

EXPLORING THE ROLES OF PERCEIVED GENDER IDENTITY
DISCRIMINATION AND POST-TRAUMATIC COGNITIONS ON POST-
TRAUMATIC STRESS SYMPTOMS AND FLOURISHING AMONG
TRANSGENDER INDIVIDUALS

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ABSTRACT

EXPLORING THE ROLES OF PERCEIVED GENDER IDENTITY DISCRIMINATION AND POST-TRAUMATIC COGNITIONS ON POST- TRAUMATIC STRESS SYMPTOMS AND FLOURISHING AMONG TRANSGENDER INDIVIDUALS

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The purpose of this study is to explore the relations of negative cognitions (about the self and the world) and perceived discrimination (individual and group discrimination) to post-traumatic stress symptoms and flourishing among transgender individuals. The study's target population was individuals who experience their gender identity under the transgender umbrella term consisted of experiences such as; trans women, trans men, non-binary, genderqueer, gender fluid, bigender, pangender, agender, crossdresser in Turkey. A sample consisted of 140 self-identified transgender adults was reached by purposeful sampling. The data were collected by using an online survey set consisting of Demographic Information Form, Perceived Discrimination Scale (PDS), Post-Traumatic Cognitions Scale (PTCS), The National Stressful Events Survey for Post-Traumatic Stress Disorder Short Scale (NSESSS-PTSD), and Flourishing Scale (FS). The current study's research design is quantitative correlational design, and hierarchical linear regression analysis was used to answer the

research questions. The results showed that negative cognitions about the self and the world and perceived individual discrimination significantly predicted post-traumatic stress symptoms of transgender individuals, while perceived group discrimination and the joint effects of the independent variables did not. Secondly, the results showed that negative cognitions about the self and perceived individual discrimination significantly predicted low flourishing of transgender individuals while perceived group discrimination, negative cognitions about the world, and the joint effects of independent variables did not. These results are discussed in the light of psychological trauma and psychological well-being literature. The implications were presented for mental health professionals, university and faculty administrations, and non-governmental organizations.

Keywords: Discrimination, Transgender, LGBTIQ+, Psychological Well-Being, Psychological Trauma

ÖZ

TRANS+ BİREYLERİN ALGILADIKLARI AYRIMCILIĞIN VE TRAVMA SONRASI BİLİŞLERİNİN TRAVMA SONRASI STRES SEMPTOMLARI VE PSİKOLOJİK İYİ OLUŞLARI ÜZERİNDEKİ ROLLERİNİN İNCELENMESİ

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Yüksek Lisans, Eğitim Bilimleri, Rehberlik ve Psikolojik Danışmanlık Bölümü

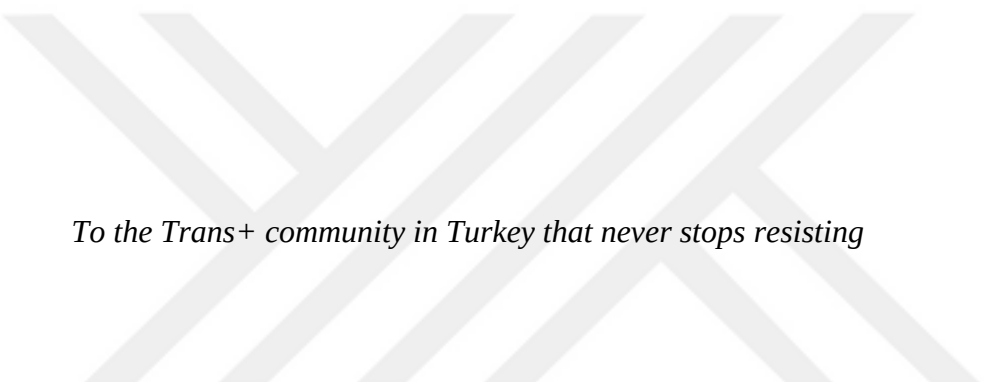
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Bu çalışmanın amacı cinsiyet kimliğini trans+ şemsiyesi altında deneyimleyen yetişkinlerin travma sonrası stres belirtilerini ve psikolojik iyi oluşlarını, algıladıkları bireysel ayrımcılığa, algıladıkları grup ayrımcılığına, kendileri hakkındaki ve dünya hakkındaki olumsuz bilişlerine göre incelemektir. Bu araştırmanın evrenini Türkiye’de yaşayan ve cinsiyet kimliği deneyimini trans+ şemsiyesi (trans kadın, trans erkek, ikilik dışı[non-binary], kuir, akışkan, çift cinsiyetli, pangender, cinsiyetsiz, travesti) altında tanımlayan yetişkinler oluşturmaktadır. Bu doğrultuda, amaçlı örnekleme yoluyla cinsiyet kimliği doğumda atanan cinsiyetiyle güncel olarak örtüşmeme kriterini sağlayan 140 katılımcıya ulaşılmıştır. Veriler, Demografik Bilgi Formu, Algılanan Ayrımcılık Ölçeği, Travma Sonrası Bilişler Ölçeği, Travma Sonrası Stres Bozukluğu Belirtileri Ölçeği ve Psikolojik İyi Oluş Ölçeğinden oluşan bir anket seti kullanılarak çevrimiçi toplanmıştır. Mevcut çalışma, nicel araştırma yöntemlerinden ilişkisel tasarımıyla kurgulanmıştır ve araştırma sorularını yanıtlamak için hiyerarşik regresyon analizi kullanılmıştır. Araştırmanın bulguları, cinsiyet kimliğini trans+ şemsiyesi altında deneyimleyen yetişkinlerin kendileri hakkındaki

olumsuz bilişlerinin, dünya hakkındaki olumsuz bilişlerinin ve algıladıkları bireysel ayrımcılığın travma sonrası stres belirtilerini anlamlı bir şekilde yordadığını göstermiştir. Algıladıkları grup ayrımcılığı ve bağımsız değişkenlerin ortak etkileriye travma sonrası stres belirtilerini anlamlı bir şekilde yordamamıştır. Öte yandan, katılımcıların kendileriyle ilgili olumsuz bilişlerinin ve algıladıkları bireysel ayrımcılığın psikolojik iyi oluşlarını anlamlı bir şekilde yordadığı görülmüştür. Algıladıkları grup ayrımcılığı, dünya hakkındaki olumsuz bilişleri ve bağımsız değişkenlerin ortak etkileriye psikolojik iyi oluşlarını anlamlı bir şekilde etkilememiştir. Bu sonuçlar psikolojik travma ve psikolojik iyi oluş literatürleri ışığında tartışılmıştır. Ruh sağlığı uzmanları, üniversite ve fakülte yönetimleri ve sivil toplum kuruluşları için uygulama önerileri sunulmuştur.

Anahtar Kelimeler: Ayrımcılık, Trans+, LGBTIQ+, Psikolojik İyi Oluş, Psikolojik Travma



To the Trans+ community in Turkey that never stops resisting

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LIST OF ABBREVIATIONS

ACA	American Counseling Association
CFA	Confirmatory Factor Analysis
CIS	Cisgender
DSM	Diagnostic and Statistical Manual of Mental Disorders
EFA	Exploratory Factor Analysis
FS	Flourishing Scale
HIV+	Human Immunodeficiency Virus +
ICD	International Classification of Diseases for Mortality and Morbidity Statistics
ILGA	International Lesbian Gay Bisexual Trans and Intersex Association
Kaos GL Association	Kaos Gay and Lesbian Cultural Research and Solidarity Association
LGB	Lesbian, Gay and Bisexual
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Transsexual, Intersex, Queer, Questioning, Asexual, +
NCAS	Negative Cognitions about the Self
NSAW	Negative Cognitions about the World
NSES	National Stressful Events Survey
NSESSS-PTSD	The National Stressful Events Survey for Post-Traumatic Stress Disorder Short Scale
PCL	Post-Traumatic Stress Disorder Checklist
PDS	Perceived Discrimination Scale
PGD	Group Discrimination
PID	Perceived Individual Discrimination
PTCS	Post-Traumatic Cognitions Scale
PTSD	Post-Traumatic Stress Disorder
PTSD-SS	Post-Traumatic Stress Disorder -Short Scale

ROC	Receiver Operating Characteristics
SD	Standard Deviation
SE	Standard Error
SPoD	Social Policies Gender Identity and Gender Orientation
Association	
TGNC	Transgender and Gender Non-Conforming
TURK-IS	Türkiye İşçi Sendikaları Konfederasyonu
VIF	Variance Inflation Factor
WHO	World Health Organization



CHAPTER 1

INTRODUCTION

1.1. Background to the study

Turkey is among the most discriminating countries for LGBTIQ+ people over 49 European and Central Asian countries regarding anti-discrimination, family, hate crime, gender self-identification, collective action freedom, and asylum laws and policies (ILGA-Europe, 2021). In an extremely excluding context, the large proportion of Turkish LGBTIQ+ people were closeted in school, work, and clinical environments that caused dropouts, school changes, hindrance to work in specialized fields, and forced sexual identity change efforts due to the discrimination and threats they perceive (Göçmen & Yılmaz, 2017). Such an oppressive atmosphere and social injustice are acknowledged to have detrimental effects on the well-being of LGBTIQ+ people.

The oppressive atmosphere and predominating social injustice, social exclusion, and discrimination are detrimental for LGB (Lesbian, Gay, and Bisexual) and TGNC (Transgender and Gender Non-Conforming) individuals' psychological health as they are for everyone. Discrimination was identified as a distal stress source for the identities beyond heterosexist and cisgenderist societal values (Hendricks & Testa, 2012; Meyer, 2003). As a distal stress source on psychological health, the social exclusion of LGBTIQ+ youth in 37 European countries was studied in a report published by the International Lesbian Gay Bisexual Trans and Intersex Association in Europe and Central Asia (Takács, 2006). Accordingly, 61% of the participants experienced prejudices and discrimination in educational settings, 51% in family, 30% with their friend groups, and 38% in their community. At least one of three LGBTIQ+ individuals living in Europe experienced discrimination, even within the LGBTIQ+

community. LGBTIQ+ participants had higher depression, anxiety, self-harm, and suicide ideation than cisgender and heterosexual participants (Landers & Gilsanz, 2009; Reisner et al., 2015). Also, among the LGBTIQ+ individuals, transgender participants had the highest depression, anxiety, self-harm, and suicide contemplation rates (Landers & Gilsanz, 2009). Discrimination seems to have additional disruptive types, such as gender-identity discrimination and in-community discrimination for transgender individuals.

Transgender individuals who experience gender-identity discrimination and in-community discrimination carry a higher risk of psychological impairment in the LGBTIQ+ community. This fact has drawn attention and has been a topic of exploration. In an extensive study by Grant et al. (2011) that aimed to explore the influences of gender identity discrimination in the USA, it was found that at least one of three transgender individuals attempted suicide. The authors asserted that gender-based discrimination experienced at a severe level by at least 63% of the participants was associated with suicide attempts. The associations among discrimination experiences, depression, suicidal attempts, and other negative mental health outcomes among transgender individuals were widely explored (Clements & Nolle, 2001; Kaptan, 2010). Clements & Nolle (2001) reported that more than half of 515 binary transgender individuals had a history of depression, and one of three participants attempted suicide. Another study from Turkey confirmed such findings by depicting that one-third of transgender individuals had a history of suicide attempts (Kaptan, 2010). These studies demonstrate the serious risks of gender identity discrimination on negative mental health outcomes. Lately, there is a common interest in exploring positive aspects, such as resilience, among gender identity experiences instead of merely depicting diagnosis characteristics (Bockting et al., 2013; Başar & Öz 2016). For example, peer support and identity pride were reported as protective factors against negative mental health outcomes among binary transgender individuals (Bockting et al., 2013). A study conducted in Turkey similarly depicted that peer support predicted the psychological resilience among transgender participants with gender dysphoria (Başar & Öz 2016). Also, when the LGBTIQ+ studies literature is checked, it was evident that cisgender populations were studied more often than transgender populations (Including trans men/masculine, trans women/feminine, non-binary/

genderqueer/ genderfluid, bigender, pangender, and cross-dresser experiences). While in transgender studies, mostly clinical trans men and women populations were studied. Nevertheless, the non-clinical inclusive transgender experiences, including non-binary identities and experiences, remained overlooked. The effort to study the positive aspects of non-clinical and inclusive transgender populations steps forth against the binary gender assumptions and risk-oriented, trans-medicalizing approaches that unfortunately predominate the field. Therefore, the use of positive approaches in conceptualizing transgender individuals' psychological health can take this necessary action.

Positive approaches gained importance on understanding the marginalized groups' experiences by the scope of empowerment. In this context, as it is an essential positive quality in individuals' psychological functioning, well-being is increasingly being examined among LGBTIQ+, especially transgender individuals (Bouman et al., 2016; Davey et al., 2014; Fiani, 2018; Higa et al., 2014; Parr, 2020; Stanton et al., 2017). Transgender women with gender dysphoria had poorer perceived social support in general and within their families than cisgender women, and perceived social support predicted their quality of life and life satisfaction (Davey et al., 2014). These findings highlighted the significance of belongingness in coping with adversity. It was also reported that school belonging was more important in the flourishing of sexual and gender minority college students than in cisgender heterosexual students (Parr, 2020). This conclusion is significant in depicting the critical necessity of a potentially reparative and welcoming environment, such as a school for transgender people, who are frequently rejected in many contexts compared to their cisgender counterparts. Social integration is worth studying with this population because it can be considered as a fundamental aspect of well-being (Diener et al., 2009). Also, the level of well-being can be improved by oneself in many challenging conditions as the role of optimism on flourishing is highlighted in Seligman's conceptualization (2002). Accordingly, the main focus is the notion that optimism can be learned to enhance one's well-being. For example, in a study by Stanton et al. (2017), 63% of transgender and gender non-conforming participants reported having high psychological well-being levels despite discriminating conditions almost anywhere in the world. This example pointed to the influences of confounding factors rather than the external

conditions itself as it was suggested that the predictors of their well-being were community connectedness, family support, educational level, age, health, and affirming healthcare. Besides, in another ecological study by Higa et al. (2014), negative influences on LGBTIQ+ youth's well-being were often rooted in families, schools, religious institutions, community, and neighborhood. At the same time, the authors concluded that positive influences were often rooted in individuals' own identity, peer network, and LGBTIQ+ community. In another study by Fiani (2018), community connectedness and victimization were shown to be predictors of flourishing. The study's author asserted that those highly connected to the transgender community reported higher levels of flourishing, while those with a history of victimization reported a lower degree of flourishing. From the ecological perspective, for the person-in-environment, received respect and acceptance in their contexts may be associated with transgender individuals' psychological well-being in all reciprocal levels starting from the individual level until the macro system.

The essential need to feel respected, which depends on the environment on satisfaction, is an indispensable psychological well-being component (Diener et al., 2009). According to Stewart et al. (2018), social integration was linked with the satisfaction of the need to feel respected and improved psychological well-being in transgender communities. The authors suggested that such improvement was due to participation in LGBTIQ+ groups by sharing experiences, expertise, and knowledge. For transgender individuals, satisfying the need to feel respected and belonged remains easier in the LGBTIQ+ community, and in contrast, more challenging in a heterosexist binary outer world. As a way for their social integration, in Turkey, there are several national non-governmental organizations for advocacy, visibility, and solidarity of transgender individuals such as; Pink Life LGBTI+ Solidarity Association (Pembe Hayat), Red Umbrella Sexual Health and Human Rights Association (Kırmızı Şemsiye), Kaos Gay and Lesbian Cultural Research and Solidarity Association (Kaos GL), and Social Policies Gender Identity and Gender Orientation Association (SPoD). Seemingly, the efforts and initiatives on social integration are emerging in Turkey despite the discriminating atmosphere that disrupts transgender individuals' safety and social inclusion.

Despite the emerging efforts, Turkey ranked as having the highest number of transgender hate murders in Europe between 2008-2020 (Transrespect versus Transphobia Worldwide, 2020), while in another report, 98% of Turkish transgender individuals were reported as experiencing at least a level of discrimination (Ördek et al., 2015). According to the Rainbow Index by ILGA-Europe (2021), Turkey has regressed due to the restrictions on freedom of association of LGBTI+ individuals and worsening procedures in conducting legal gender recognition since 2015. These conditions draw a threatening portrait with the lack of resources and survival chances for transgender individuals in Turkey. In a study, 76% of participants confirmed that they consider involuntary sex work as the only option to avoid discrimination they face in the labor market (Ördek et al., 2015). At the same time, 42% of LGBTIQ+ participants reported as being totally closeted in the public sector they work (Kaos GL, 2019). As can be seen, transgender individuals in Turkey experience a severe level of discrimination in various contexts. Some totally or partially hide their identity in workplaces or incline to undisciplined sex work to protect themselves to avoid such experiences. Mentioned fear of rejection and survival self-protection mechanisms-also known as proximal stressors- in facing challenging conditions may hinder individuals' acceptance of their own identity, social integration, and in this way, their accomplishment of psychological well-being and may cause negative mental health outcomes (Meyer, 1995).

Self-defense mechanisms may disruptively come into view as proximal stressors such as self-stigmatization, internalized transphobia, concealment, and trans-prejudice as well and harm individuals' self-esteem (Austin & Goodman, 2017), mental health (Hendricks & Testa, 2012; Scandurra et al., 2018; Testa et al., 2017), and life satisfaction (Cronin et al., 2019).

Therefore, American Counseling Association has advised the counselors to be aware of their own and transgender clients' internalized transphobia and sexism (Burnes et al., 2010). Such awareness is essential in initiating discussions to challenge possible internalized negativities on their gender identities. The mentioned proximal mechanisms of self-stigmatization, internalized transphobia, internalized prejudice, and internalized sexism were responsible for determining the individual differences in responding to the external discriminating conditions among transgender individuals.

However, such a framework was later extended to address the effects of perceived discrimination from the psychological trauma perspective (Dworkin et al., 2019; Stahl, 2020). In these studies conducted with cisgender LGBTI+ participants, it was commonly found that individual differences in the post-traumatic cognitions were responsible for the responses given to the distal discrimination sources. Among sexual minority women, traumatic experiences and heterosexism increased post-traumatic cognitions, and individuals with such traumatic cognitions had chronic post-traumatic symptoms (Dworkin et al., 2019). Also, among cisgender lesbian, gay and bisexual individuals, it was observed that those who acquired post-traumatic cognitions when dealt with sexual orientation-based discrimination were more prone to persistent post-traumatic stress and depressive symptoms (Stahl, 2020). These findings highlighted that cognitive processes, rather than discriminating events, had a decisive role in developing persistent post-traumatic stress symptoms after surviving a sexual orientation-based discrimination-related trauma.

Referring to the in-between processes, post-traumatic cognitions were suggested to be one of the proximal stress sources that render discrimination-related trauma survivors vulnerable in developing post-traumatic symptoms. The individuals who had the same discrimination-related traumatic experiences do not necessarily respond to it in the same way. According to the post-traumatic cognitions framework, the individual differences in responding to the trauma lie behind the differences in cognitive processes (Ehlers & Clark, 2000; Foa et al., 1999b). For some, traumatic stress maintains only for a short period, while for some, post-traumatic stress symptoms endure, especially when individuals accommodate the traumatic event and transform their existing adaptive schemas to maladaptive ones; the world is dangerous, and the one is incapable rather than assimilating it (Foa & Rothbaum, 2001). Also, post-traumatic cognitions emerge as trauma survivors start losing their sense of competence in professional, interpersonal, and social areas in dealing with traumatic stress (Foa & Rothbaum, 2001). Therefore, along with the mental health, individuals' normal functioning is also considered to be interrupted after traumatic events (Foa et al., 2006), and those who acquired post-traumatic cognitions were seen to be more vulnerable in terms of poorer well-being (Lyons et al., 2020). It can be inferred that post-traumatic cognitions developed after perceiving discrimination may result in

post-traumatic stress symptoms and hinder trauma survivors from continuing their lives by damaging their individual and social functioning, yet, such projections were tested only among cisgender LGBTIQ+ individuals. After all, transgender individuals are more likely than cisgender people to be attacked, have traumatic experiences, and have poor mental health (Bockting et al., 2013; Su et al., 2016; Wilson, 2013). Thus, the higher possibility of experiencing discrimination-related traumas may render transgender individuals more vulnerable to developing post-traumatic cognitions, chronic post-traumatic stress symptoms, and disrupting their individual and social functioning-conceptualized as flourishing in this study-.

