0.006	0.003	-0.074	0.073
	Negative Affect	-0.011	0.005	-0.086	0.039
	Identity Authenticity	0.004	0.006	0.019	0.561
Gender	Eudaimonic Well-being	0.041	0.048	0.036	0.398
	Satisfaction with Life	0.389	0.123	0.134	0.002
	Subjective Happiness	-0.174	0.123	-0.061	0.157
	Positive Affect	0.000	0.068	0.000	0.994
	Depressive Symptoms	0.047	0.051	0.038	0.356
	Anxiety	0.118	0.046	0.107	0.009
	Negative Affect	0.074	0.072	0.043	0.304
	Identity Authenticity	-0.184	0.086	-0.071	0.031
Race	Eudaimonic Well-being	0.014	0.051	0.012	0.778
	Satisfaction with Life	-0.182	0.129	-0.060	0.160
	Subjective Happiness	0.060	0.129	0.020	0.640
	Positive Affect	0.143	0.072	0.087	0.047
	Depressive Symptoms	0.054	0.054	0.041	0.314
	Anxiety	0.030	0.047	0.026	0.530
	Negative Affect	0.162	0.075	0.090	0.032
	Identity Authenticity	-0.023	0.090	-0.009	0.794

Note. β = standardized estimates, B = unstandardized estimates.

APPENDIX

[APPENDIX 1. SURVEY ITEMS]

Demographics Measures

1. What sex were you assigned at birth?

Female assigned at birth

Male assigned at birth

Intersex

Prefer not to answer

2. Do you identify as transgender?

Yes

No

Unsure

Prefer not to answer

3. I am (select all that apply)

Cisgender

Transgender

Nonbinary

Genderqueer

Agender

I use different words (please share below):

4. What is your age?

5. Select your racial identity/identities below:

Arab/Arab-American / Middle Eastern

Asian/Asian American

Black/African American or Caribbean American

White/European American

Hispanic/Latino/a/x/Chicano or South American
Native American or Alaska Native

Pacific Islander

I have an identity not listed *specify:* (*fill in the blank)*

6. What is your sexual orientation?

Bisexual

Lesbian
Gay
Asexual
Pansexual
Queer

Straight(Heterosexual)
I have an identity not listed s*pecify: (fill in the blank)*

7. What is your current relationship status?

Single

In relationships/ In a relationship

Partnered

Married

Divorced

Widowed

I have a relationship status not listed *specify: (fill in the blank)*

8. In what State or Territory do you currently reside?

(*select answer from dropdown list- includes all 50 United States and 5 Territories*)

9. What type of residential area do you currently reside in? rural area or small town (less than 2,000 people)?

Rural area (>2,500)

Small town (2,500-25,000)

Large town (25,000-100,000)

Suburban area (100,000-250,000)

City (250,000-999,999)

Large city (1,000,000 +)

10. What was your household income in the past year?

<$20,000

$20-$40,000

$40-$60,000

$60-$80,000

$80,000-100,000

$100,000-150,000

$150,000-200,000

>$200,000

11. Please choose your highest level of completed education.

Less than a high school diploma/GED

High school diploma/GED

Some college

Associate's degree

Bachelor's degree

Technical degree (e.g., dental hygienist, welder)

Postgraduate degree (MD, PhD, Master's degree)

Eudaimonic Well-being (QEWB; Waterman et al., 2010)

"This questionnaire contains a series of statements that refer to how you may feel things have been going in your life. Read each statement and decide the extent to which you agree or disagree with it. Try to respond to each statement according to your own feelings about how things are actually going, rather than how you might wish them to be."

Please use the following scale when responding to each statement.