In exploring such relationships, the discriminating environment, both the possible and actual traumatic experiences and their relations with psychological well-being among gender-diverse individuals, have been a topic of interest. However, the associations between post-traumatic symptoms and gender identity or expression-related discrimination were examined frequently among clinical LGBTQ+ populations (Harrison-Quintana 2013; Levahot et al., 2016). Nevertheless, there is an actual interest in exploring the relationships among discrimination and trauma-related symptoms among non-clinical transgender populations (Reisner et al., 2016; Shipherd et al., 2011). Shipherd et al. (2011) highlighted the distinct risk of visibly experiencing a trans+ gender identity on victimization and related depression and post-traumatic stress symptoms. Also, Reisner et al. (2016) depicted the higher effect of gender identity-based discrimination among other traumatic stressors on post-traumatic stress symptoms. Gender identity-based discrimination seems to be a robust traumatic stressor with exclusive effects on psychological health. What is more, as mentioned in the former paragraph, the level of subjective post-traumatic cognitions may also influence the level of flourishing or the severity of post-traumatic symptoms rather than the objective traumatic event itself. Finally, the relationships between discrimination, post-traumatic cognitions, post-traumatic symptoms, and flourishing are encouraged to be explored among non-clinical transgender individuals.

In sum, the approaches of well-being and psychological trauma were suggested to be combined for understanding the psychological health of transgender people due to the pervasiveness of gender identity-based discrimination and the point that the recurrence of discrimination-related traumatic experiences may be best dealt with by improving

the positive qualities. (Shipherd et al., 2019). As shown under this heading, the separate relationships existed in the literature between the perceived discrimination, post-traumatic cognitions, post-traumatic stress symptoms, and psychological well-being. In the current study, these relationships will be considered altogether in two models among non-clinical diverse transgender individuals. The extent to which perceived discrimination and post-traumatic cognitions are related to post-traumatic stress symptoms and flourishing among transgender individuals is concerned in this study.

1.2. Purpose

This study's primary purpose is to explore the relations of negative cognitions (about the self and the world) and perceived discrimination (individual and group discrimination) to post-traumatic stress symptoms and flourishing among transgender individuals. More clearly, it was hypothesized that transgender individuals who perceive discrimination against themselves and their groups as well as carry post-traumatic cognitions about themselves and the world are more likely to report higher levels of post-traumatic cognitions. Additionally, it was hypothesized that transgender individuals who perceive relatively less discrimination against themselves and their groups and have fewer negative cognitions about themselves and the world would report a higher level of flourishing.

1.3. Significance

This study has various vital contributions to the existing literature in the gender-sensitive counseling field, and it may contribute to the practice of gender-sensitive counseling in Turkey by facilitating group or personal interventions in this area. Broadening the binary assumptions and values by referring to gender as a spectrum can be considered as a significant point when the literature in the gender-sensitive field was reviewed. The focus has been on cisgender individuals and their specific needs starting from the emergence of the field. However, the term "gender" primarily refers to the cultural aspect of one's sexual identity (Prince, 2005). On the other hand, the biological categorizations to classify sex characteristics are usually seen purely as factual information, yet they were developed by scientists -people- who work on this topic. Therefore, it would be fair to claim that positive science scholars are also

inseparable from their society and its predominant ideologies (Moncrieff, 2011). The predominating biological reductionism that influences the psychological counseling field may exclude some experiences within or beyond the binary gender system, although what is biological is cultural. When these arguments are taken into account, an inclusive stance towards diverse gender identity experiences will be taken by the prominence of gender's social construction.

The experiences beyond the constructed binary system have been the subjects of direct and indirect discrimination by the influence of exclusion rooted in biological reductionism. The mentioned excluding-thus discriminating-stance towards gender caused institutional and societal unconsciousness and rejection for a long while (Lombardi et al., 2001). Even LGBTIQ+ and TGNC (Transgender and Gender Non-Conforming) studies are strongly influenced by binary assumptions' biases and medical approaches (Lombardi, 2018). In literature, the term transgender is mostly referred to as the individuals who want to have "other" body form characteristics and excluded the experiences beyond the binary gender regime. This stance depicts the binary assumptions of some scholars in the field. Nevertheless, the current study suggests a solution to the mentioned biases by recognizing the right for self-identification of the gender identity and conceptualizing transgender as an umbrella term consisting of both the experiences within and beyond the binary gender system.

Consequently, non-binary experiences and transgender experiences that do not necessarily contain a medical gender reassignment process are mostly overlooked in LGBTQ+ studies. One more limitation of the mentioned medical approach in transgender studies can be detected in their selection criteria. The trend in transgender studies literature was to explore mental disorders in mostly clinical transgender men/women populations (Harrison-Quintana 2013; Levahot et al., 2016). This trend is evolving towards the exploration of positive attributes such as resilience and well-being among clinical trans men/women populations in the light of developments that occurred via the latest editions of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) and International Classification of Diseases for Mortality and Morbidity Statistics (World Health Organization, 2018). In any case, the studies considering positive attributes in a non-clinical transgender population are still lacking. The current study explores the associations of perceived

discrimination and post-traumatic cognitions to flourishing, which is essential to positive psychological well-being. This research effort points to the antecedent factors to be intervened to improve transgender individuals' positive functioning and empower them.

Besides, predictive powers of discrimination or post-traumatic cognitions on mental health were studied repeatedly in mostly clinical transgender men and transgender women populations. Binary assumptions' biases and trans-medicalizing approaches that also predominate the TGNC studies should be replaced by inclusive and positive approaches since there is a limited understanding of the neglected non-clinical transgender population. Such replacement would enable understanding the non-clinical experiences beyond the binary gender system by considering many variables that are already evidently related to other populations' psychological health.

Eventually, in this study, the relationships between perceived discrimination, post-traumatic cognitions, post-traumatic stress symptoms, and flourishing will be explored altogether in a non-clinical inclusive transgender population. By doing so, the actual portrait of transgender individuals' psychological health and its predictors in Turkey will be demonstrated. By the mentioned contributions to the literature, it is expected that counselors will be able to conceptualize comprehensively and intervene in their cases in a culture-sensitive way by taking power relations based on attributed gender roles, roles of perceived gender identity-based discrimination, and distal-perceived discrimination- and proximal stressors-post-traumatic cognitions- of transgender individuals into account.

Validation and affirmative practices are crucial in helping clients form their authentic selves and providing non-discriminating services as well as mental health professionals' awareness (O'Shaughnessy & Speir, 2018). Accordingly, sensitivity to personal and cultural diversity is an ethical responsibility for psychological counselors as also specified by the ACA Code of Ethics (American Counseling Association, 2014); counselors respect the diversity of clients and participate in training in topics that they are at risk on imposing their values in the contexts of the counseling relationship, assessment, supervision, and education. Similarly, the ethic codes specified by the Turkish Psychological Counseling and Guidance Association (2018)

also refer to the essential principles of “sensitivity and respect, sensitivity to personal and cultural diversities.” That is to say, this study is essential for mental health professionals in providing an inclusive and ethical service and accurately conceptualizing discriminating experiences transgender clients face.

1.4. Hypotheses and Research Questions

In this study, two parallel models were constructed to be tested based on the related literature. The first model hypothesizes that transgender individuals who perceive discrimination against themselves and their groups and carry post-traumatic cognitions about themselves and the world are more likely to report higher levels of post-traumatic symptoms. Similarly, the second confirmatory hypothesis of the study asserts that transgender individuals who perceive relatively less discrimination against themselves and their groups and have fewer negative cognitions about themselves and the world would report a higher level of flourishing. Accordingly, the following research questions were formulated.

- a) To what extent do negative cognitions about the self, negative cognitions about the world, perceived individual discrimination, and perceived group discrimination predict post-traumatic stress symptoms among transgender individuals? and
- b) To what extent do negative cognitions about the self, negative cognitions about the world, perceived individual discrimination, and perceived group discrimination predict flourishing among transgender individuals?

1.5. Definition of Terms

This study examines the relations of negative cognitions (about the self and the world) and perceived discrimination (individual and group discrimination) to post-traumatic stress symptoms and flourishing. Thus, the following are the initial terms in the problem/question that are unclear and need to be defined; perceived discrimination, post-traumatic cognitions, flourishing, post-traumatic stress, cisgender and transgender.

1.5.1. Perceived Discrimination

Discrimination is the unjust treatment of individuals because of the groups they belong (Matsumoto & Juang, 2016). The term perceived transgender identity-related discrimination refers to transgender individuals' perceptions of their own discrimination experiences and the discrimination transgender individuals face in Turkey. Personal discrimination refers to the experiences of rejection, being opposed, being ridiculed, and exclusion, while the term, group discrimination highlights the discrimination experiences of the Turkish transgender community through social life such as; searching for a job, renting a flat, shopping (Başar & Öz, 2016). In this study, perceived discrimination is measured by the Perceived Discrimination Scale developed by Ruggiero and Taylor (1995). Higher scores indicate higher levels of perceived discrimination.

1.5.2. Post-Traumatic Cognitions

It refers to the total point of three divisions that mediate individuals' intensity of trauma-related distorted cognitions, negative cognitions about the self, negative cognitions about the world, and self-blaming (Foa & Rothbaum, 2001). Post-traumatic Cognitions Inventory (Foa et al., 1999b) will be used to assess the trauma-related cognitions due to measuring the personal meaning of trauma. Higher scores indicate a higher intensity of post-traumatic cognitions.

1.5.3. Flourishing

It was initially conceptualized as psychological well-being and referred to the optimal functioning of individuals on having supportive and satisfying interpersonal relations, advancing the felicity of others and being appreciated by others, living a purposeful and meaningful life, engagement, and perceived competence (Diener et al., 2009b). Later, this structure was renamed as “flourishing” due to its prospective estimation. Flourishing Scale (Diener et al., 2009c) will be used to measure the level of psychological well-being (flourishing) level of participants. Higher scores indicate a higher capacity for flourishing that is an essential component of well-being.

1.5.4. Post-Traumatic Stress

It refers to the mental health condition, which is often a chronic response to intensely stressful life events, namely traumatic experiences (Kimerling et al., 2006). According to the Diagnostic and Statistical Manual of Mental Disorders-5 (American Psychiatric Association, 2013), the existence of a direct or an indirect stressor, intrusion symptoms, avoidance, negative changes in cognition and mood, apparent changes in arousal, and reactivity are the symptoms of post-traumatic stress. In this study, this concept will be measured via the NSESSS-PTSD Short Scale (LeBeau et al., 2014), and the last seven days of participants will be considered.

1.5.5. Cisgender

It refers to the individuals who experience a gender identity that matches the gender assigned at birth (American Psychological Association, 2015).

1.5.6. Transgender

According to American Psychological Association (2015), it refers to an umbrella term that includes individuals who experience a different gender identity, gender expression, or behaviors than their assigned gender at birth. The association's comprehensive definition consists of individuals' internal senses and their ways of communication. In APA (2015)'s definition, the term's dependence on the individuals' statement, self-identification, and presentation were highlighted. Therefore, in this study, self-identification of gender identity was taken as an asset, and experiences that differed from the gender assigned at birth were included. Even though the current study did not aim to explore the subgroup differences due to the ensure gender-sensitivity as proposed by experts from NGOs that work with transgender individuals, mentioned transgender umbrella definition may include but are not limited to trans women, trans man, non-binary, genderqueer, gender fluid, bigender, pangender, agender, and cross-dresser experiences. Moreover, sub-group categorizations were also avoided in this study due to the discussions that sexuality and gender identity differ individually in a continuum and cannot be tackled in categories (Warner, 2004).

CHAPTER 2

LITERATURE REVIEW

The study examines the relations of negative cognitions (about the self and the world) and perceived discrimination (individual and group discrimination) to post-traumatic stress symptoms and flourishing. Accordingly, the related literature was presented in this chapter to build a theoretical framework for the research. The mental health outcomes of gender identity-based oppression were mostly studied among clinical binary transgender populations in terms of ill-being in the literature (Harrison-Quintana 2013; Levahot et al., 2016). This thesis expanded the scope of such studies by exploring the outcomes of perceived gender identity discrimination on mental health in terms of both ill-being (post-traumatic stress symptoms) and well-being (flourishing). Also, this thesis considered the inclusive non-clinical transgender population consisted of the experiences and identities both within and beyond the binary gender system in Turkey.

Turkey is one of the most disadvantageous countries for LGBTIQ+ individuals among 49 European and Central Asian countries regarding non-discrimination, familial, hate crime, legal gender recognition, social movement freedom, and asylum laws and policies (ILGA-Europe, 2021). Accordingly, Turkey has regressed in terms of LGBTIQ+ rights since 2015 due to the restrictions on freedom of association of LGBTI+ individuals and worsening procedures in conducting legal gender recognition. Moreover, 96% of young Turkish LGBTIQ+ students have been exposed to anti-LGBTIQ+ and sexist insults at least once during their education life, and 81%

do not know how to utilize support regarding their sexual diversity and gender identity diversity (Çavdar & Çok, 2016). The majority of LGBTIQ+ individuals in Turkey were closeted in educational settings, workplaces, and healthcare settings due to the discrimination they perceive and threats that resulted in school drops, school change, inability to work in the specialized field, and conversion therapy (Göçmen & Yılmaz, 2017). Similarly, 42% of Turkish LGBTIQ+ participants reported as being totally closeted in the public sector they work (Kaos GL, 2019). Such reactionary environment and gender inequality are known to be influential in the well-being of LGBTIQ+ individuals by social exclusion and discrimination.

In understanding the mental health results of such a discriminating environment among LGBTIQ+ individuals, Minority Stress Model (Hendricks & Testa, 2012; Meyer, 2003) is a common framework. In this model, discrimination was conceptualized as a distinct stress source for the identities and experiences beyond the cis-heterosexist societal values. Accordingly, the exclusivity of these distal stressors is that they dictate a normative gender identity and sexual orientation, i.e., cisgender heterosexual to LGBTIQ+ individuals. For example, LGBTIQ+ individuals had higher rates of depression, anxiety, self-harm, and suicide ideation than cisgender and heterosexual participants in some studies (Landers & Gilsanz, 2009; Reisner et al., 2015). What is more, the fact that more than one-third of the participants experienced discrimination within the LGBTIQ+ community (Takács, 2006) and transgender participants contemplated suicide at the highest level among LGBTIQ+ individuals (Landers & Gilsanz, 2009) evoked interest in the literature. Additional stressors were evident for the transgender participants when compared to cisgender LGBTIQ+ experiences and identities.

Transgender individuals who experience diverse gender identities within or beyond the binary gender regime were exposed to various additional stressors at high levels: gender-identity-based discrimination, violence, and victimization compared to cisgender individuals (Aparicio-García, 2018; Grant et al., 2011; Reisner et al., 2015). On the other hand, Turkey ranked as having the highest number of transgender hate murders in Europe and Central Asia between the years 2008-2020 (Transrespect versus Transphobia Worldwide, 2020). Also, 98% of Turkish transgender individuals reported experiencing at least a level of gender-identity-based discrimination, and 76%

of them considered involuntary sex work as the only option to avoid discrimination they face in the labor market (Ördek et al., 2015). As can be seen, transgender individuals in Turkey experience a severe level of discrimination in various contexts. As a result, some totally or partially hide their identity in workplaces or incline to undispensed sex work to protect themselves to avoid such experiences. Such conditions draw a threatening portray with the lack of resources and survival chances for transgender individuals in Turkey. What is more, this specific kind of discrimination caused negative mental health outcomes such as; depression, post-traumatic stress disorder, and suicidal attempts (Clements & Nolle, 2001; Grant et al., 2011; Kaptan, 2010; Reisner et al., 2016; Shipherd et al., 2011). More than half of the 515 binary transgender participants were depressed, and one-third of them attempted suicide (Clements & Nolle, 2001). A more recent large-scale study reported similar findings with an inclusive transgender sample (Grant et al., 2011). Accordingly, 41% of 6436 transgender individuals attempted suicide, and these attempts were mostly linked to the severity of the gender identity-based discrimination they experienced. A clinical trial from Turkey confirmed these findings by reporting that one-third of the participants with gender dysphoria attempted suicide (Kaptan, 2010). Also, Reisner et al. (2016) found that gender identity-based discrimination was distinguished as a highly significant stressor among other stressors, and 44% of the 452 transgender participants had chronic post-traumatic stress symptoms. Another study reported a prevalence of 64% for moderate depressive symptoms and 18% for moderate post-traumatic stress disorder symptoms among 97 transgender participants (Shipherd et al., 2011). The study also pointed to the elevated risk of congruent gender expression with gender identity in mental health by depicting that those dressed congruent with their gender identity had significantly higher depression and post-traumatic stress symptoms. This finding confirmed the distinctive sources of negative mental health outcomes, i.e., gender identity and expression-based discrimination. As summarized in this paragraph, the extreme prevalence of gender identity-based discrimination and the severity of negative mental health outcomes caused exclusively by gender-identity-based discrimination were explored both at national and global levels. However, it is noticeable in these findings that many transgender individuals experienced gender-identity-based discrimination, yet some of them developed symptoms. Therefore, the

effort of exploring the risk and resilience factors among transgender populations is rising.

There is a growing interest in exploring mental health-protective and risk factors among transgender individuals (Başar & Öz, 2016; Bockting et al., 2013; Bouman et al., 2016; Higa et al., 2014; Stanton et al., 2017). Firstly, environmental factors can either be detrimental or protective for the well-being of transgender individuals. Hostile families, schools, religious institutions, communities, and neighborhoods are detrimental to LGBTIQ+ youth's well-being, yet, individuals' own identity, peer network, and supportive LGBTIQ+ community might serve as protective factors (Higa et al., 2014). It was also reported that 63% of the transgender and gender non-conforming participants had high psychological well-being in a study thanks to their family support, educational level, age, health, affirming healthcare, and community connectedness (Stanton et al., 2017). What is more, Bockting et al. (2013) reported that in addition to family support, peer support and identity pride were the protective factors against developing psychological distress symptoms, and especially high peer support weakened the effect of enacted stigma on transgender individuals' psychological distress. Equivalent findings were confirmed in Turkey, suggesting that peer support predicted the psychological resilience among transgender participants diagnosed with gender dysphoria (Başar & Öz, 2016). Similarly, the limited literature that compared resilience factors among cisgender and transgender populations addressed the exclusive importance of self-esteem, interpersonal relationships, perceived social support, and school belonging for the well-being of transgender individuals (Bouman et al., 2016; Davey et al., 2014; Parr, 2020). In conceptualizing the well-being of transgender individuals, hostile and discriminating environments were found to be the most important risk factors, while an acknowledging environment, social support, self-esteem, community connectedness, and identity pride were reported as resilience factors.

Nevertheless, when conceptualizing the mental health of transgender individuals, the perspectives of well-being and psychological trauma are recommended to be integrated (Shipherd et al., 2019). Such integration was suggested since gender-identity-based discrimination is an ongoing issue, and the re-occurrence of discrimination-related traumatic events can be better coped with by enhancing the

specific prosperities mentioned above. Another reason for such integration was due to the evidence that ongoing identity rejection, social exclusion, and exposure to prejudice and discrimination can be tackled as psychological trauma (Holmes et al., 2016). The individual differences in the effects of discriminating events on well-being were mentioned in the former paragraph. However, there is evidence that perceived threat determines psychological trauma (Creamer et al., 2005; Sales et al., 1984), and some similar types of oppression such as sexism and heterosexism caused traumatic stress (Berg, 2006, Alessi et al., 2013). Also, it is known that individual differences in the post-traumatic cognitions: negative cognitions regarding the self, world, and self-blame, determine the traumatic symptoms strongly (Ehlers & Clark, 2000; Foa et al., 1999b). According to an inventory development study by Foa et al. (1999b) with 601 participants, the traumatic stress symptoms of those who developed negative cognitions about the self, world and engaged in self-blame became chronic-PTSD-compared to those who did not develop such beliefs. Similarly, Ehlers and Clark (2000) proposed a cognitive model to explain the persistence of post-traumatic stress symptoms. According to this evidence-based model, traumatic stress symptoms become chronic when individuals have extremely negative appraisals about the trauma (e.g., negative cognitions about the self and the world) and a distorted trauma narrative. These studies pointed to the maladaptive function of post-traumatic cognitions in rendering individuals more vulnerable to develop post-traumatic stress symptoms. What is more, such a framework was useful in conceptualizing psychological trauma caused by a similar stress source, i.e., sexual orientation-based discrimination (Stahl, 2020). Accordingly, in the study conducted with 344 cisgender lesbian, gay, and bisexual emerging adults, the ones who developed post-traumatic cognitions when facing sexual orientation-based discrimination were found to be more vulnerable against chronic post-traumatic stress and depression symptoms. Such results pointed to the determinative role of cognitive processes rather than discriminating events in developing chronic post-traumatic stress symptoms when surviving a sexual orientation-based discrimination-related trauma. This framework was also encouraged to be adapted for transgender individuals due to the strong efficacy evidence of trauma-based cognitive behavioral interventions (Pantalone et al., 2017). Therefore, along with the perceived discrimination, post-traumatic cognitions can be hypothesized as one of the risk factors against the well-being of transgender individuals. This study

conceptualized the effects of perceived discrimination on transgender individuals' well-being by scopes of resilience, i.e., flourishing and psychological trauma, i.e., post-traumatic cognitions and post-traumatic stress symptoms due to the motives mentioned above.