Strongly Disagree 0 1 2 3 4 Strongly Agree

1. I find I get intensely involved in many of the things I do each day.

2. I believe I have discovered who I really am.

3. I think it would be ideal if things came easily to me in my life. (R)

4. My life is centered around a set of core beliefs that give meaning to my life.

5. It is more important that I really enjoy what I do than that other people are impressed by it.

6. I believe I know what my best potentials are and I try to develop them whenever possible.

7. Other people usually know better what would be good for me to do than I know myself. (R)

8. I feel best when I'm doing something worth investing a great deal of effort in.

9. I can say that I have found my purpose in life.

10. If I did not find what I was doing rewarding for me, I do not think I could continue doing it.

11. As yet, I've not figured out what to do with my life. (R)

12. I can't understand why some people want to work so hard on the things that they do. (R)

13. I believe it is important to know how what I'm doing fits with purposes worth pursuing.

14. I usually know what I should do because some actions just feel right to me.

15. When I engage in activities that involve my best potentials, I have this sense of really being alive.

16. I am confused about what my talents really are. (R)

17. I find a lot of the things I do are personally expressive for me.

18. It is important to me that I feel fulfilled by the activities that I engage in.

19. If something is really difficult, it probably isn't worth doing. (R)

20. I find it hard to get really invested in the things that I do. (R)

21. I believe I know what I was meant to do in life.

Note. The item statements are responded to on a 5-point Likert-type scale, with possible choices ranging from 0 (Strongly Disagree) to 4 (Strongly Agree). Fourteen of the items are written in an affirmative direction with high scores indicative of EWB; and 7 items are written in the negative direction, implying the absence of EWB, and are reverse scored. The possible range of scores on the QEWB was from 0 to 84 (85 points)

Hedonic Well-being (positive affect, satisfaction with life, happiness; Watson et al., 1988, Diener et al., 1985, Lyubomirsky & Lepper, 1999)

Satisfaction with Life Scale (Diener et al., 1985)

Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number in the line preceding that item. Please be open and honest in your responding

In most ways my life is close to my ideal.

The conditions of my life are excellent

I am satisfied with life.

So far I have gotten the important things I want in life.

If I could live my life over, I would change almost nothing.

Note. Strongly Disagree (1); Disagree (2); Slightly Disagree (3); Neither Agree or Disagree (4); Slightly Agree (5); Agree (6); Strongly Agree (7). scoring should be kept continuous (sum up scores on each item), here are some cutoffs to be used as benchmarks. 31 - 35 Extremely satisfied; 26 - 30 Satisfied; 21 - 25 Slightly satisfied; 20 Neutral; 15 - 19 Slightly dissatisfied; 10 - 14 Dissatisfied; 5 - 9 Extremely dissatisfied

Positive and Negative Affect Scale (PANAS) (Watson et al., 1988)

These words describe different feelings and emotions. Read each item and then select the appropriate answer regarding how you have felt in the past 7 days. Indicate to what extent you generally felt this way; that is how you feel on average the past 7 days.

Use the following scale to select your answers.

Interested

Distressed

Excited

Upset

Strong

Guilty

Scared

Hostile

Enthusiastic

Proud

Irritable

Alert

Ashamed

Inspired

Nervous

Determined

Attentive

Jittery

Active

Afraid

Note. Very slightly or not at all (1); A little (2); Moderately (3); Quite a bit (4); Extremely (5). The total score is calculated by finding the sum of the 10 positive items, and then the 10 negative items. Scores range from 10 – 50 for both sets of items. For the total positive score, a higher score indicates more of a positive affect. For the total negative score, a lower score indicates less of a negative affect.

Subjective Happiness Scale (Lyubomirsky & Lepper, 1999)

" For each of the following statements and/or questions, please select the point on the scale that you feel is most appropriate in describing you."

1. In general, I consider myself:

not a very happy person 1 2 3 4 5 6 7 a very happy person

2. Compared to most of my peers, I consider myself:

less happy 1 2 3 4 5 6 7 more happy

3. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?

not at all 1 2 3 4 5 6 7 a great deal

4. Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extend does this characterization describe you?

not at all 1 2 3 4 5 6 7 a great deal

Note. A single composite score for global subjective happiness is computed by averaging responses to the four items (the fourth reverse-coded). Thus, the possible range of scores on the Subjective Happiness Scale is from 1.0 to 7.0, with higher scores reflecting greater happiness

Psychological Distress (depression, anxiety, negative affect; Radloff, 1977; Beck & Steer, 1993, Watson et al., 1988)

CES-D-10 (Radloff, 1977)

Below is a list of some of the ways you may have felt or behaved. Please- indicate how often you have felt this way during the past week

I was bothered by things that usually don't bother me.

I had trouble keeping my mind on what I was doing.

I felt depressed.

I felt that everything I did was an effort.

I felt hopeful about the future.

I felt fearful.

My sleep was restless.

I was happy.

I felt lonely

I could not "get going."

Note. Rarely or None of the Time (less than 1 day) (1); Some or a Little of the Time (1-2 days) (2); Occasionally or a Moderate Amount of Time (3-4 days) (3); All of the Time (5-7 days) (4)

The score is the sum of the 20 questions. Possible range is 0-60. If more than four questions are missing answers, do not score the CES-D questionnaire. A score of 16 points or more is considered depressed.