Therefore, in this study, two parallel models were constructed to be tested based on the related literature. The first model hypothesizes that transgender individuals who perceive discrimination against themselves and their groups as well as carry post-traumatic cognitions about themselves and the world are more likely to report higher levels of post-traumatic cognitions. Similarly, the second confirmatory hypothesis of the study read as that transgender individuals who perceive relatively less discrimination against themselves and their groups and have fewer negative cognitions about themselves and the world would report a higher level of flourishing, which is one of the most important indicators of well-being. Accordingly, the following research questions were formulated.

- a) To what extent do negative cognitions about the self, negative cognitions about the world, perceived individual discrimination, and perceived group discrimination predict post-traumatic stress symptoms among transgender individuals? And
- b) To what extent do negative cognitions about the self, negative cognitions about the world, perceived individual discrimination, and perceived group discrimination predict flourishing among transgender individuals?

Below, the related literature was presented to describe the nature of mentioned variables and their relationships to transgender individuals' well-being.

2.1. Post-Traumatic Stress Symptoms

The concept of psychological trauma, post-traumatic stress, and its correlates will be discussed under this heading. Psychological traumas are currently defined as stressful life experiences that might harm an individual's self-regulation capacity, life quality, and capacity to move on in life for a limited or indefinite time by producing some breakdown in daily lives (Van der Kolk, 1991). In history, other diseases and

diagnoses such as hysteria and combat neurosis corresponded to psychological trauma (Herman, 1992). However, in the late 19th century, a decrease in joy, longer reaction time to stimuli, and re-enactment of the war incidents were observed among the veterans and soldiers (Veith, 1977). Janet and Freud's observations expanded the literature about the influences of extremely stressful events on individuals and war-related traumas (combat neurosis) during World War I (Van der Kolk et al., 1996). Nevertheless, full recognition of the influences of psychological traumas dated back to the World War II era, and as a result, Post-Traumatic Stress Disorder (PTSD) was included in the Diagnostic Statistical Manual of Mental Disorders (DSM) (Herman, 1992). War was the first recognized event as a possible psychological trauma in the 20th century, but the scope of traumatic event classification has widened over the decades and the DSM editions.

The scope of the events that may be counted as traumatic has changed over the DSM editions. For example, the objective exceptionality of the stressful events was the reference point in the first definition, while the latter definitions refined the scope by including experiencing, witnessing, or learning and the specific events of death and serious physical injuries. However, DSM IV (1994) recognized both perceived and actual traumatic stressors while DSM V (APA, 2013) restricted the types of traumatic stressors to only actual ones. Hence, the predictor of this study-perceived discrimination- seemed to be excluded from the current definition other than violent physical attacks. However, the nature of the different stressors is concerned and distinguished in the literature due to their similar nature and outcomes to identified traumatic events. For example, exposure to discrimination induced equivalent stress symptoms, such as aversion of stimulus linked with the discriminating (stressful) incident and arousal about the possibly discriminating (stressful) event among transgender individuals (Bockting et al., 2013; Carter & Forsyth, 2010). What is more, when compared to cisgender individuals, higher severity and frequency of numbness, avoidance, and hypervigilance were found among transgender individuals (Wilson, 2013). Even though the current traumatic event definition indicated in DSM V (APA, 2013) contradicts recognizing perceived stressors as a possibly traumatic event, the pieces of evidence given above showed that both physical and non-physical forms of gender-identity-based discrimination functioned as other recognized traumatic events.

Whether the definition of a traumatic event should be restricted with DSM's current conceptualizations or widened has been controversial in the literature. In parallel with Van der Kolk's (1991) psychological trauma definition given above, the events that possibly cause a psychological trauma may be defined as traumatic events. These events were defined as the experiences that disrupt our regular ways of making sense of our emotions, shaping our perceptions about others' behaviors, and establishing a foundation for communicating with the world (McFarlane & de Girolamo, 2007). Similarly, Swim and Thomas (2006), posited that discrimination jeopardizes individuals' essential needs such as respect, empathy, power, and integration. From the authors' inclusive perspective, many external threats may cause psychological trauma. According to their work, common and intense events like wars, natural disasters, accidents, death, sexual abuse, and rape cause distress for the majority, yet a minority develops post-traumatic stress symptoms. In other words, people respond to the possibly traumatic events differently since the same incident might not induce the same response in each person. Age, race, and sex are known to be both predictors of exposure to possibly traumatic events and the development of post-traumatic stress symptoms (Kessler, 1995; Norris, 1992). Additionally, the nature and intensity of events and individual factors and differences in responses to traumatic events influence developing post-traumatic stress (McFarlane & de Girolamo, 2007). Therefore, both the traumatic events and responses to traumatic events are worth to be reviewed.

The nature of traumatic events can be examined according to their source, duration, frequency, and intensity. The source of a traumatic event may either be natural or human-induced. Possibly traumatic nature-induced events correspond to natural disasters, while the possibly traumatic human-made events refer to rape, torture, and interpersonal violence. According to Smith and North (1993), human-induced disasters are more traumatic than natural disasters since they evoke a stronger sensation of being an intended target. On the other hand, the types of traumatic stressors in terms of duration, frequency, and intensity can be categorized as time-limited, sequential, and long-lasting (McFarlane & de Girolamo, 2007). Accordingly, time-limited stressors are mainly identified by the high intensity and the unexpectedness of the event. Sequential stressors are the ones that influence individuals gradually, and the long-lasting ones correspond to the extremely traumatic

events that happen multiple times and endure for a relatively long time. Limited and acute exposure to traumatic events may increase the risk of developing post-traumatic stress symptoms, while the accumulation of traumatic events may cause other disorders. In other words, ongoing and unpredictable exposure to traumatic events induces more permanent disruptions in personality, the basic sense of trust and hope to people and the world. This study's predictor, gender-identity-based discrimination, can be classified as a human-induced and continuous source due to its structural nature within and among the systems and prevalence. Thus, transgender individuals who are exposed to continuous, prolonged and common gender-identity-based-discrimination both in the world (Transrespect versus Transphobia Worldwide, 2020) and Turkey (ILGA-Europe, 2021; Ördek et al., 2015) may carry an elevated risk of developing post-traumatic stress symptoms due to the stressors' nature.

Considering the differences in responses to a traumatic event is another aspect of determining post-traumatic stress symptoms. According to Herman (1992), post-traumatic stress symptoms are compounded by three main categories; hypervigilance, intrusive thoughts, feelings and behaviors, and avoidance. Hypervigilance referred to an anxious state of being triggered by constantly expecting the traumatic event may happen. Intrusion refers to constantly re-experiencing thoughts, feelings, and behaviors similar to those experienced when exposed to a traumatic event. Finally, avoidance refers to the state of numbness as a form of surrender response and constriction from a traumatic event, yet by changing the consciousness rather than only physical avoidance. However, there is a paradigm shift from exploring the event to exploring the event's interaction with the survivor in trauma studies. For example, traumatic events are exceptional because they destroy the ordinary adaptation skills one has developed throughout their life until then, and such emotional reactions are typical responses to traumatic events (Herman, 1992). Similarly, Foa et al. (1999b) conveyed that the post-traumatic stress symptoms occur due to the interruption of the normal functioning process by the alterations in the cognitions.

Based on these conceptualizations, this study explores the effects of perceived gender-identity-based discrimination on well-being through the individual differences in terms of the post-traumatic cognitions evoked after interaction of traumatic event and individual.

2.2. Definition and Nature of Psychological Well-Being

Deriving from Aristotle's conceptualization of "Eudaimonia" (Csikszentmihalyi & Seligman, 2000), well-being is the antonym of ill-being, meaning "the state of being happy, healthy, or prosperous" (Merriam-Webster Dictionary, 2021). Such a concept has become a large concern of the literature from the beginning of the millennium by the rise of the positive psychology field as it ushered in a new age in understanding mental health since then. Before, mental health was commonly characterized by the absence of a mental illness in the literature (Secker, 1998). However, Csikszentmihalyi and Seligman (2000) initiated a new era by establishing the positive psychology science that criticized the former efforts, which merely explored ill-being and lacked to explore positive features that make living valuable. According to this source, the focus of psychology had intensely been on restoring the damage and curing the diseases after World War 2 as such focus remained inadequate in preventing suffering and promoting welfare. The notion that well-being can be improved in many challenging conditions and situations has filled a vital gap in the literature. Such an approach was disseminated mainly by the studies of positive psychology scientists such as; Seligman, Csikszentmihalyi, Ryff, Ryan and Deci, and Diener. However, according to Dodge et al. (2012), there is no one agreed definition of well-being; rather, it has many interchangeably used definitions: subjective well-being, psychological well-being, and social well-being. Such differences may occur due to the differences between the Eudemonic and Hedonic branches of positive psychology science.

Hedonic well-being is composed primarily of emotional well-being and is made up of pleasure, life satisfaction, and a positive-negative affect balance (Diener, 1984). On the other hand, eudaimonic well-being combines psychological and social well-being that consists of value, commitment, life intention, supportive relationships, and personal development. (Ryff, 1989a). The first approach defines well-being in an affective domain, while the second one highlights the functioning-behavioral domain. All in all, the flourishing-the independent variable of this study- is conceptualized as a result of having both domains of well-being (Keyes et al., 2015), and it is characterized as having positive sentiments about a life that is lived highly functional (Diener, 2009b). The effort to tackle flourishing is based on the integrative notion that

studying hedonic and eudaimonic well-being provides a deeper understanding of the multidimensional concept of well-being (Peterson et al., 2005). In this study, the concept of well-being corresponds to flourishing due to its integrative nature between subjective and psychological well-being qualities.

Starting with the most influential positive psychology theory that grounds the concept of flourishing (Peterson et al., 2005), Seligman (2002) has contributed to the field by distinguishing between pleasure and gratification, while he referred to Eudaimonia as gratification. According to this source, pleasure includes a temporary intense emotion that lacks thinking, such as; bodily pleasures and moderate to high leveled joy and excitement. On the other hand, gratifications were defined as all the activities that include a higher thinking process and engagement, stop time, and are chosen from many other possible activities. Their work highlighted that, compared to pleasures, gratifications last longer, and they can be learned and developed to cherish a purposeful life. Based on such distinction, he conceptualized three types of life; pleasant, good, and meaningful. A pleasant life is characterized by the enjoyment that can be increased in amount, while a good life is characterized by engagement and flow, and finally, a meaningful life is characterized by purpose and belonging. According to this hierarchical model, a meaningful life is superior to a pleasant and good life since it is grounded on a larger thing that is more everlasting than oneself. In sum, having a fulfilled life (well-being) entails enjoying optimistic sentiments about the past and future, cherishing warm feelings from pleasures, extracting immense gratification from characteristic abilities, and adapting these strengths to something greater to find sense. This theory mainly stresses the learnable nature of well-being and highlights the influence of adopting disruptive shortcuts to happiness over poor living conditions in predicting decreased psychological well-being. Therefore, such a conceptualization is considered useful in conceptualizing and enhancing an oppressed population's well-being, i.e., transgender individuals in this study.

Eudemonic tradition in positive psychology science was followed by Ryff's development of an integrative theory on positive-functioning, the Six Factor Model (1989a), based on the theories of Erikson, Buhler, Rogers, Jung, and Allport. In this conceptualization, psychological well-being, i.e., eudemonic well-being, is formulated by six dimensions; self-acceptance, positive relations with others, autonomy,

environmental mastery, purpose in life, and personal growth. The theme of self-acceptance is whether or not one has such a good outlook about oneself and one's life, and it appears as a central point of alignment in the literature on positive functioning (1989b). Another critical component of mental health, positive relations with others, was characterized by the capacity to love was regarded as a success in connectedness and generativity and repeatedly linked to maturity in the literature. As derived mainly from Rogers' conceptualization of self-realization, autonomy was defined as self-determination, independence, and self-regulation in this model. Accordingly, environmental mastery was characterized by selecting or constructing appropriate situations for one's psychological circumstances. In the model, purpose in life was defined as having ambitions, aspirations, and a sense of purpose, a source for both feelings of meaningfulness and integration. Finally, the maintenance of the listed factors, improvement of one's talent, evolvment, and expansion as an individual, i.e., personal growth, were also stressed in this model because adjusting to an ever-changing environment entails ongoing self-discovery. This model adopted the scope of humanistic, psychoanalytic, and gestalt approaches that lacked an evidence base and brought a reliable integrative ground to understand individuals' optimal functioning (Ryff, 1989b). It significantly contributed to positive psychology science by delivering an operationalized approach to psychological well-being as it had been scientifically tested repeatedly (Ryff, 1989a; Ryff & Singer, 2006). This theory contributed to the development of the Flourishing Scale (Diener et al., 2009c) that was used to measure psychological well-being in this study.

Diener et al. (2009b) defined psychological well-being as multi-faceted: individuals' optimum functioning on providing positive and fulfilling interpersonal relationships, advancing the happiness of others and being valued by others, living a purposeful and meaningful life, commitment, and self-efficacy. Such a definition that he transformed to his Flourishing Scale (Diener et al., 2009c) resembled a Eudaimonic approach. However, in his earlier work, he characterized a Hedonic tripartite model of subjective well-being as having three main parts: life satisfaction and the frequency of positive and negative feelings (Diener, 1984). Accordingly, life satisfaction was referred to one's cognitive appraisal of happiness about life in general. This model includes both emotional and cognitive components in explaining well-being while also highlighting

that the frequency of positive feelings outweighs the intensity of positive feelings in determining subjective well-being (Diener et al., 2009a). The point of positive emotion frequency's powerful effect on well-being evokes a bottom-up approach to well-being. Diener (1984) distinguished the bottom-up and top-down approaches to well-being; bottom-up approaches conveyed that well-being is the total of numerous pleasant moments while top-down approaches posited a common tendency (such as; personality, predisposition, and biology) to seize the moments in such predicts one's enjoyment of events. As can be seen, one approach considered well-being from part to whole as the other one regarded it vice versa. In this study's concerning research questions, a bottom-up stance was taken while examining the predictive effects of perceived discrimination and post-traumatic cognitions on flourishing. Such a Lockean approach was employed to understand the role of culture and individual differences (i.e., the attitudes, perceptions, and cognitions) in psychological well-being and encourage feasible interventions to increase it. This study is also significant in examining a bottom-up approach to the formation of psychological well-being by testing whether adverse life events result in decreased well-being or not.

2.2.1 Predictors of Well-Being

The preponderant predictors of well-being have been a wide concern of literature regarding personality, genetics, social factors, family, prosperity, and health. However, age, gender, ethnicity, and wealth provided no insight into subjective well-being (Myers & Diener, 1995). According to this meta-analysis, traits, positive close relationships, cultural conceptions of most everyday activities, work engagement, leisure, and religion played a significant role in constituting social support, meaning, and optimism. Seemingly, both bottom-up and top-down approaches are needed in terms of predicting psychological well-being.

As top-down approaches convey, personality has often been attributed as a strong predictor of well-being in the literature. Because it seems to shape people's perceptions and recover them back to their optimal state of subjective well-being when an important life event occurs (DeNeve & Cooper, 1998), this approach refers to personality and genetics as a standard lens that people inherently have while experiencing life and labeling events as positive or negative. Accordingly, a large-

scale longitudinal twin study concerning the predictors of subjective well-being estimated that the heritable disposition predicts subjective well-being by 80% rather than other socio-demographic variables (Lykken & Tellegen, 1996). Such findings relate well-being to luck, while others widened the scope of studies by exploring which personality trait affects the most with a notion that transforming personality would contribute to well-being. As Myers & Diener (1995) found in their meta-analysis, happy people have four inner characteristics: self-esteem, a sense of personal control, optimism, and extraversion. The integrative term-flourishing- was similarly determined by conscientiousness, extraversion, and low levels of neuroticism (Schotanus-Dijkstra et al., 2016). Another large meta-analysis found Neuroticism-a factor of Big Five Personality Theory- as the strongest predictor of subjective well-being among other personality traits and reported health and socioeconomic status equally important (DeNeve & Cooper, 1998). Moreover, Keyes et al. (2015) pointed to a reciprocal relationship between subjective well-being and personality; improving self-tolerance and community belongingness increased extraversion and low neuroticism. In sum, earlier studies reported the heritable personality traits' strong prediction on well-being while the latter studies pointed to the determination of transformable personality traits, equal prediction of environmental conditions, and a reciprocal relationship. Such results highlight the value of employing a bottom-up approach while exploring well-being.

Bottom-up approaches convey that socio-demographics and relational factors are related to well-being. Studies repeatedly found that gender (cisgender women), higher income, higher GDP, higher education, employment, religiosity, marriage, and cohabitation had significant correlations with subjective well-being (Diener & Ryan, 2009; Veenhoven, 2008) and psychological well-being (Ryff & Singer, 2008). In parallel with these findings, the demographic factors related to flourishing were reported as young age, gender(woman), higher education, employment, cohabitation, while the situational factors were social support and positive life events (Schotanus-Dijkstra et al., 2016). Thus, studies that adopted a bottom-up approach showed that socio-demographic factors and interpersonal relationships might be either detrimental or beneficial for subjective well-being, psychological well-being, and flourishing.

The effects of life events on well-being have been an issue of exploration by positive scientists that have adopted a bottom-up approach. There is evidence that only recent positive and negative life events-that usually occur concurrently- were significantly related to subjective well-being (Suh et al., 1996). Other studies about life events showed that the number of life events is only slightly related to subjective well-being; rather, subjective well-being is closely linked to the perceived effects of traumatic life events (Burns & Machin, 2013), while from the traumatic life events, financial decline and personal harm were the ones that affect the well-being the most (Hentschel et al., 2017). As to elaborate traumatic life events, a meta-analytical study pointed to the larger negative outcomes of concealable and controllable stigmas (sexual orientation, mental health status, physical disability, HIV+ status, or weight on well-being) when compared to racism and sexism (Schmitt et al., 2014). At the same time, this meta-analysis found personal discrimination to be more detrimental to well-being than group discrimination, while such stigmas were reported to be more influential to negative outcomes (e.g., psychological distress and negative affect) rather than positive outcomes (e.g., self-esteem, life satisfaction, and positive affect). The finding that personal discrimination was more influential on well-being than group discrimination was explained in the light of Attributional Ambiguity Theory (Major & Crocker, 1993), proposing that when ambiguous feedback is negative, individuals tend to attribute it as discrimination against themselves. However, the finding that negative outcomes were influenced more than positive outcomes by stigmas and perceived discrimination remained relatively vague. This difference may be explained by one of the main concerns of this study, flourishing. The flourishers were distinctly reported as perceiving both the positive and negative life events as highly important in a study with 5031 participants (Prizmić-Larsen, 2019). Accordingly, the participants who had higher levels of flourishing and recognized both positive and negative life events as equally important reported fewer negative emotions. These findings highlight the protective role of flourishing- i.e., having satisfying relationships, being respected by others and the self, and living a purposeful life- in subjective well-being when a negative life event is survived. Therefore, the findings that negative outcomes were influenced more than positive outcomes by stigmas and perceived discrimination (Schmitt et al., 2014) may point to the importance of flourishing, which functions in

experiencing both positive and adverse events mindfully while protecting individuals from developing negative outcomes (Prizmić-Larsen, 2019).

A trauma-based approach can also be employed while understanding the effects of discrimination on well-being. According to Emotional Processing Theory (Foa & Rothbaum, 2001), trauma survivors' functioning disrupt by the stimulation of two distinct schemas-the self is incompetent and the world is dangerous-. This theory was tested with a similar minority group that faced sexual minority discrimination (Dworkin et al., 2019; Stahl, 2020). Dworkin et al. (2019) tested it longitudinally with 348 young cisgender sexual minority women who are both at high risk of trauma exposure and post-traumatic stress. Accordingly, traumatic events and heterosexism caused increased post-traumatic cognitions, and such an increase resulted in chronic post-traumatic symptoms. Similarly, the other study (Stahl, 2020) tested the effects of post-traumatic cognitions on depressive and post-traumatic stress symptoms among 344 cisgender emerging adults with diverse sexual orientations. Parallel to the first study, this study found that those who developed post-traumatic cognitions when facing sexual orientation-based discrimination were more vulnerable to develop chronic post-traumatic stress and depression symptoms. These findings depict gender-based discrimination's effects on the development of negative mental health outcomes (PTSD) through post-traumatic cognitions, yet, its effects on well-being are somewhat studied. However, such disruptions occur as individuals appraise that they cannot handle their traumatic stress after a traumatic event in an insecure environment and world so that their self-perceptions regarding their competency in occupational, relational, and social areas are distorted (Foa&Rothbaum, 2001). What is more, after surviving a trauma, the regular functioning is conceptualized to be interrupted for those who developed post-traumatic cognitions (Foa et al., 2006). For example, post-traumatic cognitions about the self were found to be responsible for decreased psychosocial functioning, post-traumatic cognitions about the world predicted social functioning and psychological well-being, and self-blame cognitions were related to low psychological well-being among a highly traumatized clinical population-veterans with PTSD- (Lyons et al., 2020). In other words, post-traumatic cognitions rendered severely traumatized individuals vulnerable in recovering trauma by damaging their daily individual and social functioning.

Nevertheless, most well-being studies neglected gender identity diversity, gender-identity-based discrimination, and possible predictions on well-being. Gender-identity-based discrimination's effects on well-being are worth studying since the prevalence of gender-identity-based discrimination and victimization is extremely high, and there are strong pieces of evidence taken from experimental studies about the detrimental effects of pervasive personal discrimination related to similar concealable and controllable stigmas on well-being (Schmitt et al., 2014). Also, the effects of discrimination on well-being may be studied through post-traumatic cognitions since they are known to be responsible for the vulnerability in recovering trauma (Dworkin et al., 2019; Lyons et al., 2020). Therefore, transgender individuals are at high risk of experiencing discrimination-related trauma and developing post-traumatic cognitions, and these factors anticipate a decrease in well-being.

2.2.2. Well-Being Research on Transgender Individuals

There is evidence that the transgender population is often discriminated against on national and global levels (Landers and Gilsanz; 2009 Ördek et al., 2015; Takács, 2006), and the effects of such negative events were considered mostly in terms of ill-being in the literature. However, a growing body of research suggests that social and relational factors predicted the well-being of transgender individuals. Self-esteem and interpersonal crises tend to be key aspects impacting well-being among transgender individuals than their cisgender counterparts (Bouman et al., 2016). Satisfying interpersonal relationships is an aspect of flourishing, yet; a matched control study explored the differences in perceived social support among individuals with and without gender dysphoria (Davey et al., 2014). Accordingly, transgender women with gender dysphoria reported lower perceived social support in general and in the family than cisgender women, and perceived social support predicted their quality of life and life satisfaction. These results pointed to the importance of the feeling of belonging in coping with adverse life experiences, in which trans women with gender dysphoria hardly experience it with their family of origin.

The exploration of the specific concept-flourishing- among transgender populations is nascent. A large-scale study conducted with 6718 LGBTIQ+ participants compared the nature of the association between school belonging and flourishing between

LGBTIQ+ and cisgender heterosexual college students (Parr, 2020). Accordingly, transgender college students had significantly lower perceived school belonging and flourishing than cisgender heterosexual students, and school belonging played a greater role in sexual and gender minority college students' flourishing than in cisgender heterosexual students. This finding is important in considering the dire importance of a possibly reparative and accepting environment, which was the school in the mentioned research, for transgender individuals who are often more rejected and discriminated in various settings compared to their cisgender counterparts. Another study explored the associates of flourishing among 357 self-identified transgender individuals regarding stigma, victimization, and resilience (Fiani, 2018). Accordingly, community connectedness and victimization (past-year verbal, lifetime physical, and past-year sexual) were found as slight predictors of flourishing. The mentioned study was the first to explore flourishing among transgender individuals and highlighted the need to explore the nature of the relationship between victimization and flourishing. Such findings are consistent with Meyer's Minority Stress Model (2003), which conceptualized the relationship between distal and proximal stress sources and mental health outcomes among gender minorities. According to this model, resilience components such as integration and community connectedness influence the relationship between stress sources and mental health outcomes among transgender individuals (Stanton et al., 2017). Social support seems to play a protective role for the mental health of the transgender community that has been exposed to discrimination, and the well-being research mostly confirmed this conceptualization (Pflum et al., 2015). As stated under this heading, distal stress sources are known to influence the mental health outcomes- that is mostly conceptualized as ill-being- of the transgender community. However, their prediction on positive functioning is worth to be explored since there are contradictory pieces of evidence about the direction and nature of the concerned relationship.

2.3. Perceived Discrimination

Discrimination is an unfair treatment to individuals because of the groups they belong (Matsumoto & Juang, 2016). Both the occurrence of gender-based discrimination and its effects on human functioning has been a topic of exploration in psychology literature. The fundamentals of gender typicality, gender a-typicality, gender

stereotyping, and gender-based discrimination was formerly conceptualized with cognitive theories (Bem, 1981; Starr & Zurbriggen, 2017), while its disruptive effects on LGBTI+ individuals' psychological functioning were widely explored through Minority Stress Model (Meyer, 2003). However, prejudice and discrimination were often studied in terms of perpetrators in the field of social psychology. Differently, Ruggiero and Taylor's (1995) Personal/ Group Discrimination Discrepancy Theory is essential in understanding the attributions and experiences of the individuals discriminated against.

2.3.1. Cisgenderism

When discrimination converts from individual to a group or organizational levels, it becomes structural or institutional (Matsumoto & Juang, 2016). For example, cisgenderism is a structural doctrine that ignores, rejects, and abnormalizes self-identification of gender identities if they do not match the gender assigned at birth (Lennon & Mistler, 2014). Such a doctrine renders cisgender individuals who meet the expected societal norms advantageous, and it has a directional complexity compared to sexism (Jun, 2018). Accordingly, sexism refers to women's disempowerment by societal norms to strengthen men's power yet, cisgenderism tackles gender identity and targets everyone who experiences a difference between assigned gender at birth and actual gender identity. Cisgenderism broadens the conceptualization of sexism by reflecting the power and privilege of those who experience a cisgender identity (Lennon & Mistler, 2014). The cisgender system is extremely common within social settings, structures, and interactions (Sumerau & Mathers, 2019) as well as language, academy, and social sciences (Lombardi, 2018). According to Lombardi (2018), the transgender literature still carries the limitations of binary assumptions by failing to distinguish sex and gender. When the growing transgender literature is checked, the prominence of biological reductionism on identifying gender will become evident. Trans men and women in the medical gender-affirming process have often been the subjects of exploration rather than the holistic consideration of participants with self-identified binary and non-binary experiences. This thesis overcame such limitations by understanding the non-clinical experiences both within and beyond the binary gender system.

2.3.2. Gender Identity-Based Discrimination

As an aspect of gender inequality, social exclusion and discrimination are detrimental for LGB (Lesbian, Gay, Bisexual) and TGNC (Trans and Gender Non-Conforming) individuals' well-being. Discrimination was identified as a proximal stress source for the identities beyond the heterosexist societal values (Meyer, 2003). Accordingly, the social exclusion of LGBTIQ+ youth in 37 European countries was studied in a report published by the International Lesbian Gay Bisexual Trans and Intersex Association in Europe and Central Asia (Takács, 2006). Accordingly, 61% of the participants experienced prejudices and discrimination in educational settings, 51% of them in family, 30% with their friend groups, and 38% in their community. At least one of three LGBTIQ+ individuals living in Europe experienced discrimination, even in the LGBTIQ+ community. Similarly in Turkey, a descriptive study conducted with 106 LGBT+ participants by Göregenli et al. (2011), reported that approximately 80% of participants experienced at least a type of gender based discrimination. The researchers exemplified such discriminating events as; non-recruitment, hinderance on accessing services, hinderance on utilizing a medical service, excluding attitudes and verbal harassment during religious services, abuse in military settings. The authors concluded that these discrimination experiences were the most frequent in public settings compared to household and the close environment. What is more, in line with Minority Stress Model (Hendricks&Testa, 2012; Meyer, 2003)'s prospections, the authors reported the fear of getting discriminated against among the half of the participants. According to a large-scale research by the Massachusetts Department of Public Health (Landers & Gilsanz, 2009), heterosexual individuals had lower depression and suicide ideation rates than the LGBTIQ+ participants. Also, among the LGBTIQ+ individuals, transgender participants had the highest rate of suicide contemplation. Discrimination seems to have additional disruptive types, such as gender-identity-based discrimination and in-community discrimination for transgender individuals who experience identities beyond the binary system.

Transgender individuals who experience gender-identity-based and in-community discrimination carry a higher risk of psychological impairment in the LGBTIQ+ community. This fact has drawn attention and has been a topic of exploration lately. A study of the US National Transgender Discrimination Survey (Grant et al., 2011)

found that at least one of three transgender individuals attempted suicide. In this study, gender-based discrimination experienced at a severe level by at least 63% of the participants was associated with suicide attempts. The associations among discrimination experiences, depression, suicidal attempts, and mental health in transgender individuals were explored globally (Clements & Nolle, 2001) and locally (Kaptan, 2010).

2.3.4. Minority Stress Model

The minority stress model is a conceptualization that explained how social stress sources, i.e., discrimination and stigmatization affect lesbian, gay, and bisexual individuals' mental health (Meyer, 2003). Accordingly, minority stress refers to mental health effects embedded in general environmental contexts, i.e., the benefits and drawbacks of environmental factors that assign individuals a minority status, such as socioeconomic status or being gay or lesbian. In this source, individuals were conceptualized as being subject to stressors due to environmental factors, including common stressors such as the loss of a close relative and minority stressors such as job inequality for members of minority groups. This model pointed to various modalities that influence LGB individuals' minority stress, such as; external stressful events and conditions, expectations from these events and the parallel attention they bring about, and the internalization of negative attitudes. External stressful events and conditions were defined as distal stress sources that referred to direct discrimination, refusal, and harm objectively related to one's assigned minority.

On the other hand, proximal stress sources were defined as dependent on one's identity and subjectivity. Fear of more victimization or prejudice, suspicion of some other, absorbed harmful attitudes about one's sexuality, i.e., internalized homophobia, and the stress of trying to conceal one's identity are examples of internal stress factors (Meyer, 1995). The model included the coping mechanisms by stating that the minority identification characteristics may either increase or decrease the influence of stress (Meyer, 2003). Reputation, value, and coherence were defined as determining how the stress sources will influence the one with minority identity. This model was initially developed for understanding the experiences of only sexual minorities, i.e.,

cisgender LGB individuals. However, in time, it was adapted to transgender and gender-non-conforming individuals (Hendricks&Testa, 2012).

According to Hendrick and Testa (2012), negative life experiences related to one's gender identity or expression result in prospective anticipation of such events and internalized transphobia, which may cause negative mental health outcomes and suicide attempts. Consistent with the conceptualization of the minority stress model's distal sources, discrimination, violence, and rejection have been the major issues transgender individuals face based on various minority statuses (de Vries, 2012). As a result, transgender individuals who have had a history of physical and sexual violence (Testa et al., 2012) or in-school gender-based hostility (Goldblum et al., 2012) were reported as carrying four times higher risk in suicide attempts. Discrimination, violence, and rejection are known to be influential on transgender individuals' mental health.

Nevertheless, Meyer's (2003) conceptualization also tackled protective factors between the distal stressors and mental health outcomes. It was reported that general social support and community connectedness were protective factors against negative mental health outcomes among transgender individuals (Pflum et al., 2015). Besides, personal and community resilience factors that are protective against negative mental health outcomes related to gender-based discrimination were scarcely explored in the LGBTI+ studies literature (Meyer, 2015). Meyer's approach tackles resilience as being disempowered or empowered by social conditions and sources while underlining the importance of studying personal and community resilience (including social) together. Direct community resilience interventions are beyond the scope of this study. However, the focus of this study, i.e., flourishing, includes both individual and social sources one might have and is taken into account as an important skill for the empowerment of the marginalized transgender community.

On the other hand, the proximal stress sources and coping mechanisms were also explored while exploring the risk and protective factors in the main relationship. Internalized transphobia, concealment, and rejection expectations were conceptualized as the proximal stress sources, while community connectedness and pride were pointed to as resilience factors (Hendricks & Testa, 2012). The study pointed to the role of

internalized disruptive values in hindering transgender individuals' mental health by disabling coping mechanisms and resilience. Among the transgender individuals who experienced various types of gender-based negative events, those who have had higher internalized transphobia, concealment, and negative expectations were reported to carry a higher risk of suicidal ideation (Testa et al., 2017). What is more, this model was extended by the exploration of traumatic events and heterosexism as distal stress sources and the consideration of post-traumatic cognitions as proximal stress sources in predicting chronic post-traumatic stress symptoms among cisgender women with sexual orientation diversity (Dworkin et al., 2019). Accordingly, traumatic events and heterosexism caused an increase in post-traumatic cognitions, and those who have such traumatic cognitions resulted in developing chronic post-traumatic symptoms. Similarly, this study extends the Minority Stress Model by concerning the predictive roles of distal stress sources-perceived gender identity discrimination-, proximal stress sources-maladaptive post-traumatic mechanisms, i.e., self-blame, negative cognitions about the world and the self-, on a protective factor- flourishing-, and negative mental health outcomes-post-traumatic stress symptoms-.

2.3.4. Ruggiero and Taylor's Personal/ Group Discrimination Discrepancy Theory

Understanding discrimination in terms of perpetrating or experiencing it has been a topic of interest in social psychology. Attributional ambiguity theory was developed and tested to understand the experiences of discrimination (Crocker & Major, 1989; Major & Crocker, 1993). Based on the attributional ambiguity theory's assumptions, it was hypothesized that the disadvantaged group members would attribute received negative feedback to discrimination. Through the experiments regarding race, gender, and weight (Crocker et al., 1991; Crocker et al., 1993), it was initially found that such a dissonance occurs due to the attribution of uncertain negative feedbacks to discrimination in protecting their self-esteem.

Another perspective in the social-psychological consideration of discrimination has been the discrepancy between perceived personal and group discrimination. Individuals often perceived group discrimination at a higher level than personal discrimination (Taylor et al., 1990). Accordingly, it was hypothesized that individuals

are more likely to minimize the extent of personal discrimination they experience (Taylor & Dube, 1986). Ruggiero and Taylor (1995) adapted Attributional Ambiguity Theory (Crocker & Major, 1989) to explain better the individual differences and conditions that determined the personal/group discrimination discrepancy. Their experiments found that participants tend to attribute negative feedback to the personal discrimination they perceived when the discriminating event is certain. On the contrary, the authors reported that when discrimination is uncertain, participants attributed negative feedbacks to themselves, i.e., minimization of discrimination. Additionally, they reported that the ones who perceive control over discrimination are more likely to minimize discrimination. In other words, individuals perceive personal discrimination at higher levels than group discrimination when the discriminating event is explicit. Negative feedbacks attributed to the failure of oneself and the discrimination was appraised as situated to the minority group rather than the personal discrimination when the discriminating event is ambiguous and perceived as under control.

Ambiguous pervasive discrimination related to controllable and concealable stigmas (e.g., gender identity) anticipates post-traumatic stress symptoms and hazards well-being (Dworkin et al., 2019; Schmitt et al., 2014). Discrimination is an external and obvious stress source for LGBTIQ+ individuals, yet not all survivors make sense of these experiences in the same way and suffer from psychological challenges. Proximal stress sources and protective factors were proposed to entail individual differences evoked from the interplay of external and individual factors (Hendricks & Testa, 2012; Meyer, 2003). Proximal stress sources were formerly identified as internalized transphobia, concealment, and rejection expectations among transgender populations. However, posttraumatic cognitions were recently suggested to be an additional proximal stress source for cisgender and transgender women subjected to distal stressors-heterosexism and traumatic events- (Dworkin et al., 2019). In other words, depending on how individuals structure their cognitive schemas after surviving such events, the interplay of traumatic discriminating events and post-traumatic cognitions accounted for differences in their responses to heterosexism-based traumas. Therefore, in addition to perceived gender identity discrimination-distal stressor-, the differences

in posttraumatic cognitions-proximal stressors- may also determine the differences in post-traumatic stress symptoms and well-being.

2.4. Traumatic Cognitions and Their Relations to Traumatic Stress Symptoms and Well-Being

The purpose of this study is to investigate individual differences in well-being in terms of post-traumatic cognitions elicited by the interplay of gender identity discrimination and individual. In understanding such individual differences, proximal stressors that were defined in the Minority Stress Model (Hendricks & Testa, 2012; Meyer, 2003) can be viewed since they correspond to the interpretation of sexual and gender minority individuals' experiences with external stressors, i.e., discrimination. Through this lens, post-traumatic cognitions related to self, world, and self-blame are means of interpretation of traumatic events while being responsible for the chronicity of traumatic stress symptoms (Ehlers and Clark, 2000; Foa et al., 1999b). However, post-traumatic cognitions were suggested to be partly based upon the environmental context that trauma survivors are situated, and such a context may reinforce the stigmatization of trauma survivors by attributing the blame of the incident to the victim (Maercker & Horn, 2013). The relations between discrimination that originated by stigmas produced by the environmental context of heterosexism and reinforced post-traumatic cognitions were explored among cisgender LGB populations (Dworkin et al., 2019; Stahl, 2020). Accordingly, discrimination evoked negative cognitions about the self, world, and self-blame, as these cognitions brought about chronic post-traumatic cognitions and depressive symptoms. Nevertheless, transgender individuals are both at more risk of discrimination-related victimization and negative mental health outcomes than their cisgender counterparts (Bockting et al., 2013; Grant, 2011; Su et al., 2016; Wilson, 2013). Therefore, the effects of gender identity-based discrimination that originated from pervasive stigma through the environmental context of cisgenderism and sequential post-traumatic cognitions are worth exploring on well-being and post-traumatic stress symptoms among transgender individuals.

In tackling post-traumatic cognitions, some of the psychological trauma theories convey that traumatic events' interaction with the individuals transforms cognitions of the survivor and such changes cause differences in responses to traumatic events.

Cognitive theories formulated by Epstein (1991), Janoff-Bulman (2010), McCann and Pearlman (2015), and Foa and Kozak (1986) are being tackled under this heading. Also, these theories contributed to the development of the Post Traumatic Cognitions Scale (Foa et al., 1999b) that was used to measure negative cognitions about the self and negative cognitions about the world in this study. However, theories formulated by McCann and Pearlman (2015) and Foa and Kozak (1986) will be mainly used in this study due to their strong influence on the formation of “post-traumatic cognitions” structure.

2.4.1. Epstein’s Cognitive-Experiential Self Theory

According to this theory, people develop a subjective reality that mainly includes emotionally significant experiences such as early childhood interactions with caregivers at a subconscious level (Epstein, 1991). Such a personal theory on subjective reality functions in coping with life challenges by adjusting the balance of pain and pleasure in life, processing and assimilating the new information, bonding with significant others, and building self-esteem. Behaviors were mentioned to be determined by these functions of personal theory, and such a theory includes self-theory, world theory, and related variables; higher-order, motivational, and lower-order contents. When approached to stimuli, higher-order contents were defined as the first cognitions while the lower-order ones were the context-specific cognitions and motivational ones were the cognitive coping reactions. An interaction between the conceptualizations of self-theory and reality was identified to determine the reactions to distressful events. It was hypothesized that once the children develop a conceptual system for systemizing reality, they tend to sustain it and make sense of the world according to it throughout their lives even though it is harmful. The stimuli and significant others that are diverse from personal theory were identified as threatening to the personal theory of reality. However, a traumatic event was tackled as a possible threat to personal theory and might alter the belief that the world is peaceful, purposeful, the self is worthwhile, and others are trustworthy. It was also mentioned that any change in these cognitions and higher-order, motivational and lower-order contents might disorganize the whole conceptual system and dislocate one’s personal theory of reality. In sum, Epstein (1991) discussed that when individuals survived

traumatic events, their reality conceptualizations regarding the self and world are disrupted and, such a disruption results in post-traumatic stress symptoms.