Beck Anxiety Inventory (Beck & Steer, 1993)

"Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by selecting the number in the corresponding space in the column next to each symptom."

0 Not at All

1 Mildly but it didn't bother me much

2 Moderately - it wasn't pleasant at times

3 Severely – it bothered me a lot

Numbness or tingling 0 1 2 3

Feeling hot 0 1 2 3

Wobbliness in legs 0 1 2 3

Unable to relax 0 1 2 3

Fear of worst happening 0 1 2 3

Dizzy or lightheaded 0 1 2 3

Heart pounding/racing 0 1 2 3

Unsteady 0 1 2 3

Terrified or afraid 0 1 2 3

Nervous 0 1 2 3

Feeling of choking 0 1 2 3

Hands trembling 0 1 2 3

Shaky / unsteady 0 1 2 3

Fear of losing control 0 1 2 3

Difficulty in breathing 0 1 2 3

Fear of dying 0 1 2 3

Scared 0 1 2 3

Indigestion 0 1 2 3

Faint / lightheaded 0 1 2 3

Face flushed 0 1 2 3

Hot/cold sweats 0 1 2 3

Note. Sum each column. Then sum the column totals to achieve a grand score.

Basic Psychological Needs (Chen et al., 2015; Deci & Ryan, 2000)

Please select how true each of the statements below describe you.

1 (not at all true) to 7 (very true)

Autonomy Satisfaction

1. I feel a sense of choice and freedom in the things I undertake

2. I feel that my decisions reflect what I really want

3. I feel my choices express who I really am

4. I feel I have been doing what really interests me

Relatedness Satisfaction

5. I feel that the people I care about also care about me

6. I feel connected with people who care for me, and for whom I care

7. 1. I feel close and connected with other people who are important to me

8. I experience a warm feeling with the people I spend time with

Competence Satisfaction

9. I feel confident that I can do things well

10. I feel capable at what I do

11. I feel competent to achieve my goals

12. I feel I can successfully complete difficult tasks

Note. Scores are averaged for each subscale to provide a total BPN satisfaction score (higher = greater satisfaction, lower = less satisfaction)

Gender Minority Stressors (Testa et al., 2015)

Gender-related discrimination

Response options: Never; Yes, before age 18; Yes, after age 18; Yes, in the past year

1. I have had difficulty getting medical or mental health treatment (transition-related or other) because of my gender identity or expression.

2. Because of my gender identity or expression, I have had difficulty finding a bathroom to use when I am out in public.

3. I have experienced difficulty getting identity documents that match my gender identity.

4. I have had difficulty finding housing or staying in housing because of my gender identity or expression.

5. I have had difficulty finding employment or keeping employment, or have been denied promotion because of my gender identity or expression.

Gender-related rejection

Response options: Never; Yes, before age 18; Yes, after age 18; Yes, in the past year

1. I have had difficulty finding a partner or have had a relationship end because of my gender identity or expression.

2. I have been rejected or made to feel unwelcome by a religious community because of my gender identity or expression.

3. I have been rejected by or made to feel unwelcome in my ethnic/racial community because of my gender identity or expression.

4. I have been rejected or distanced from friends because of my gender identity or expression.

5. I have been rejected at school or work because of my gender identity or expression.

6. I have been rejected or distanced from family because of my gender identity or expression.

Gender-related victimization

Response options: Never; Yes, before age 18; Yes, after age 18; Yes, in the past year

1. I have been verbally harassed or teased because of my gender identity or expression. (For example, being called “it”)

2. I have been threatened with being outed or blackmailed because of my gender identity or expression.

3. I have had my personal property damaged because of my gender identity or expression.

4. I have been threatened with physical harm because of my gender identity or expression.

5. I have been pushed, shoved, hit, or had something thrown at me because of my gender identity or expression.

6. I have had sexual contact with someone against my will because of my gender identity or expression.

Non-affirmation of gender identity

Response options: 5-point scale from strongly disagree to strongly agree

1. I have to repeatedly explain my gender identity to people or correct the pronouns people use.

2. I have difficulty being perceived as my gender.

3. I have to work hard for people to see my gender accurately.

4. I have to be "hypermasculine" or "hyperfeminine" in order for people to accept my gender.

5. People don't respect my gender identity because of my appearance or body.

6. People don't understand me because they don't see my gender as I do.

Internalized transphobia

Response options: 5-point scale from strongly disagree to strongly agree

1. I resent my gender identity or expression.

2. My gender identity or expression makes me feel like a freak.

3. When I think of my gender identity or expression, I feel depressed.

4. When I think about my gender identity or expression, I feel unhappy.

5. Because my gender identity or expression, I feel like an outcast.

6. I often ask myself: Why can't my gender identity or expression just be normal?

7. I feel that my gender identity or expression is embarrassing.

8. I envy people who do not have a gender identity or expression like mine.

Question to determine appropriate wording for items regarding negative expectations for the future and nondisclosure: Do you currently live in your affirmed gender all or almost all of the time? (Your affirmed gender is the one you see as accurate for yourself.)