2.4.2. Janoff-Bulman's Assumption Theory

According to Janoff-Bulman (2010)'s theory, most people develop an assumptive world, including conceptual beliefs about the self, the outer world, and the interaction between these two. In this categorization, the core assumptions were identified as "The world is benevolent, the world is meaningful, and the self is worthy." Accordingly, people tend to believe that they live in a benevolent world, which corresponds to individuals' general belief that the world is a good place and the people are nice, caring, and supportive, and the events will mostly bring beneficial consequences. Also, the author conveyed that people convey such assumptions based on their own experiences and environments and generalize them to their beliefs about the world. The meaningfulness of the world was mentioned as another asset, and it corresponds to the existence of a reason behind a specific event happening to specific people. In other words, people tend to perceive and explain the relationship between the behaviors and results. Such an assumption was mentioned by the author as essential in persisting the confidence that one will be protected from the negative events if they regulate their behaviors. An assumption such as "If people behave in the appropriate and preventive way, negative things will not happen to them, and if they behave in a good way, positive things will happen to them." can be an example of the meaningfulness of the world. Self-worth is the last asset that the author identified in this conceptualization, and it refers to assessing oneself as a good, able, and decent person. That is to say; people tend to assume that they live in a fair world as good and competent people, and thus, they will be successful.

Similar to Epstein's (1991) theory, this theory posits that people are resistant to different information than the existing assumptions even if the current assumptions lead them to maladaptive behaviors and negative affectivity (Janoff-Bulman, 2010). In other words, people tend to assimilate the new information instead of changing their core schemas, yet it was stated that gradual changes could be tolerated. However, when exposed to a traumatic event, the new input strongly challenges the survivor's basic assumptions, and thus the survivor needs to adjust the new data in line with their

essential assumptions, or they should update their core assumptions to make sense of the new data (Janoff- Bulman, 1989). This incident was mentioned as a serious dilemma since one's stability is threatened by change, and transforming core assumptions may end up in the whole breakdown of the system.

Such a cognitive crisis was identified to be resolved coping strategies (Janoff- Bulman, 1989). These strategies include assimilation through self-blame and positive interpretations of the traumatic event and accommodation through denial and intrusive thoughts. Firstly, it was hypothesized that when the traumatic event was positively attributed, and the self was blamed, the new information gets easier to assimilate to the existing assumptions. In detail, self-blame was tackled as adaptive because survivors may appraise that the traumatic event will not happen again if they change their behavior, and such an appraisal gives a sense of control to the survival without changing the schemas. Secondly, individuals may interpret the traumatic event as beneficial for their lives in giving them a greater awareness, and this strategy also functions as assimilating the new input to the existing schema. Lastly, denial and intrusive thoughts served as agencies to accommodate the new information in contrast with the previous mechanisms. Finally, when exposed to a traumatic event, such cognitively adaptive yet harmful coping mechanisms were evoked, and survivors' assumptions regarding the benevolence of the world, the meaningfulness of the world, and self-worth got disrupted (Janoff- Bulman, 1989). All in all, post-traumatic stress symptoms were conceptualized as the functions of cognitive mechanisms that assimilate and accommodate the traumatic event to the existing assumptions.

2.4.3. McCann and Pearlman's Constructivist Self Development Theory

McCann and Pearlman (2015) widened the definition of a traumatic event. They recognized an experience as psychological trauma, if unexpected and non-normative, surpasses the perceived coping ability and disorganizes the survivor's perspective, needs, and cognitive schemas. According to them, adaptation to psychological trauma is determined by the interaction between life experiences; personal background, traumatic events, cultural context, and the self; abilities, ego mechanisms, needs, and cognitions about the self and world. In this conceptualization, the authors concluded that the self is developed by the interpretation, encounters with others, and perception

of such encounters. The authors asserted that the concept of self, consisted of the essential abilities that function to sustain an internal sense of self and good self-esteem, ego assets that help to control and strengthen relationships with the world, psychological needs that influence actions, and cognitive schemas that are the concepts, hypotheses, and predictions people use to understand their experiences.

When survived a traumatic event, the schemas regarding one's frame of reference and psychological needs are hypothesized to determine the individual differences in responses (McCann & Pearlman, 2015). In their framework, schemas about cause and effect, hope, and locus of control corresponded to the frame of reference, while schemas about safety, trust, confidence, autonomy, control, and intimacy corresponded to psychological needs. According to the identification of frame of reference, seeking causality is an equivalent concept to meaningfulness identified by Janoff-Bulman (2010). When survived a trauma, the reason behind that specific event happened to that specific person is sought, and it may lead to self-blame to preserve the sense of justice. Secondly, hope was conceptualized as linked to all other schemas, identified as a trust to the future, and hypothesized as possibly disrupted by the traumatic event. Thirdly, locus of control referred to the individuals' assumptions about the internal or external reinforcement sources, and a traumatic event was mentioned to shift this focus from internal to external or vice versa. If the schemas are negative, a traumatic event may reinforce them, yet if the schemas are positive, traumatic events were considered to disrupt the frame of reference-related schemas (causality, hope, and locus of control).

Similarly, McCann and Pearlman (2015) defined the schemas related to one's psychological needs determine responses to traumatic events. Accordingly, safety corresponded to an illusion that the person is free from threats and harms of the world, and once a traumatic event challenges it, anxiety, fear, avoidance, hyperarousal, and intrusive thoughts may occur. Secondly, trust was identified as a core need for dependence and a belief that others are trustworthy and sensitive to one's needs. As conceptualized, early childhood experiences are mostly responsible for constructing negative trust schemas, and these tend to be confirmed repeatedly throughout life. Negative trust schemas towards others were hypothesized to become evident as harshness, rage, avoidance of intimacy, fear of abandonment, and a chronic sense of

disappointment. Negative trust schemas regarding oneself, on the other hand, were mentioned as evident with hypervigilance and lack of decision-making. Another asset of the schemas related to one's psychological needs was conceptualized as independence, referred to as being in charge of one's behaviors and fate, and when a traumatic event is survived, helplessness and low self-esteem may evoke. Power was conceptualized as another need-corresponding schema and referred to the illusion of control over one's environment, and apathy, resignation, and stagnation may evoke when a traumatic event is survived. Sequentially, the esteem schema was explained due to the need for affirmation, which corresponded to the internalized positive self-value from the environment and the ability to sustain it. Psychological well-being was mentioned as a connected construct to how survivors value themselves and others and thus is an important dimension to understand the effects of traumatic events. Finally, intimacy schema corresponded to an essential need for belonging with others, and accordingly, a traumatic event may lead to feelings of disengagement, freezing, fear of intimacy, and chronic alienation. In a nutshell, according to this holistic theory, post-traumatic stress symptoms were mainly conceptualized as disruptions in the schemas related to the frame of reference and psychological needs, which are reciprocally connected to the cultural context, personal history, traumatic memories, and adaptation to trauma.

2.4.4. Emotional Processing Theory

Foa et al. (1989) adapted emotional processing theory to psychological trauma in conceptualizing the development of post-traumatic stress symptoms. Accordingly, post-traumatic stress symptoms are unique in responses due to the traumatic events' great importance and the disruption of essential safety cognitions. An event and the responses were formerly associated with safety, yet they associate with threat when a traumatic event is survived, and this contingency change renders one's world uncertain and unmanageable. In this framework, post-traumatic stress symptoms were characterized as decreasing the life quality by the continuance of the threatening event, the severity of the physiological and behavioral reactions, and low enactment tolerance of fear. Such a contingency may be intervened through the fear memory and new inconsistent input to what has already formed after a traumatic event (Foa & Kozak, 1986). Also, two mechanisms were responsible for sustaining post-traumatic stress

symptoms; beliefs about the re-occurrence of the traumatic event and the assumption that the distress after a traumatic event will endure forever. However, when exposed to the triggering stimuli after a traumatic event, physiological responses and severe fear evoked at first, and the severity is decreased gradually, and this chain pointed to emotional processing. This framework posits that the post-traumatic stress symptoms occur after a traumatic event and usually weaken due to new corrective information and emotional processing, yet, they may persist in some cases due to maladaptive coping strategies.

People may maladaptively cope with psychological trauma by avoiding similar situations, discussions about it, and by cognitive avoidance; desensitization, numbness, interruption, and amnesia (Foa, et al., 1989). These types of coping mechanisms were mentioned as maladaptive since they hinder regular emotional processing. Foa and Riggs (1993) widened the theory by positing that two key cognitions play an important role in developing post-traumatic stress symptoms. Accordingly, these were “the world is completely dangerous” and “the self is totally incompetent.” Later, Foa and Rothbaum (2001) expanded the process of post-traumatic stress symptoms’ development. Initially, it was depicted that the trauma survivors who assume that the world is extraordinarily safe and that they are extraordinarily capable of overcoming the difficulties fail to assimilate the traumatic experience; rather, they extremely accommodate the existing self and world schemas. Sequentially, it was hypothesized that individuals who fail to assimilate new input (traumatic event) alter their adaptive schemas to the maladaptive ones; the world is dangerous, and the one is incapable. As a result, it was conveyed that rigorous and extreme positive or negative schemas about the self and the world determined post-traumatic stress symptoms due to the distraction that happened in the normal accommodation and assimilation processes. In sum, the situational factors and the meaning versus the traumatic event explain the development of post-traumatic stress symptoms better. Also, the schemas about the self and world predict the development of post-traumatic stress symptoms, while the beliefs about the re-occurrence of the traumatic event and the assumption that the distress after a traumatic event will endure forever, predict their maintenance.

In this study, such a framework was adopted due to the following motives. To start with, as mentioned under the former headings, the current edition of DSM (APA, 2013) removed the criteria of the subjective experience of trauma (A2 criteria), and post-traumatic stress symptoms were regarded as only objective traumatic events. Nevertheless, there is evidence that perceived threat determines psychological trauma (Creamer et al., 2005; Sales et al., 1984). Such a consideration is essential in understanding the traumatic effects of perceived gender identity discrimination since the psychological trauma perspective can address ongoing identity rejection, marginalization, and discrimination and violence (Holmes et al., 2016). What is more, shreds of evidence depicted that similar forms of oppression to gender-identity-based discrimination, i.e., sexism and heterosexism, resulted in traumatic stress (Alessi et al., 2013; Berg, 2006; Stahl, 2020). Thus, the traumatic effects of perceived gender-identity discrimination were encouraged to be explored (Pantalone et al., 2017). Second, the schemas about the self and the schemas about the world are strong predictors of post-traumatic stress symptoms developed after experiencing psychological trauma (Ehlers & Clark, 2000; Foa et al., 1999a). Also, the randomized controlled trials proved that the corrective interventions effectively reduce the chronic post-traumatic stress symptoms (Bryant et al., 2008; Foa et al., 1999b) as a similar framework-Cognitive Processing Therapy- was used to conceptualize and reduce the oppression that caused post-traumatic stress symptoms (Schulz et al., 2006). Therefore, the traumatic effects of perceived gender-identity-based- discrimination were conceptualized through the Emotional Processing Theory by accounting for the effects of post-traumatic cognitions in developing traumatic stress symptoms. Below, mentioned pre-trauma and post-traumatic cognitions were exemplified in Table 1.

Table 1*Summary of Pre-trauma and Post-traumatic Cognitions*

Pre-Trauma Cognitions	Post-Traumatic Cognitions
“There is a reason behind why that specific event happened to that specific person.”	“This is my fault.”
“Future is trustworthy.”	“Nothing will change.”
“I can be happy by keeping myself safe.”	“I am incapable of protecting myself, and only others can provide safety to me.”
“Others are trustworthy and sensitive to my needs.”	“People are untrustworthy.”
“I am in charge of my actions.”	“I am helpless.”
“I can control my environment.”	“I gave up.”
“I am worthy.”	“I am insignificant.”
“I belong with others.”	“I am alone.”
“The world is extremely safe.”	“The world is entirely dangerous.”
“I am extremely competent.”	“I am entirely incompetent.”

Note. This table exemplifies the pre-trauma and post-traumatic cognitions conceptualized by Foa et al. (1999b) and Mccann & Pearlman (2010).

2.5. Perceived Discrimination, Cognitive Aspects of Psychological Trauma, Post Traumatic Symptoms, and Flourishing

The results that individuals from minority groups attribute the discriminating events to the minority group rather than perceiving it as situated to themselves were conceptualized by various concepts. The functions of such minimization of discrimination when they perceived control and the discrimination was implicit were discussed in terms of avoidance mechanism, self-esteem, locus of control, self-efficacy, and the illusion of control (Ruggiero & Taylor, 1995). However, such a minimization can also be understood in the light of assimilation and accommodation processes followed by psychological trauma. Firstly, individuals may accommodate the traumatic event and transform their existing adaptive schemas to maladaptive ones; the world is dangerous, and the one is incapable instead of assimilating it (Foa & Rothbaum, 2001) just like they accommodate the discriminating event they faced by minimizing it by attributing it to group discrimination (Ruggiero & Taylor, 1995). These sources also discussed that individuals might experience inadequacy after a traumatic event, yet, after a discriminating event, perceiving less discrimination may function in maintaining self-efficacy. Secondly, minimization of discrimination was considered in the light of perceptual avoidance explanations of Brehm and Brehm (1981). Attributing discrimination to the belonged minority group rather than the self was identified as a mechanism of avoidance to maintain the sense of freedom, similarly to Herman's (1992) conceptualization of avoidance, i.e., constriction from a traumatic event by changing the consciousness. Thirdly, Crocker and Major (1989) conveyed that attributing the uncertain negative feedback to personal discrimination served to maintain self-esteem, similar to McCann and Pearlman's (2015) conceptualization of self-esteem schema that is disrupted after a traumatic event. Fourthly, it was discussed that the minimization of discrimination might function in recovering the individual's sense of control (Ruggiero & Taylor, 1995), which was considered to be shifted after a traumatic event (McCann & Pearlman, 2015). Finally, people have a schema regarding an illusion of control over one's environment, and apathy, resignation, and stagnation may evoke when a traumatic event is survived (McCann & Pearlman, 2015). Similarly, individuals tend to maintain their illusion of power and control over conditions by identifying a stressful event as anything except discrimination (Ruggiero

& Taylor, 1995). Therefore, minimization of discrimination can be asserted as a response to psychological trauma due to its functions discussed by Ruggiero and Taylor (1995) and Crocker and Major (1989); avoidance, self-esteem, locus of control, self-efficacy, the illusion of control, and their resemblances to cognitive explanations in the development of post-traumatic stress symptoms (Foa & Rothbaum, 2001; Herman, 1992; McCann & Pearlman 2015). According to these arguments, post-traumatic stress symptoms develop as a result of changes in such schemas.

On the other hand, attribution of discriminating events to the failure of oneself occurred when the discriminating event is certain and perceived as under control (Ruggiero & Taylor, 1995). This finding resembled the conceptualizations of Janoff-Bulman (2010), McCann and Pearlman (2015), and Ehlers and Clark (2000) regarding the functions of self-blame and accommodation in psychological trauma survivors. Janoff-Bulman (2010) tackled self-blame as adaptive in decreasing the acute post-traumatic stress symptoms since they may appraise that the traumatic event will not happen again if they change their behavior, and it gives a sense of control to the survivors. According to McCann and Pearlman (2015), self-blame serves as a mechanism to maintain the sense of justice after a traumatic event since individuals tend to seek the reason behind that specific event that happened to that specific person. Moreover, according to Ehlers and Clark (2000), these cognitive accommodations decrease acute reactions to psychological trauma, yet they may develop or maintain chronic post-traumatic stress symptoms such as; intrusive thoughts and hypervigilance.

In terms of post-traumatic stress symptoms, it was observed that transgender individuals are exposed to possibly traumatic events (Bockting et al., 2013; Grant, 2011) more often and developed higher severity and frequency of post-traumatic stress symptoms compared to cisgender individuals (Wilson, 2013). Also, it was widely accepted that discrimination and stigma are exclusive stressors for sexual and gender minorities' mental health (Hendricks and Testa, 2012; Meyer, 2003). Therefore, there is a growing interest in distinguishing the post-traumatic stress symptoms from the general distress among the individuals who were continuously discriminated against due to their gender identity (Reisner et al., 2016). Such an interest is meaningful since there is evidence that perceived threat determines psychological trauma (Creamer et

al., 2005; Sales et al., 1984), and exposure to discrimination induced equivalent stress symptoms, such as aversion of stimulus linked with the discriminating (stressful) incident and arousal about the possibly discriminating (stressful) event (Bockting et al., 2013; Carter & Forsyth, 2010). However, the chronicity of traumatic events was determined by maladaptive cognitive mechanisms, i.e., accommodation (Ehlers and Clark, 2000), and such accommodation may occur in developing post-traumatic cognitions; negative cognitions about the world, negative cognitions about the self, and self-blame (Foa et al., 1999b). Therefore, this study will test the predictive powers of perceived gender identity-based discrimination and post-traumatic cognitions on post-traumatic stress symptoms in the same model.

Additionally, ongoing personal discrimination related to similar concealable and controllable stigmas to gender identity-based discrimination has destructive effects on well-being (Schmitt et al., 2014). From a trauma-based approach, post-traumatic cognitions develop as trauma survivors start to lose their perception of self-competency in occupational, relational, and social areas in coping with traumatic stress (Foa & Rothbaum, 2001). Relatedly, trauma disrupts the normal functioning of those who developed post-traumatic cognitions (Foa et al., 2006). It can be noticed from these studies that post-traumatic cognitions may render trauma survivors vulnerable in moving on to their lives by harming their individual and social functioning. Nevertheless, the evidence that stigmas and perceived discrimination influenced negative outcomes more than positive outcomes (Schmitt et al., 2014) might emphasize the importance of flourishing, which operates in consciously experiencing both positive and adverse occasions whereas preventing individuals from developing adverse effects (Prizmić-Larsen, 2019). In the light of these points, transgender individuals are at high risk of experiencing gender identity discrimination-related trauma and developing post-traumatic cognitions, and these factors anticipate a decrease in well-being. Thus, the predictive powers of perceived gender identity-based discrimination and post-traumatic cognitions on flourishing in the same model are worth exploring.

Eventually, based on the given literature, studies, and arguments, two parallel models were constructed to be tested in this study. The first model hypothesizes that transgender individuals who perceive discrimination against themselves and their

groups and carry post-traumatic cognitions about themselves and the world are more likely to report higher levels of post-traumatic cognitions. Similarly, the second confirmatory hypothesis of the study suggests that transgender individuals who perceive relatively less discrimination against themselves and their groups and have fewer negative cognitions about themselves and the world would report a higher level of flourishing, as being a fundamental aspect of well-being. Accordingly, the following research questions were formulated.

- a) To what extent do negative cognitions about the self, negative cognitions about the world, perceived individual discrimination, and perceived group discrimination predict post-traumatic stress symptoms among transgender individuals? And
- b) To what extent do negative cognitions about the self, negative cognitions about the world, perceived individual discrimination, and perceived group discrimination predict flourishing among transgender individuals?

CHAPTER 3

METHOD

3.1. Overall Design of the Study

This study examines the relationships of post-traumatic stress symptoms and flourishing to negative cognitions about the self, negative cognitions about the world, perceived individual discrimination, and perceived group discrimination. The correlational research design seeks to determine whether, and to what degree, a statistical relationship exists between two or more variables, without the use of any attempt to manipulate (Fraenkel et al., 2011). Hence, this study's research design is quantitative correlational design and, Hierarchical Linear Regression was used as the primary data analysis method to answer the research questions. This study sought answers for two research questions: "To what extent do negative cognitions about the self, negative cognitions about the world, perceived individual discrimination and perceived group discrimination predict post-traumatic stress symptoms?" and "To what extent do negative cognitions about the self, negative cognitions about the world, perceived individual discrimination and perceived group discrimination predict flourishing?" This chapter explains the overall design and its participants, sampling, instruments, variables, analysis procedure, and limitations.

3.2. Participants and Sampling Procedure

The study's target population was individuals who experience their gender identity under the transgender umbrella term (An umbrella consisted of experiences such as; Trans women, Trans men, Non-binary, Genderqueer, Gender fluid, Bigender, Pangender, Agender, Crossdresser) in Turkey. However, based on the notion that gender identity experiences vary in a continuum rather than categories (Warner, 2004), such a decision to avoid sub-group categorizations was made to ensure a gender-

sensitive and trauma-informed data collection process after expert opinions taken from psychologists and activists working closely with NGOs. As a result, a sample consisted of 140 individuals who state as having an experience under the transgender umbrella was reached. The data were collected by using online surveys. The reason why the researcher decided on the purposeful sampling procedure lies behind this study's inclusion criteria. More clearly, the inclusion criteria consisted of broad experiences by definition, all of the experiences other than cisgender. Nevertheless, as mentioned in the former chapter, fewer could be reached due to the harsh conditions this group face in Turkey. Human Subjects Ethics Committee from Middle East Technical University approval was granted before the data collection. The participants' consent was taken, and a form priorly informed them about their participation rights.