Response options: Yes, I live in my affirmed gender most or all of the time; No, I don't live in my affirmed gender most or all of the time

If yes: use "history" in items below. If no: use "identity" in items below.

Negative expectations for the future

Response options: 5-point scale from strongly disagree to strongly agree

1. If I express my gender IDENTITY/HISTORY, others wouldn't accept me.

2. If I express my gender IDENTITY/HISTORY, employers would not hire me.

3. If I express my gender IDENTITY/HISTORY, people would think I am mentally ill or "crazy."

4. If I express my gender IDENTITY/HISTORY, people would think I am disgusting or sinful.

5. If I express my gender IDENTITY/HISTORY, most people would think less of me.

6. If I express my gender IDENTITY/HISTORY, most people would look down on me.

7. If I express my gender IDENTITY/HISTORY, I could be a victim of crime or violence.

8. If I express my gender IDENTITY/HISTORY, I could be arrested or harassed by police.

9. If I express my gender IDENTITY/HISTORY, I could be denied good medical care.

Nondisclosure

Response options: 5-point scale from strongly disagree to strongly agree

1. Because I don't want others to know my gender IDENTITY/HISTORY, I don't talk about certain experiences from my past or change parts of

what I will tell people.

2. Because I don't want others to know my gender IDENTITY/HISTORY, I modify my way of speaking.

3. Because I don't want others to know my gender IDENTITY/HISTORY, I pay special attention to the way I dress or groom myself.

4. Because I don't want others to know my gender IDENTITY/HISTORY, I avoid exposing my body, such as wearing a bathing suit or nudity in

locker rooms.

5. Because I don't want others to know my gender IDENTITY/HISTORY, I change the way I walk, gesture, sit, or stand.

Note. Scale names are included for researcher information only; they are not intended to be shared with participants responding to the questionnaire.

State Authenticity (AS; Wood et al., 2008; Lenton et al., 2013).

Please indicate your response to the below statements on a 1 (does not describe me at all) to 7 (describes me very well) scale . Make sure your response indicates how you feel right now, in this current moment.

1 (does not describe me at all) 2 3 4 5 6 7 (describes me very well)

1. Right now, I think it is better to be yourself, than to be popular.
2. Right now, I don't know how I really feel inside.
3. Right now, I am strongly influenced by the opinions of others.
4. Right now, I usually do what other people tell me to do.
5. Right now, I always feel I need to do what others expect me to do.
6. Right now, Other people influence me greatly.
7. Right now, I feel as if I don't know myself very well.
8. Right now, I always stand by what I believe in.
9. Right now, I am true to myself in most situations.
10. Right now, I feel out of touch with the 'real me.'
11. Right now, I live in accordance with my values and beliefs.
12. Right now, I feel alienated from myself.

Note. All items are presented on a 1 (does not describe me at all) to 7 (describes me very well) scale.

Total Items 1, 8, 9, and 11 for Authentic Living;
Items 3, 4, 5, and 6 for Accepting External Influence;

Items 2, 7, 10, and 12 for Self-Alienation

Transgender Positive Identity Measure [T-Pim]/LGB-PIM Authenticity Subscale-
(Riggle & Mohr, 2015)

We are going to ask you a series of questions about your identity as a transgender person. There are several questions and some of the questions may seem similar, but there are differences in the wording, so please try to answer all of the questions. Please answer the questions by thinking about which response category best represents your feelings about your experiences. Indicate how you really feel now, not how you think you should feel.

There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next. Choose the response that best reflects your feelings about your transgender identity.

1. I embrace my transgender identity.
2. I am comfortable with my transgender identity.
3. I have a sense of inner peace about my LGBT identity.
4. My transgender identity has given me more confidence.
5. I am honest with myself about my transgender identity.

Note. Items should be randomized for presentation in a survey. Recommended response scale: 1, Strongly Disagree; 2, Disagree; 3, Somewhat Disagree; 4, Neither Agree nor Disagree; 5, Somewhat Agree; 6, Agree; 7, Strongly Agree. Subscale scores are computed by averaging subscale item ratings

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VITA

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RESEARCH

Fall 2017-current	**Lab Manager (2020-2021) and Researcher, Psychosocial Research Initiative on Sexual Minorities (PRISM) Lab** *University of Kentucky*
Spring 2016-current	**Researcher, Sexual and Gender Identity Lab** *Towson University*
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PUBLICATIONS

Clements, Z. A., Derr, B., & Rostosky, S. S. (2021). Trans masculine individual's experiences with male privilege. *Psychology of Men and Masculinities, 23*(1), 123-132. https://doi.org/10.1037/men0000371

Clements, Z. A., Rostosky, S. S., McCurry, S. K., & Riggle, E. D. B. (2021) Piloting a brief intervention to increase positive identity and well-being in transgender and non-binary individuals. *Professional Psychology: Research and Practice, 52*(4), 328-332. https://doi.org/10.1037/pro0000390

Clements, Z. A. & Munro, G. Biases and their impact on opinions of transgender bathroom usage. (2021). *Journal of Applied Social Psychology*, *51*(4), 370-383. http://dx.doi.org/10.1111/jasp.12741

Rostosky, S. S., Scheel, M. J., & **Clements, Z. A.** (2020). Our state of the union: Results from the 2017–2018 CCPTP membership survey. *The Counseling Psychologist, 47*(8), 1115- 1135. https://doi.org/10.1177/0011000019893619

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Pulice-Farrow, L., **Clements, Z. A.**, & Galupo, M. P. (2017). Patterns of transgender microaggressions: The role of gender identity. *Psychology and Sexuality, 8*(3), 189-207.

MANUSCRIPTS UNDER REVIEW

Clements, Z. A., Riggle, E. D. B., & Rostosky, S. S. Evaluating the effectiveness of a brief online positive identity intervention for transgender people. *(Accepted 5/2023)*

MEDIA

Executive Producer (with Michael Breeding, Ellen Riggle, and Sharon Rostosky)
Funded by JustFund KY ($5,000)
Becoming Myself: Positive Trans and Nonbinary Identities.
https://www.youtube.com/watch?v=0pyzeSvv_dw

APA Division 51 Research Blog Post
New Research Summary: How do trans masculine identified individuals experience male privilege? https://www.division51.net/post/new-research-summary-how-do-trans-masculine-identified-individuals-experience-male-privilege

Outsources Radio Interview
What To Do About Attacks on Trans and Nonbinary People
https://www.kgnu.org/outsources/4/3/2023

PRESENTATIONS

Derr, B. N., **Clements, Z. A**., & Rostosky, S. S. (2021, August). *"This is male privilege and not a general human experience": How transmasculine individuals experience male privilege*. Poster presented at the Annual meeting of the American Psychological Association, Virtual.

Clements, Z.A., Rostosky, S. S., & Riggle, E.D.B. (2020, August). A positive identity intervention for young transgender Kentuckians. In **Z. Clements** & S. Job (Co-Chairs), *Strength Based Interventions for Sexual and Gender Minorities*. Symposium presented at the Annual meeting of the American Psychological Association, Washington, DC.

Clements, Z. A. (2019, November). *Trans men's outness, sexuality, and conformity to "playboy" masculine norms.* Poster presented at the Annual Meeting of the Society for the Scientific Study of Sexuality (SSSS), Denver, CO.

Clements, Z. A., McCurry, S. K., Rostosky, S. S., & Riggle, E.D.B. (2019, August). *Promoting positive narratives in trans-identified Kentuckians.* Poster presented at the Annual meeting of the American Psychological Association. Chicago, IL.

Galupo, M. P., Pulice-Farrow, L., & **Clements, Z. A.** (2019, August). "Outdated and offensive": Trans responses to the GIDYQAA. Poster presented at the Annual meeting of the American Psychological Association. Chicago, IL.

Rostosky, S. S., Whitton, S., **Clements, Z. A.**, & Morgan, K. (2019, August). *Better together: An online relationship education program for female same-sex couples*. In S.R. Chaudoir (Chair) Rural LGBTQ+ Health: Pathways of Risk and Resilience. Symposium presented at the Annual meeting of the American Psychological Association, Chicago, IL.

Clements, Z. A., Wiggins, A., Brown, J., & Ickes, M. (2019, August). *Factors that influence polytobacco use in college students*. Poster presented at the National Conference on Tobacco and Health, Minneapolis, MN.