Demographic information about the participants was displayed in Table 2. The average age of the participants is 24.19 (SD=5.88), ranging from 18 to 62. Most of the participants lastly graduated from high school (48.60%) or bachelor's degree (43.60%), and the rest of the participants graduated from a postgraduate degree (7.10%) or middle school (.70%). In terms of their area of settlement, most of the participants habituated in a metropolis (82.90%) while the others habituated in towns/small cities (14.30%) and rural areas (2.80%). Other than that, they were mostly students (57.90%) while the others worked in the private sector (22.10%), did not work at all (8.60%), worked as freelance (7.10%), and worked in the public sector (4.30%). Lastly, their monthly income was asked in five categories. The majority reported a range of 2400-5000 Turkish Liras (39.30%) while the others reported below 2400 Turkish Liras (31.40%), between 5000-8000 (17.90%), and 8000 or above (11.49%). In sum, the participants of this study were mostly young adults with bachelor's degree students or graduates, metropolis habitants, and had an average income of 2400 to 5000 Turkish Liras that is the poverty threshold indicated during the data collection process, i.e., between August 2020 and May 2021 (TURK-IS, 2020). Nevertheless, a noticeable part (31.40%) of the participants gained below 2400 Turkish Liras or below, monthly that was the hunger threshold indicated.

Table 2*Descriptive statistics of the participants*

		<i>f</i>	%
Age	18-32	125	89.30
	33-47	14	10.00
	48-62	1	.70
Last educational attainment	Middle-school	1	.70
	High-school	68	48.60
	Bachelor's degree	61	43.60
	Postgraduate degree	10	7.10
Area of settlement	Rural	4	2.80
	Town/ Small City	20	14.30
	Metropolis	116	82.90
Employment	Unemployed	12	8.60
	Student	81	57.90
	Freelance	10	7.10
	Public sector	6	4.30
	Private sector	31	22.10
Monthly income	2400 Turkish Lira or below	44	31.40
	2400-5000	55	39.30
	5000-8000	25	17.90
	8000 or above	16	11.40

3.3. Data Collection Instruments

An online survey set consisting of an informed consent form, demographic information form, The National Stressful Events Survey for Post-Traumatic Stress Disorder (PTSD) Short Scale (NSESSS-PTSD; LeBeau et al., 2014) Post-Traumatic Cognitions Scale (PTCS; Foa et al., 1999b) Flourishing (Psychological Well-Being) Scale (FS; Diener et al., 2009c), Perceived Discrimination Scale (PDS; Ruggiero and Taylor, 1995) was distributed to the participants by snowball technique.

3.3.1. Demographic Information Form

The researcher developed a brief form to collect demographic data from the participants. The demographic data contained age, educational level, the settlement area, occupancy status, and monthly income.

3.3.2. The National Stressful Events Survey for Post-traumatic Stress Disorder (PTSD) Short Scale (NSESSS-PTSD)

The NSESSS-PTSD is a self-report scale that was developed by LeBeau et al. (2014) for DSM-5 based assessment of post-traumatic stress symptoms. It is a brief scale derived from 20 items National Stressful Events Survey (NSES) that each item tackled a symptom of PTSD in DSM-5 NSES. It was used to measure the post-traumatic symptoms of the participants, and the scale is composed of 5 point Likert rating, nine items ranging from 0 to 4 (“0 = Never” to “4 = Always”). Thus the possible total scores range from 0 to 36. The example items are; “Feeling very emotionally upset when something reminded you of a stressful experience.” and “Losing interest in activities you used to enjoy before having a stressful experience.” Higher scores indicated a higher level of post-traumatic symptoms. In terms of post-traumatic symptoms, the last seven days of test-takers were considered in this scale. The original study’s Cronbach alpha coefficient was .91, while its convergent validity with the PTSD Checklist (PCL) and discriminant validity with the Dissociative Experiences Scale was also assured in an American sample (LeBeau et al., 2014). In the original study, a single dominant factor, accounting for 58% of the variance, was reported with a second yet much smaller factor. However, in the American sample, the value of this second factor was just at the border (eigenvalue: 1.1) while the possible second factor’s

eigenvalue was below the criterion value (1.0), and the second one did not meet the factor criteria in Turkish sample (Evren et al., 2016).

The mentioned single factored scale was adapted to Turkish culture by Evren et al. (2016) with a sample of Turkish college students. Its psychometric properties were indicated by the authors in terms of factorial structure, construct validity, convergent validity, internal consistency reliability, predictive validity, and discriminant validity. The factorial structure was examined with principal component analysis, while its construct validity was examined by exploratory (EFA) and confirmatory factor analyses (CFA). Accordingly, the explained variance was reported as 50% and the fit index values were reported to be compatible regarding the acceptable ranges defined by Byrne (2010) and Hair et al. (2014) ($\chi^2=65.80$, $df=23$, $RMSEA=0.064$, $GFI=0.969$, $AGFI=0.939$, $PGFI=0.495$, $NFI=0.965$, $CFI=0.977$, $IFI=0.977$), and all item-component loadings were reported as ranging from .49 to .81, and they were observed being above the acceptable levels defined by Byrne (2010) and Hair et al. (2014). Hence, the adapted version of this scale was reported to have a unidimensional construct. Evren et al. (2016) reported a high convergent validity when compared with the PTSD Checklist ($r=0.79$), and ensured internal consistency ($\alpha=.87$). The scale's discriminant validity was reported to be examined by a t-test and reported to be acceptable since the PCL-C scores were significantly higher in high PTSD scores and vice versa. The use of the ROC curve also reported predictive validity, sensitivity, and specificity in the Turkish sample, and it was reported to distinguish the students with post-traumatic symptoms and the students without post-traumatic symptoms. Due to its compatible psychometric properties both in original and Turkish samples, this single factor scale was selected to measure post-traumatic symptoms in this study. Besides, Cronbach's Alpha value for this study's data was .88.

3.3.3. Post-Traumatic Cognitions Scale (PTCS)

The PTCS is a self-report scale that was developed by Foa et al. (1999b). It is a 7-point Likert scale ("1 = Strongly Disagree" to "7 = Strongly Agree") compounds of 36 items, including three scales that measure individuals' intensity of trauma-related distorted cognitions. It was reported that 33 items were scattered under three sub-scales while three other items were reported as not scattering under any factor from the 36 items.

Sub-scales were as follows; Negative Cognitions about the Self (NCAS; 21 items), Negative Cognitions about the World (NSAW; 7 items) and Self-blaming (5 items). The example items are; “I will not be able to control my anger and will do something terrible.” and “If I think about the event, I will not be able to handle it.” This scale could either be used by calculating the sum of all items or only the sum of the subscales’ scores separately. The scores can be taken from the scale range from 36 to 252. Higher scores indicated a higher intensity of post-traumatic cognitions. In the original study (Foa et al., 1999b), the overall internal consistency coefficient was reported as .97 while .97 for the “Negative Cognitions about the Self” subscale, .88 for the “Negative Cognitions about the World” and .86 for the “Self-blaming” subscale. In the original study, test-re-test reliability was examined with a three-week interval, and the correlation coefficient was reported as .85 for the overall scale as they were .86, .81, and .80 for the subscales respectively. The construct validity of the original total scale and the subscales were also assured by convergent validity. The total scale was correlated with Personal Beliefs and Reactions Scale’s “Self” subscale ($r=.74$), “Others” subscale ($r=.72$), The Post Traumatic Diagnostic scale ($r=.79$), Beck Depression Inventory ($r=.75$), State-Trait Anxiety Scale-state scale ($r=.70$), State-Trait Anxiety Scale-trait scale ($r=.75$). In the original study, Discriminant Function Analyses were run due to the detection of participants who carry post-traumatic cognitions among overall traumatized participants. Its sensitivity and specificity were reported as .78 and .93, respectively.

The PTCS was adapted to Turkish culture by Yağcı-Yetkiner (2010). Its psychometric properties were demonstrated in the mentioned study. Internal consistency coefficient ($\alpha=.95$), test-re-test correlation coefficient with 3 weeks interval ($r=.76$) and split-half correlation coefficient ($r=.87$) were reported for assuring the reliability of the adapted version. Sequentially, convergent, discriminant, and construct validity proofs were reported in the study. For its convergent validity, the adapted scale was correlated positively with Beck Depression Inventory ($r=.69$), Beck Anxiety Inventory ($r=.55$), Automatic Thoughts Questionnaire ($r=.73$), The Posttraumatic Diagnostic Scale ($r=.62$). In terms of discriminant validity, t-test results were reported and seemed to significantly differ between the participants diagnosed with PTSD and those who did not. Principal Component Analysis’ results were reported for its construct validity, and

the first factor explained 39.10% of the variance while the second and third factors explained 10.02% and 4.78%, respectively (Yağcı-Yetkiner, 2010). Finally, the original scale was compounded of 3 sub-scales, yet the Turkish adaptation consisted of 2 sub-scales. As a result of mentioned adaptation study, the original “Self-blaming” sub-scale was scattered under the “Negative Cognitions about the Self” sub-scale in the Turkish sample, and it was reported to be theoretically appropriate. Due to its compatible psychometric properties explored with various methods both in original and Turkish samples (Foa et al., 1999b; Yağcı-Yetkiner, 2010), this scale was selected to measure post-traumatic cognitions in this study. After the reliability analyses, Cronbach’s Alpha values for this data were found .96 for overall scale, .96 for Negative Cognitions about the Self subscale, and .93 for Negative Cognitions about the World subscale.

3.3.4. Flourishing Scale

The Flourishing Scale was developed to measure psychological well-being by Diener et al. (2009c). It was first developed as the “Psychological Well-Being Scale” yet in time, the name was changed to “Flourishing Scale” that suited better to the single factor of psychological well-being. It is a self-report scale consisting of eight items, and it was developed to measure the flourishing levels of participants. By the term flourishing, positive relations, feelings of adequacy, and meaningful and purposeful life were defined (Diener et al., 2009c). It is a 7 point Likert rating scale (“1 = Strongly Disagree” to “7 = Strongly Agree”), and the possible total scores range from 7 to 56 points. The example items are: “I lead a purposeful and meaningful life.” and “I am a good person and live a good life.” In the mentioned scale development study, its psychometric properties were examined with college students. The scale’s reliability was proved by Cronbach alpha coefficient ($\alpha=.87$) and test-re-test techniques ($r=.71$), while its construct validity was depicted by factor analysis (Diener et al., 2009c). According to the mentioned scale development study, it was found to consist of one strong factor, accounting for 53 % of the variance, and the factor loadings ranged from .61 to .77. In the same study, its convergent validity with other psychological well-being measures (Ryff’s “Psychological Well-Being Scale” and Ryan and Deci’s “Basic Need Satisfaction Scale”) was also explored and reported to be correlated substantially.

The original development study of the Flourishing Scale (Diener et al., 2009c) was conducted with the participants from Singapore and many states in the United States of America. Later, it was adapted to Turkish culture by Telef (2013), and its psychometric prosperities were demonstrated in a Turkish sample consisted of 529 college students. In Telef (2013)'s study, its internal consistency reliability was explored by the computation of Cronbach alpha coefficient ($\alpha=.80$), while its test-retest reliability coefficient was reported as .86. On the other hand, its construct and convergent validity were proved in the same study. In the mentioned adaptation study, its construct validity was examined with exploratory and confirmatory factor analyses. Accordingly, the total explained variance was reported to be 42 %, and the factor loading ranged from .54 to .76, while confirmatory factor analyses were also done and reported by Telef (2013) as being at the acceptable fit index values indicated by Tabachnick and Fidel (2019) ($\chi^2=92.90$, $df= 20$, $RMSEA= 0.08$, $SRMR= 0.04$, $GFI= 0.96$, $NFI= 0.94$, $RFI= 0.92$, $CFI= 0.95$, $IFI= 0.95$). Due to its compatible psychometric properties reported both in original and Turkish samples (Diener et al., 2009c; Telef, 2013), this single-factor scale was selected to measure an essential part of psychological well-being- flourishing- in this study. Besides, Cronbach's Alpha value for this study's data was found .86.

3.3.5. Perceived Discrimination Scale

This scale was developed in the light of the scales used in experiments led by Ruggiero and Taylor (1995) and was adapted and used in Turkish studies with various minority samples (Akbaş, 2010; Baysu, 2007; Çoymak, 2009) as well as with a Turkish TGNC sample (Başar & Öz, 2016) to measure perceived individual (PID) and group discrimination (PGD). The initial Turkish adaptation study demonstrated reliability proofs by calculating internal consistency alpha coefficients as .73 and .85 while assuring construct validity with two factors(four items for PID factor, three items for PGD factor) accounting for %56 of the variance (Baysu, 2007). In a study by Çoymak (2009), confirmatory factor analysis was done for the scale. The author asserted that the fit index values are between the acceptable ranges defined by Schreiber et al. (2006) ($\chi^2=63.30$, $df=22$, $p<.001$, $RMSEA = .09$, $GFI = .94$, $AGFI = .88$, $CFI = .96$, $NFI = .95$). In another study, the scale was adjusted to a Turkish TGNC sample; PID included the experiences of rejection, opposition, being ridiculed, and exclusion, while

the term PGD included the discrimination experiences of the Turkish transgender community through social life, such as; searching for a job, renting a flat, shopping (Başar & Öz, 2016). Accordingly, in the mentioned adaptation study by Başar and Öz (2016), the alpha coefficients for adjusted PID and PGD factors were reported as .84 and .89, respectively.

In the current study, the mentioned TGNC adjusted version of the scale will be used to assess the gender identity related to perceived personal and group discrimination of individuals. Mentioned 5-point Likert typed (“1 = Always” to “5 = Never”) 11 items constitute the overall Scale consisting of two subscales: PID and PGD. The first domain consists of four items, measured how often the participants perceive discrimination towards themselves, and the points can be taken range from 4 to 20. The example item is “I was insulted because I am transgender.” The second domain consists of 7 items measuring the frequency of discrimination the Turkish trans community faces, while the points can be taken range from 7 to 35 for this sub-scale. The example item is “How often do transgender individuals experience discrimination when looking for jobs in Turkey?” Higher scores correspond to higher levels of perceived individual and group discrimination. Due to its compatible psychometric properties assured with many methods both in original and Turkish minority samples as well as the Turkish TGNC community (Akbaş, 2010; Başar & Öz, 2016; Baysu, 2007; Çoyamak, 2009; Ruggiero & Taylor, 1995), this scale was selected to measure perceived discrimination in this study. After the reliability analyses were done for this data, Cronbach’s Alpha values were .81 for the overall scale, .86 for the Perceived Individual Discrimination subscale, and .80 for the Perceived Group subscale.

3.4. Description of Variables

This section presented the introduction and operationalization of the predictor and outcome variables of the study. The current study aimed to examine the predictors of post-traumatic symptoms and flourishing: perceived individual discrimination, perceived group discrimination, negative cognitions about the self, and negative cognitions about the world among transgender experiences.

This study's outcome variables are post-traumatic stress symptoms and flourishing as respectively measured and computed by one factored PTSD-Short Scale(PTSD-SS) and Flourishing Scale(FS). The possible total scores ranged from 0 to 36 for the PTSD-Short Scale as it ranged from 7 to 56 for the Flourishing Scale. Higher scores from PTSDSS corresponded to more severe and chronic post-traumatic symptoms as higher scores from FS reflected higher flourishing levels.

The predictor variables of this study were perceived individual discrimination, perceived group discrimination, negative cognitions about the self, negative cognitions about the world. Perceived individual discrimination was measured by the PID subscale of the PDS and computed by summing up the first four items of PDS. Perceived group discrimination was measured by the PGD subscale of the PDS and computed by summing up the last seven items of PDS. The possible total scores ranged from 4 to 20 for the PID sub-scale as it ranged from 7 to 35 for the PGD sub-scale. Higher scores correspond to higher levels of perceived individual and group discrimination. Negative cognitions about the self were measured by the NACS subscale of the PTCS and computed by summing up 26 items of PTCS. Negative cognitions about the world were measured by the NCAW subscale of the PTCS and computed by summing up ten items of PTCS that are 7-11, 18, 23, 26, 27, and 34. The possible total scores ranged from 26 to 182 for the NCAS subscale, while it ranged from 10 to 70 for the NCAW subscale. Higher scores indicate the higher intensity of negative cognitions about the world and negative cognitions about the self.

3.5. Data Analysis

This study aimed to answer these questions: “To what extent do negative cognitions about the self, negative cognitions about the world, perceived individual discrimination and perceived group discrimination predict post-traumatic stress symptoms?” and “To what extent do negative cognitions about the self, negative cognitions about the world, perceived individual discrimination and perceived group discrimination predict flourishing?” among the transgender experiences. To answer these questions, an appropriate data analytic plan was searched. Later, hierarchical linear regression was decided to be able to analyze the prediction of a block of variables both uniquely and altogether. Hierarchical linear regression is a type of

multiple linear regression, and it allows to enter variables into the overall model in different steps. Therefore, it was chosen to explain the predictive powers of the predictor variables when controlling the other and to detect the change in the model.

The outliers and missing data were eliminated. Then, descriptive statistics were demonstrated and interpreted as the hierarchical linear regression analysis assumptions were tested via SPSS 24 (IBM, 2016). Univariate and multivariate normality, sample size, independence of errors, multicollinearity, homoscedasticity, and influential observations assumptions were checked to trust the results of the hypotheses tests via hierarchical multiple regression as suggested by Tabachnick and Fidel (2019).

3.6. Limitations of the Study

The study carries a few limitations. Firstly, the data were collected by a purposeful sampling method that does not ensure the generalizability of the findings as random sampling would. However, as discussed by Owens et al. (2020), cost, feasibility and ability to reach a large amount of participants should be considered along with the generalizability while planning a sampling procedure among LGBTIQ+ participants. Therefore, an online purposeful sampling procedure was chosen in line with this study's characteristics and COVID-19 pandemic conditions. Secondly, the data were collected online via the soft version of the instrument battery. Hence, the questions raised about the items during test-taking could not be answered. Finally, all of the instruments used in this study were self-report types of measures that carry a risk of social desirability, possibly affecting the items' answers.

CHAPTER 4

RESULTS

This study examines the relationships of post-traumatic stress symptoms and flourishing to negative cognitions about the self, negative cognitions about the world, perceived individual discrimination, and perceived group discrimination. This chapter introduces the preliminary analyses, descriptive statistics, correlations among variables, assumption testing, hierarchical multiple regression analysis, and the summary of the results. Two hierarchical multiple regression models were tested to determine the predictive powers of post-traumatic cognitions (negative cognitions about the self, negative cognitions about the world) and perceived discrimination (individual discrimination and group discrimination) on post-traumatic stress and flourishing. Therefore, two research questions were formulized

- 1- To what extent do negative cognitions about the self, negative cognitions about the world, perceived individual discrimination, and perceived group discrimination predict post-traumatic stress symptoms? And
- 2- To what extent do negative cognitions about the self, negative cognitions about the world, perceived individual discrimination, and perceived group discrimination predict flourishing?

4.1. Preliminary Analyses

In order to answer these research questions, participants were reached, and their responses on inventories were sought. The obtained data set was reviewed and screened in terms of suitability to conduct the main analyses. Frequency tables, missing and outlier values were examined. Although 156 filled out the questionnaires, 15 underage participants were eliminated due to the fact that this study concerns the experiences of trans+ adults. Later, standardized Z score values were checked and the values exceeding the range between +3.29 and -3.29 ($p < .001$, two-tailed test) were identified as suggested by Tabachnick and Fidel (2019). One outlier case was identified in the standardized scores obtained from the Perceived Group Discrimination Scale. For this reason, the analyses were done with or without the outlier case, and it was seen that the outlier case extremely altered the distribution of Perceived Group Discrimination. Perceived Group Discrimination was normally distributed with kurtosis of 1.82 ($SE = .41$) when the outlier case was excluded, yet, it was non-normally distributed with kurtosis of 16.40 ($SE = .20$) when the outlier case was included. Therefore, the outlier case was deleted, and the analyses were done with the cleaned dataset that consisted of 140 participants. According to Tabachnick and Fidell (2019), the minimum sample size can be calculated by the formula “ $50 + 8m$ ”, with m corresponding to the number of independent variables in the research. Then for this research, the sample size should be $50 + 8 \times 4 = 82$, and the number of participants of this study is satisfactory. One hundred forty participants were included in this study. Thus, the sample size of this study can be assumed as satisfactory for the planned analyses.

4.2. Descriptive Statistics

Table 3

Descriptive Statistics

	<i>M</i>	<i>SD</i>	<i>Minimum</i>	<i>Maximum</i>
1. Flourishing	36.94	9.56	13.00	56.00
2. Post-Traumatic Stress Symptoms	30.14	8.68	9.00	45.00
3. Perceived Individual Discrimination	13.39	4.35	4.00	20.00
4. Perceived Group Discrimination	32.81	2.98	22.00	35.00
5. Negative Cognitions about the Self	87.23	36.26	28.00	176.00
6. Negative Cognitions about the World	52.44	13.68	11.00	70.00

Means, standard deviations, and correlation coefficients of each variable were displayed in Table 3. The hypothesized model consisted of six variables; flourishing ($M=36.94$, $SD=9.56$), post-traumatic stress symptoms ($M=30.14$, $SD=8.68$), perceived individual discrimination ($M=13.39$, $SD=4.35$), perceived group discrimination ($M=32.81$, $SD=2.98$), negative cognitions about the self ($M=87.23$, $SD=36.26$), negative cognitions about the world ($M=52.44$, $SD=13.68$), and. Respectively, the possible total scores range from 7 to 56 for flourishing, 0 to 36 for post-traumatic stress symptoms, 4 to 20 for perceived individual discrimination, 7 to 35 for perceived group discrimination, 26 to 182 for negative cognitions about the self, and 10 to 70 for negative cognitions about the world. Descriptive statistics show that the mean scores of perceived group discrimination and post-traumatic stress symptoms were close to the maximum.

4.3. Assumption Testing for Hierarchical Multiple Regression

Univariate and multivariate normality, sample size, independence of errors, multicollinearity, homoscedasticity, and influential observations assumptions were checked to trust the results of the hypotheses tests via hierarchical multiple regression. Univariate normality assumption was tested by checking the skewness and kurtosis values.

Table 4

*Univariate Normality
Indices*

Variables	Skewness	SE	Kurtosis	SE
Flourishing	-.32	.21	-.15	.41
Post-Traumatic Stress Symptoms	-.36	.21	-.78	.41
Perceived Individual Discrimination	-.46	.21	-.54	.41
Perceived Group Discrimination	-1.53	.21	1.82	.41
Negative Cognitions about the Self	.40	.21	-.62	.41
Negative Cognitions about the World	-.94	.21	.58	.41

Hair et al. (2014) discussed that if the skewness values range from -2 to +2 and the kurtosis values range from -7 to +7, the data may be normally distributed. As can be seen from Table 4, skewness values ranged from -1.53 to .40, and kurtosis values ranged from -.78 to 1.82. Therefore, the data can be assumed to demonstrate a normal distribution, and the univariate normality assumption of hierarchical multiple regression is thus satisfied. Subsequently, the normality of the residuals assumption was checked via histogram and p-p plots as suggested by Tabachnik and Fidel (2019). Histogram graphs are given as Figure 1, and Figure 2 and p-p plots are given as Figure 3 and Figure 4.

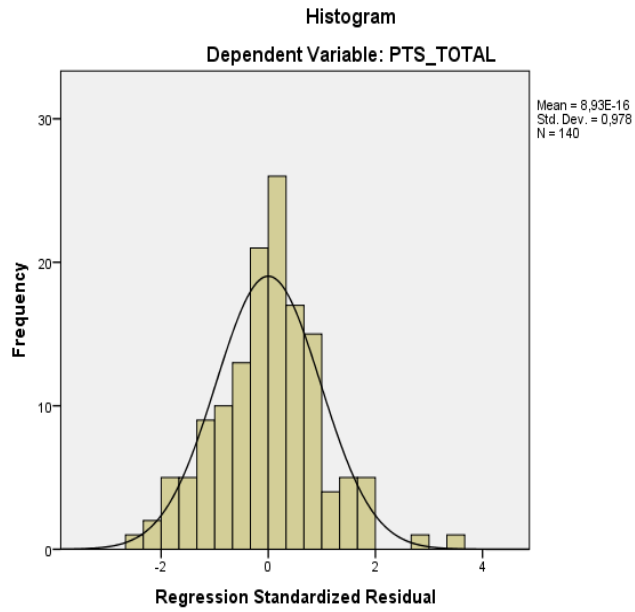


Figure 1. Normality of residuals Model 1

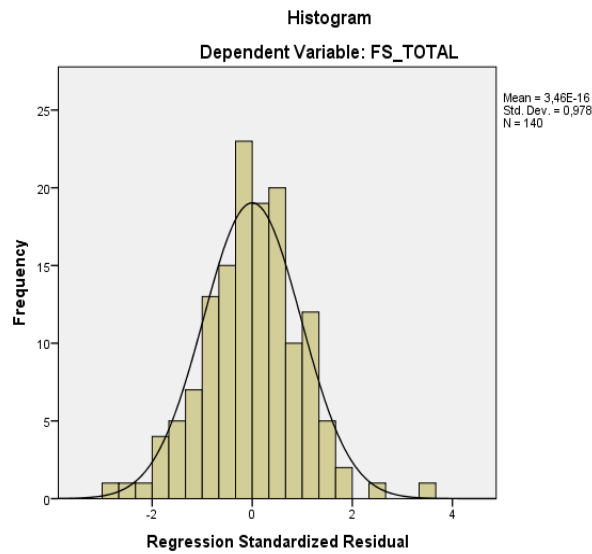


Figure 2. Normality of residuals Model 2

When Figure 1 and Figure 2 are checked, it can be seen that the residuals of the two concerned outcome variables were distributed normally. As the next step, residuals' normality assumption was tested via checking p-p plots. The p-p plots for both outcome variables are given in Figure 3 and Figure 4.

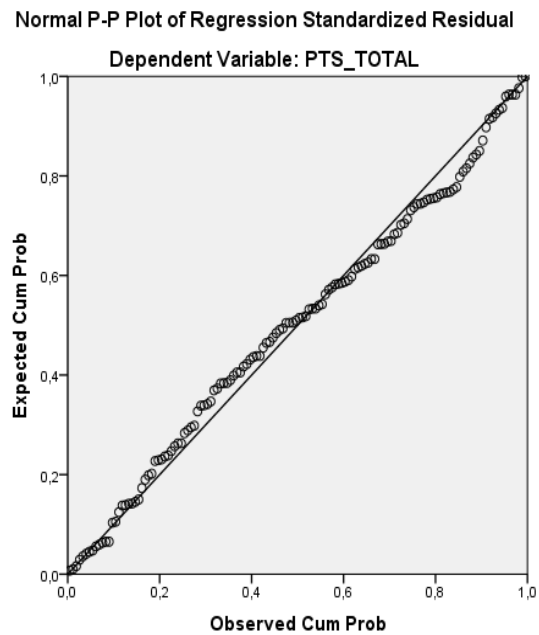


Figure 3. Normality of residuals Model 1

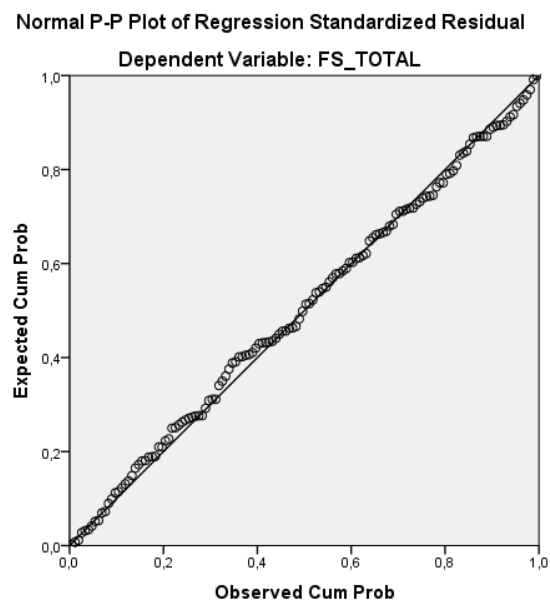


Figure 4. Normality of residuals Model 2

In order to assume the residuals as normally distributed, it was discussed that the cases must scatter along the line without a significant deviation on a p-p plot (Hair et al.,

2014). When Figure 2 is checked, it can be seen that the cases fall above the line utmost. Therefore, it can be assumed that the residuals were distributed normally.

The independence of errors assumption was tested as the next step. Durbin-Watson values were examined to check the independence of errors assumption. Acceptable Durbin-Watson values range from 1 to 3 (Field, 2018). Durbin-Watson values were 1.95 for the first model and 1.91 for the second model of this study. Therefore, the independence of errors assumption was satisfied.

Another assumption to be checked is multicollinearity. The correlation matrix, Tolerance, and Variance Inflation Factor (VIF) values were checked for multicollinearity assumption. According to Tabachnick and Fidel (2019), the correlation coefficients above .90 may point to the existence of multiple correlations. When the correlation matrix table (see Table 5) was checked, the strongest relationship was identified between the post-traumatic stress symptoms and negative cognitions about the self ($r = .70$). Therefore, it can be stated that no multicollinearity was detected in the correlation matrix. Tolerance and VIF values should also be examined for multicollinearity assumptions. According to Hair et al. (2014), the tolerance value should be above .10, and the VIF value should be less than 4. In this study, the Tolerance values ranged from .47 to .91, while the VIF values ranged from 1.10 to 2.12. Thus, it can be inferred that the multicollinearity assumption was met.

Another assumption to be checked is homoscedasticity. According to Astivia and Zumbo (2019), there must be no obvious pattern in the plot of predicted value and residual distribution. Scatter plots were examined to detect such an absence (See Figure 5 and Figure 6).

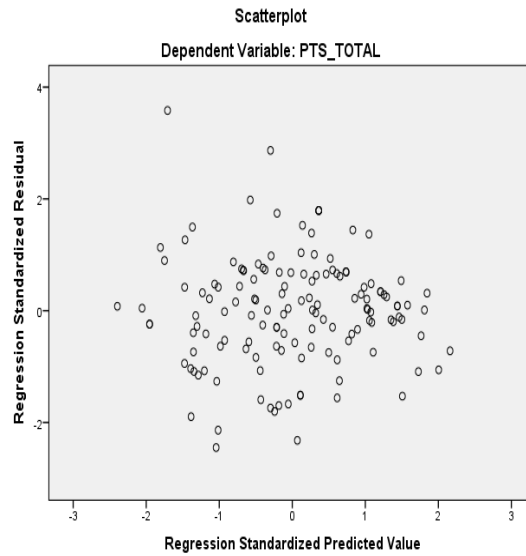


Figure 5. Homoscedasticity for Model 1

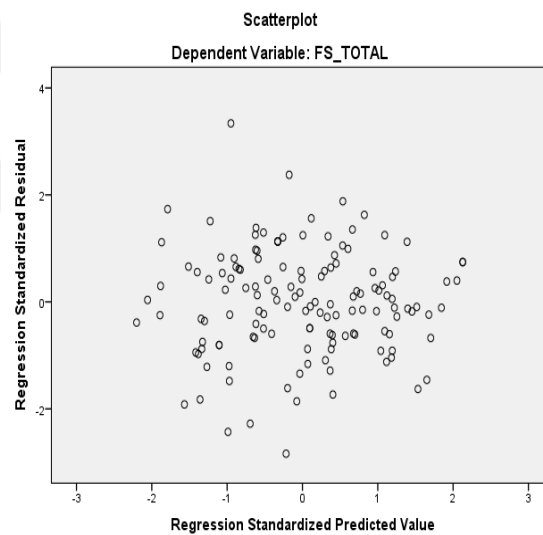


Figure 6. Homoscedasticity for Model 2

When the scatterplots were checked, it was noticed that no obvious patterns were evident for both models. In other words, no error created a pattern so that the scatterplots were not distributed as heteroscedastic. Thus, the homoscedasticity assumption was satisfied. As the next step, the influential observations assumption was checked by examining Cook's Distance. According to Field (2018), values above one can be considered as an outlier. For this study, Cook's Distance values ranged from

.05 to .40 for Model 1 and from .03 to .10 for Model 2. Therefore, it can be inferred that there are no multivariate outliers, and the influential observations assumption was satisfied. Finally, a scatterplot matrix (See Figure 7 below) was indicated to summarize the linear relationships between the variables and examine the influential observations. It can be observed that the relationships were mostly linear, and this assumption was also met. Univariate and multivariate normality, sample size, independence of errors, multicollinearity, homoscedasticity, and influential observations assumptions were checked and satisfied under this heading. Therefore, the hypotheses of this study may be tested by using hierarchical multiple regression, and its results may be trusted.

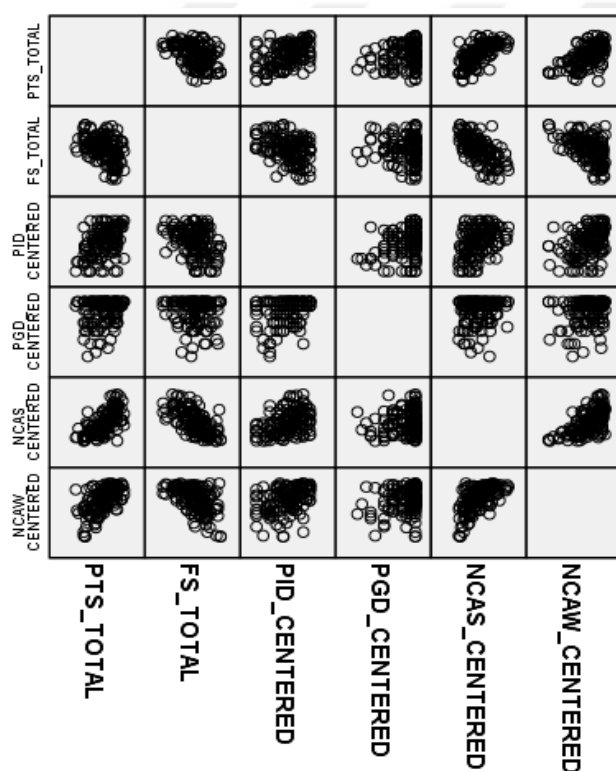


Figure 7. Scatterplot matrix

4.4. Correlations among Variables

Table 5

Correlations among Outcome and Predictor Variables

	1.	2.	3.	4.	5.	6.
1. Flourishing	-	-.41**	-.35**	-.09	-.65**	-.51**
2. Post-Traumatic Stress Symptoms	-	-	.46**	.20*	.70**	.62**
3. Perceived Individual Discrimination	-	-	-	.31**	.40**	.40**
4. Perceived Group Discrimination	-	-	-	-	.14	.24**
5. Negative Cognitions about the Self	-	-	-	-	-	.63**
6. Negative Cognitions about the World	-	-	-	-	-	-

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Relationships among post-traumatic stress symptoms, flourishing, negative cognitions about the self, negative cognitions about the world, perceived individual discrimination, and perceived group discrimination were tested (See Table 5). Bivariate correlations were computed and summarized with a matrix in terms of Pearson correlation coefficients to portray the general correlations among the variables.

The results depicted in Table 5 show that all of the predictor variables were significantly correlated with outcome variables, i.e., flourishing and post-traumatic stress symptoms, except perceived group discrimination. Flourishing had negative significant correlations with post-traumatic stress symptoms ($r = -.41$, $p=.00$), perceived individual discrimination ($r = -.35$, $p=.00$), negative cognitions about the

self ($r = -.64, p=.00$) and negative cognitions about the world ($r = -.50, p=.00$). However, flourishing had a non-significant relationship with perceived group discrimination ($r = -.09, p=.28$). The ones with higher levels of perceived individual discrimination, negative cognitions about the self, and negative cognitions about the world had significantly lower flourishing scores. The participants perceived an extreme gender identity-based group discrimination ($M=32.81, SD=2.98$), yet, perceiving a high level of gender identity-based group discrimination was not significantly correlated with flourishing.

On the other hand, post-traumatic stress symptoms were significantly correlated with perceived individual discrimination ($r = .46, p=.00$), perceived group discrimination ($r = .20, p=.02$), negative cognitions about the self ($r = .70, p=.00$) and negative cognitions about the world ($r = .62, p=.00$). That is, the participants with higher levels of perceived individual discrimination, perceived group discrimination, negative cognitions about the self, and negative cognitions about the world had significantly higher post-traumatic stress symptoms.

4.5. Hierarchical Multiple Regression Analyses

Assumptions were met, and hierarchical multiple regression analyses were run to test the study's research questions. Two research questions were tested via hierarchical multiple regression analyses. The first research question of this study was "To what extent do negative cognitions about the self and negative cognitions about the world, perceived individual discrimination, and perceived group discrimination predict post-traumatic stress symptoms?" Relatedly, the model that the research question pointed to was tested through hierarchical multiple regression analysis. The variables were centralized to intercept collinearity. The independent predictive powers of perceived individual discrimination and perceived group discrimination on post-traumatic stress symptoms were tested at the first step. In the second step, negative cognitions about the self and negative cognitions about the world were tested after controlling for perceived individual discrimination and perceived group discrimination. In the last step, four interaction terms, Perceived Individual Discrimination x Negative Cognitions about the Self, Perceived Individual Discrimination x Negative Cognitions about the World, Perceived Group Discrimination x Negative Cognitions about the

Self and Perceived Group Discrimination x Negative Cognitions about the World, were created. Thereby, the joint effects of perceived individual discrimination, perceived group discrimination, negative cognitions about the self, and negative cognitions about the world were tested. Multiple regression analysis included perceived individual discrimination and perceived group discrimination in Step 1, negative cognitions about the self and negative cognitions about the world in Step 2, and the interaction terms in Step 3. The results of the first hierarchical regression analysis are presented in Table 6.

Table 6

Hierarchical Regression Analysis: Effect of Perceived Individual Discrimination, Perceived Group Discrimination, Negative Cognitions about the Self and Negative Cognitions about the World on Post-Traumatic Stress Symptoms

Predictors	Outcome: Post-traumatic stress symptoms			
	R^2	β	p	Partial Correlation
Step 1	.21*			
Perceived Individual Discrimination		.44	.00	.42
Perceived Group Discrimination		.07	.42	.06
Step 2	.56*			
Perceived Individual Discrimination		.16	.02	.14
Perceived Group Discrimination		.03	.66	.03
Negative Cognitions about the Self		.47	.00	.36
Negative Cognitions about the World		.25	.00	.19

Table 6 (cont'd)

Step 3	.57*		
Perceived Individual Discrimination	.15	.04	.12
Perceived Group Discrimination	.02	.73	.02
Negative Cognitions about the Self	.47	.00	.35
Negative Cognitions about the World	.26	.00	.19
Perceived Individual Discrimination x Negative Cognitions about the Self	-.05	.52	-.04
Perceived Individual Discrimination x Negative Cognitions about the World	.08	.34	.06
Perceived Group Discrimination x Negative Cognitions about the Self	.10	.20	.07
Perceived Group Discrimination x Negative Cognitions about the World	-.11	.21	-.07

* $p = .00$

The final model explained 57% of the variance in post-traumatic stress symptoms. $R^2 = .57$, adj. $R^2 = .55$, $F(8, 131) = 28.63$, $p = .00$. The first step included perceived individual discrimination and perceived group discrimination. In this model, the extent to which these two variables explained the dependent variable was examined. The regression equations with perceived individual discrimination and perceived group discrimination were significant. $R^2 = .21$, adj. $R^2 = .20$, $F(2, 137) = 18.47$, $p = .00$. Therefore, the linear combination of perceived individual discrimination and perceived group discrimination was significantly correlated to post-traumatic stress symptoms and accounted for 21 % of post-traumatic stress symptoms. Among these variables, perceived individual discrimination explained the most of the variance

(18%) by itself when the partial correlations were checked. Perceived individual discrimination significantly predicted the degrees of post-traumatic stress symptoms in a positive direction. The participants who obtained higher scores from perceived individual discrimination had significantly higher scores from post-traumatic stress symptoms ($\beta = .44$, $t=5.48$, $p = .00$). However, perceived group discrimination did not significantly predict the degrees of post-traumatic stress symptoms. ($\beta = .07$, $t=.82$, $p=.42$). The first step of this analysis modeled the prediction of perceived individual discrimination and perceived group discrimination. When the descriptive statistics were checked, the participants seemed to perceive high individual and group discrimination. However, while the perceived individual discrimination significantly predicted post-traumatic stress symptoms, perceived group discrimination did not significantly predict post-traumatic stress symptoms even though the mean score obtained from the perceived group discrimination scale was extremely high.