Hahn, E. J., Rademacher, K., Schuh, M., Keeler, H., Bucher, A., **Clements, Z. A**., Fallin Bennett, A., & Rayens, M. K. (2019, August). *Smoke-free policies in long-term care facilities*. Poster presented at the National Conference on Tobacco and Health, Minneapolis, MN.

Clements, Z.A. (2019, July). Promoting Positive Narratives in Trans-identified Individuals. Workshop at the *Philadelphia Trans Wellness Conference*, Philadelphia, PA.

Fazenbacker, L., **Clements, Z.A.**, Wiggins, A. T., Mundy, Monica, E., Bucher, A. J., & Hahn, E. J. (2019, August). *Impact of smoke-free policies and rural/urban status and availability of cessation services in long-term care facilities.* Poster presented at the Student Poster Session for SURES/SURF/STEPS, Lexington, KY.

Galupo, M. P., Pulice-Farrow, L., **Clements, Z. A.**, & Morris, K. D. (2018, November). "*I love you as both and I love you as neither:" Affirmations of non-binary identities from romantic partners*. Poster presented at the Society for the Scientific [SSSS] Annual Meeting, Montreal, Quebec, Canada.

Clements, Z. A., Mednel, A. B., Munro, G. D., & Rostosky, S. S. (2018, August). *Biases and their impact on opinions of transgender bathroom usage*. Poster presented at the American Psychological Association National Conference, San Francisco, CA.

Berney, E. C., **Clements, Z. A.**, & Hammer, J. H. (2018, August). *Using the CMNI-46 in a sample of transgender men*. Poster presented at the American Psychological Association National Conference, San Francisco, CA.

Rostosky, S. S., **Clements, Z. A.,** McCubbin, L., & Rochlen, A. (2018, March). *The big picture: Fun facts from the 2017 survey of counseling psychology programs*. Paper presented at the Midwinter Meeting of the Council of Counseling Psychology Training Programs (CCPTP), San Antonio, TX.

Clements, Z. A., Santoro, A. N., Munro, G. D. (2017, January). "*The dean has a horrible beard!": The impact of persuasion techniques and logic on our perception of those with the same or differing opinions*. Poster presented at the Society of Personality and Social Psychology Conference*,* San Antonio, TX.

Pulice-Farrow, L., **Clements, Z. A.**, & Galupo, M. P. (2017, August). *Patterns of transgender microaggressions: The role of gender identity*. Poster presented at the American Psychological Association National Conference, Washington, DC.

GRANTS/FELLOWSHIPS/SCHOLARSHIPS/AWARDS

University of Kentucky 2022
Southeastern Conference (SEC) Emerging Scholar

PRISM Research Lab 2022
David and Jillian Pascale-Hague PRISMresearch Award

University of Kentucky EDP College of Education 2022
Leslie Martin Endowed Fellowship

JustFundKY 2021-2022

Cliff Todd Endowment Grant

University of Kentucky EDP 3 Minute Social Justice Competition 2021

First Place

University of Kentucky GradResearch Live Pre-3MT 2019
Second Place- People's Choice

Disparities Researchers Equalizing Access for Minorities (DREAM) Scholars Program
DREAM Scholar Associate 2018-2020

JustFundKY
Cliff Todd Endowment Grant 2018, 2020

University of Kentucky, College of Education
John Edwin Partington and Gwendolyn Gray Partington Scholarship 2018- 2019

University of Kentucky Office of LGBTQ* Resource, Center for Graduate and Professional Diversity Initiatives, and Graduate School
Graduate and Professional Research Grant 2018-2019

Towson University Psychology Department
Distinguished Psychology Graduate May, 2017

TEACHING/MENTORING EXPERIENCE

Spring 2022 **Co-Instructor**
University of Kentucky

Fall 2021 **Co-Instructor**
University of Kentucky

Spring 2021 **Guest Lecturer**
University of Kentucky

Summer 2019 **Near Peer Mentor, UKY SURES Program**
University of Kentucky, College of Medicine

Spring 2017 **Guest Lecturer**
Towson University

Fall 2016 **Proctor**
Towson University

PROFESSIONAL MEMBERSHIPS

2016-current	American Psychological Association (APA) Division 44 Member Division 17 Member SAS Member APAGS Member
2016-current	Association for Psychological Science (APS)
2019-current	Society for the Scientific Study of Sexuality (SSSS)
2016-2018	Society of Personality and Social Psychology