The second step modeled the prediction of negative cognitions about the self and negative cognitions about the world on post-traumatic stress symptoms after controlling for the effects of variables in Step 1. This step of the analysis depicted that the regression equations with negative cognitions about the self and negative cognitions about the world were significant after controlling for the effects of perceived individual discrimination and perceived group discrimination $\Delta R^2 = .35$, $\Delta F(2, 135) = 54.27$, $p = .00$. Thus, the linear combination of negative cognitions about the self and negative cognitions about the world was significantly associated with post-traumatic stress symptoms and accounted for 35% of post-traumatic stress symptoms after controlling for the effects of the variables in Step 1. Among these variables, negative cognitions about the self, explained the most of the variance (13%), while negative cognitions about the world explained 4% of the variance. The results showed that both variables significantly predicted the outcome variable. Negative cognitions about the self significantly predicted the degrees of post-traumatic stress symptoms in a positive direction. The participants who obtained higher scores from negative cognitions about the self, had significantly higher scores from post-traumatic stress symptoms ($\beta = .47$, $t=6.34$, $p = .00$). In addition, negative cognitions about the world significantly predicted the degrees of post-traumatic stress symptoms positively. The participants who obtained higher scores from negative cognitions about the world had

significantly higher scores from post-traumatic stress symptoms ($\beta = .25$, $t=3.31$, $p = .01$). Lastly, in Step 3, the relationships between the interaction terms (Perceived Individual Discrimination x Negative Cognitions about the Self, Perceived Individual Discrimination x Negative Cognitions about the World, Perceived Group Discrimination x Negative Cognitions about the Self and Perceived Group Discrimination x Negative Cognitions about the World) and post-traumatic stress symptoms were non-significant, $\Delta R^2 = .01$, $\Delta F(4, 131) = .58$, $p = .68$. These results depicted that three independent predictors (negative cognitions about the self, negative cognitions about the world, and perceived individual discrimination) were significantly correlated with the post-traumatic stress symptoms of transgender individuals, yet perceived group discrimination and joint effects were not significantly related to post-traumatic stress symptoms of transgender individuals.

The second research question of this study was “To what extent do negative cognitions about the self and negative cognitions about the world, perceived individual discrimination, and perceived group discrimination predict flourishing?” Relatedly, the model that the research question pointed to was tested through hierarchical multiple regression analysis. The variables were centralized to intercept collinearity. The independent predictive powers of perceived individual discrimination and perceived group discrimination on flourishing were tested at the first step. In the second step, negative cognitions about the self and negative cognitions about the world were tested after controlling for perceived individual discrimination and perceived group discrimination. In the last step, four interaction terms, Perceived Individual Discrimination x Negative Cognitions about the Self, Perceived Individual Discrimination x Negative Cognitions about the World, Perceived Group Discrimination x Negative Cognitions about the Self and Perceived Group Discrimination x Negative Cognitions about the World, were created. Thereby, the joint effects of perceived individual discrimination, perceived group discrimination, negative cognitions about the self, and negative cognitions about the world were tested. Multiple regression analysis included perceived individual discrimination and perceived group discrimination in Step 1, negative cognitions about the self and negative cognitions about the world in Step 2, and the interaction terms in Step 3. The results of the first hierarchical regression analysis are presented in Table 7

Table 7

Hierarchical Regression Analysis: Effect of Perceived Individual Discrimination, Perceived Group Discrimination, Negative Cognitions about the Self and Negative Cognition about the World on Flourishing

Predictors	Outcome:			
	Flourishing			Partial Correlation
	R^2	β	p	
Step 1	.13*			
Perceived Individual Discrimination		-.36	.00	-.34
Perceived Group Discrimination		.02	.84	.02
Step 2	.45*			
Perceived Individual Discrimination		-.10	.19	-.08
Perceived Group Discrimination		.05	.50	.04
Negative Cognitions about the Self		-.52	.00	-.39
Negative Cognitions about the World		-.16	.06	-.12
Step 3	.46*			
Perceived Individual Discrimination		-.14	.08	-.11
Perceived Group Discrimination		.06	.43	.05
Negative Cognitions about the Self		-.50	.00	-.37
Negative Cognitions about the World		-.17	.05	-.13

Table 7 (cont'd)

Perceived Individual Discrimination x Negative Cognitions about the Self	-.12	.17	-.09
Perceived Individual Discrimination x Negative Cognitions about the World	.02	.81	.02
Perceived Group Discrimination x Negative Cognitions about the Self	.03	.72	.02
Perceived Group Discrimination x Negative Cognitions about the World	-.02	.86	-.01

* $p=.00$

The final model explained 46% of the variance in post-traumatic stress symptoms. $F(8, 131) = 13.92, p = .00$. The first step included perceived individual discrimination and perceived group discrimination. In this model, the extent to which these two variables explained the dependent variable was examined. The regression equations with perceived individual discrimination and perceived group discrimination were significant. $R^2 = .13$, adj. $R^2 = .11$, $F(2,137) = 9.74, p = .00$. Therefore, the linear combination of perceived individual discrimination and perceived group discrimination was significantly correlated to flourishing and accounted for 13 % of post-traumatic stress symptoms. Among these variables, perceived individual discrimination explained the most of the variance (12%) by itself when the partial correlations were checked. Perceived individual discrimination significantly predicted the degrees of flourishing in a negative direction. The participants who obtained higher scores from perceived individual discrimination significantly had lower scores from flourishing ($\beta = -.36, t = -4.26, p = .00$). However, perceived group discrimination did not significantly predict the degrees of flourishing. ($\beta = .02, t = .21, p = .84$). The first step of this analysis modeled the prediction of perceived individual discrimination and perceived group discrimination. When the descriptive statistics were checked, the

participants seemed to perceive high individual and group discrimination. However, while the perceived individual discrimination predicted the flourishing significantly, perceived group discrimination did not significantly predict flourishing even though the mean score obtained from the perceived group discrimination scale was extremely high.

The second step modeled the prediction of negative cognitions about the self and negative cognitions about the world on flourishing after controlling for the effects of variables in Step 1. This step of the analysis depicted that the regression equations with negative cognitions about the self and negative cognitions about the world were significant after controlling for the effects of perceived individual discrimination and perceived group discrimination $\Delta R^2 = .33$, $\Delta F(2, 135) = 39.82$, $p = .00$. Thus, the linear combination of negative cognitions about the self and negative cognitions about the world was significantly associated with flourishing and accounted for 33% of post-traumatic stress symptoms after controlling for the effects of the variables in Step 1. Among these variables, negative cognitions about the self, explained the most of the variance (15%). The results showed that negative cognitions about the self significantly predicted the degrees of flourishing in a negative direction. The participants who obtained higher scores from negative cognitions about the self significantly had lower scores from flourishing ($\beta = -.52$, $t = -6.15$, $p = .00$). In addition, negative cognitions about the world did not significantly predict the degrees of flourishing. ($\beta = -.16$, $t = -1.92$, $p = .057$). Lastly, in Step 3, the relationships between the interaction terms (Perceived Individual Discrimination x Negative Cognitions about the Self, Perceived Individual Discrimination x Negative Cognitions about the World, Perceived Group Discrimination x Negative Cognitions about the Self and Perceived Group Discrimination x Negative Cognitions about the World) and flourishing were non-significant, $\Delta R^2 = .01$, $\Delta F(4, 131) = .62$, $p = .65$. These results depicted that two independent predictors (negative cognitions about the self and perceived individual discrimination) were significantly correlated with the flourishing of transgender individuals. Nevertheless, perceived group discrimination, negative cognitions about the world, and joint effects were not significantly related to the flourishing of transgender individuals.

4.6. Summary of the Results

The purpose of this study was to determine the predictors of post-traumatic stress symptoms and flourishing: negative cognitions about the self, negative cognitions about the world, perceived individual discrimination, and perceived group discrimination. Accordingly, the first research question concerned the independent and joint effects of perceived individual discrimination, perceived group discrimination, negative cognitions about the self, and negative cognitions about the world on post-traumatic stress symptoms. On the other hand, the second research question concerned the independent and joint effects of perceived individual discrimination, perceived group discrimination, negative cognitions about the self, and negative cognitions about the world on flourishing. Regarding the first model, hierarchical multiple regression results demonstrated that the variables of this study significantly predicted the post-traumatic stress symptoms. Negative cognitions about the self, negative cognitions about the world, and perceived individual discrimination were significantly correlated, while perceived group discrimination and joint effects were not significantly correlated with the post-traumatic stress symptoms of transgender individuals. Regarding the second model, hierarchical multiple regression results demonstrated that the variables of this study significantly predicted flourishing. Negative cognitions about the self and perceived individual discrimination were significantly correlated, while perceived group discrimination, negative cognitions about the world, and joint effects were not significantly correlated with the flourishing of transgender individuals.

CHAPTER 5

DISCUSSION

This correlational study mainly aimed to examine the relations of negative cognitions (about the self and the world) and perceived discrimination (individual and group discrimination) to post-traumatic stress symptoms and flourishing among transgender individuals. The motivation of the study comes from the need to understand which factors contribute to the psychological well-being of transgender individuals in a socio-cultural context that has rarely been studied before, so that much better functioning prevention and intervention models can be developed. Pervasive gender identity-based discrimination is a serious matter at both national and global levels (Landers & Gilsanz, 2009; Ördek et al., 2015; Takács, 2006), yet, Turkey is one of the most disadvantageous countries for LGBTIQ+ individuals and the country with the most frequent hate crimes among European and Central Asian countries (ILGA-Europe, 2021; Transrespect versus Transphobia Worldwide, 2020). Such stigma and discrimination are known to be exclusive stressors for LGBTIQ+ individuals (Hendricks & Testa, 2012; Meyer, 2003), especially for transgender individuals who are mostly subjected to intersectional types of discrimination and in double jeopardy of being more frequently discriminated within and outside of the LGBTIQ+ community (Aparicio-García, 2018; Grant et al., 2011; Reisner et al., 2015). Nevertheless, not all survivors respond the same to the stressors and develop negative mental health outcomes.

The individual differences in mental health outcomes of experiencing sexual and gender minority statuses were determined by distal stressors, proximal stressors, and protective factors (Hendricks & Testa, 2012; Pflum et al., 2015). In other words, along with the discrimination, individual differences in making sense of this external source through one's identity and subjectivity (proximal stress sources) and the strengths one

has (protective factors) determine the mental health outcomes. The proximal stressors were fear of rejection and prospective anticipation of such events (Hendricks & Testa, 2012), while protective factors were social support and community connectedness among transgender individuals (Pflum et al., 2015). Such a framework was extended, and post-traumatic cognitions were found as an additional proximal stressor among LGB populations, who were also the subjects of frequent, severe, and intersectional discrimination similar to transgender populations (Dworkin et al., 2019; Stahl, 2020). Nevertheless, there is evidence that transgender individuals are being victimized, face traumatizing events more often, and are at more risk of negative mental health outcomes than cisgender individuals (Bockting et al., 2013; Su et al., 2016; Wilson, 2013). Yet, in responding to trauma and maintaining the traumatic stress symptoms, post-traumatic cognitions are strongly influential (Ehlers and Clark, 2000; Foa et al., 1999b). As is the other side of the same shield, the well-being of individuals after ambiguous pervasive discrimination related to controllable and concealable stigmas was disrupted (Schmitt et al., 2014). Gender identity-based discrimination may also be conceptualized as a similar ongoing and ambiguous discrimination related to a relatively controllable and concealable stigma. Similarly, the normal functioning of individuals is conceptualized to be disrupted in the aftermath of trauma (Foa et al., 2006), while those who developed post-traumatic cognitions were found more vulnerable in terms of well-being (Lyons et al., 2020). As an essential indicator of well-being, flourishing corresponds to the functioning of providing positive and fulfilling interpersonal relationships, advancing the happiness of others and being valued by others, living a purposeful and meaningful life, commitment, and self-efficacy (Diener et al., 2009b). Therefore, along with the perceived gender identity-based discrimination, post-traumatic cognitions that render trauma survivors vulnerable in developing and maintaining traumatic stress symptoms and protecting their functioning and well-being are worth studying.

In the light of the literature, two parallel models were tested to examine the independent and joint effects of distal stress sources (perceived gender identity-based individual and group discrimination) and proximal stress sources (negative cognitions about the self and the world) on both ill-being (post-traumatic stress symptoms) and well-being (flourishing) via utilizing hierarchical multiple regression. Accordingly,

the first model hypothesized that transgender individuals who perceive discrimination against themselves and their groups and develop post-traumatic cognitions about themselves and the world are more likely to report higher levels of post-traumatic cognitions. On the other hand, the second confirmatory hypothesis suggested that transgender individuals who perceive relatively less discrimination against themselves and their groups and have fewer negative cognitions about themselves and the world would report a higher level of flourishing.

5.1. Discussion of the Results

As stated above, the first hypothesis stated that transgender individuals who perceive discrimination against themselves and their groups and develop post-traumatic cognitions about themselves and the world are more likely to report higher levels of post-traumatic cognitions. Independent and joint effects of perceived discrimination and post-traumatic cognitions on post-traumatic stress symptoms were analyzed to test this hypothesis via hierarchical multiple regression. The results demonstrated that negative cognitions about the self, negative cognitions about the world, and perceived individual discrimination were significantly correlated to, while perceived group discrimination and joint effects of these predictors were not to the post-traumatic stress symptoms of transgender individuals.

First, bivariate analyses demonstrated that perceived individual and group discrimination were significantly correlated with post-traumatic symptoms, yet the correlation between perceived individual discrimination and post-traumatic symptoms was stronger. That is, transgender individuals who perceive discrimination against themselves and their groups are more likely to report having post-traumatic symptoms, but those who perceive discrimination against themselves are at more risk. Such results are consistent with the Minority Stress Model (Hendricks & Testa, 2012; Meyer, 2003) in explaining the detrimental effects of stigma and discrimination on negative mental health outcomes among sexual and gender minorities. However, the results mildly differed when these predictors were tested with a more complex correlation technique and added to the hierarchical regression model. Accordingly, perceived individual discrimination was independently and significantly correlated to post-traumatic symptoms, while group discrimination's independent effect was not. In other words,

the ones who perceived discrimination against themselves were likely to report having post-traumatic stress symptoms, while those who perceived discrimination against their group were not likely to do so. These findings are in parallel with a similar study (McGarrity et al., 2013) explaining that perceived group discrimination and negative mental health outcomes are only significantly correlated with negative mental health outcomes among sexual minorities when not analyzed with the perceived individual discrimination. Also, consistent with the Personal/ Group Discrimination Discrepancy Theory (Ruggiero & Taylor, 1995), attributing discrimination to the belonged minority group rather than self (minimization of discrimination) generates a higher level of self-esteem and control to be able to regulate emotions after a possibly discriminating event. Therefore, it can be inferred from the current cross-sectional study that both perceived individual and group discrimination are correlated with higher post-traumatic stress symptoms, yet, attributing gender identity based-discrimination to the self instead of belonged gender minority group resulted in higher post-traumatic stress symptoms.

The results of the study also showed that negative cognitions about the self and world were independently, positively, and significantly correlated with post-traumatic stress symptoms when analyzed both bivariate and altogether, as expected. Those who developed higher negative cognitions about the self and world had more severe post-traumatic stress symptoms. This finding confirmed the projections of Emotional Processing Theory (Foa et al., 1989) that explained the development and maintenance of post-traumatic stress symptoms by the interruption in normal accommodation process and development of two main maladaptive cognitions: “the world is completely dangerous” and “the self is totally incompetent” (Foa & Riggs, 1993). Among all the predictors of this study, negative cognitions about the self were the strongest predictor of post-traumatic stress symptoms. This strength was consistent with the literature that depicted a higher correlation of negative cognitions about the self and post-traumatic stress symptoms compared to other types of post-traumatic cognitions (Dworkin et al., 2019; Foa & Rauch, 2004; Moser et al., 2007). Thus, the current study suggests that participants who overaccommodate the gender identity discrimination they perceive and alter their adaptive schemas into maladaptive

negative cognitions about the self and world instead of assimilating had more severe post-traumatic stress symptoms.

Furthermore, even if the individuals perceived higher levels of group discrimination than individual discrimination, individual discrimination was correlated to post-traumatic cognitions in higher levels than group discrimination. That is, transgender individuals reported to perceive higher levels of discrimination against their groups than themselves, yet, those who perceived discrimination against themselves are more likely to have post-traumatic cognitions. As following, those who perceived high individual discrimination had significantly higher levels of post-traumatic cognitions as they were also more likely to develop post-traumatic symptoms. These variables were found to be independently related to post-traumatic stress symptoms. That is, the strength of this relationship would not be necessarily increased if transgender individuals both perceive themselves as discriminated against and hold post-traumatic cognitions. The literature is limited in examining such predictors of transgender individuals' post-traumatic stress symptoms. Even so, the finding of this study is somewhat inconsistent with the results from the studies with cisgender LGB participants that depicted higher levels of sexual orientation-based discrimination, heterosexism, and increased post-traumatic cognitions led to post-traumatic symptoms and depression (Dworkin et al., 2019; Stahl, 2020). This difference might have been found because of the differences between the concerned discrimination sources, sample characteristics, and study design. The concerned discrimination type in the current study was related to the stigma caused by cisgenderism, yet the stigma caused by heterosexism was concerned in compared studies. Cisgenderism pointed to a structural and pervasive doctrine that threatens the freedom of self-identification of unmatched gender identities with the gender assigned at birth (Lennon & Mistler, 2014), while heterosexism refers to discrimination against same-gender-oriented individuals by the assumption that the only normal sexual orientation is heterosexual (Herek, 1990). One has defined a normative gender identity, while the other was constructed upon a single sexual orientation ideal. However, it can be noticed that cisgenderism is more structural and predominant since there is evidence that transgender individuals are discriminated against more often within and outside of the LGBTIQ+ (Aparicio-García, 2018; Grant et al., 2011; Reisner et al., 2015), and are at

more risk in developing negative mental health outcomes (Bockting et al., 2013; Su et al., 2016; Wilson, 2013). Therefore, transgender individuals might have less control and power over their stigma compared to cisgender individuals, and the differences in perceived control might have differed the results. For example, perceived control over discrimination is an indicator of minimizing discrimination (Ruggiero & Taylor, 1995). In other words, those who perceive higher control over the stigma are more likely to attribute negative events to the minority group they belong to, while those who perceive lower control are more likely to attribute it to personal discrimination. What is more, such minimization is responsible for protecting one's self-esteem, yet, it can also be interpreted as an overaccommodation over assimilation and avoidance process engaged after a traumatic event (Ruggiero & Taylor, 1995; Foa & Rothbaum, 2001). Such an overaccommodation process after a traumatic event results in developing negative cognitions about the self and the world, and thus, maintains post-traumatic stress symptoms (Foa & Riggs, 1993). In short, the related theories suggested the determining role of perceived control over stigma on the interaction between discrimination and acute self-defense mechanisms (post-traumatic cognitions for the current study). Nevertheless, a possibly moderating variable-perceived control over stigma- was not controlled in this study. This reason can be why the interaction of perceived discrimination and post-traumatic cognitions were not found significant on post-traumatic symptoms among a more vulnerable sample.

The findings of this study somewhat confirm that participants of this study might have minimized the discrimination as they might have overaccommodated the traumatic event and transform their existing adaptive schemas into maladaptive ones; "the world is dangerous", and "the one is incapable" to maintain their self-control, locus of control, power illusion on the environment, and self-esteem instead of assimilating it. Nevertheless, the post-traumatic stress symptoms scale used in this thesis was only included the symptoms observed over the last week, yet, using such mechanisms (minimization) to protect oneself to decrease acute stress. On the other hand, such mechanisms are known to render individuals vulnerable to developing chronic post-traumatic stress symptoms. For example, Dworkin et al. (2019) longitudinally explored the mediating effects of post-traumatic cognitions on the relationship between heterosexism and post-traumatic stress symptoms among sexual minority

women. They measured the frequency of distal stressors at the first year, the post-traumatic cognitions at the second year, and post-traumatic stress symptoms at the third year of the study. This thesis is a cross-sectional study, and thus, it might have measured only acute traumatic stress symptoms. The current study's design might have induced a lack of interaction effects since maintaining post-traumatic cognitions makes individuals vulnerable to developing chronic post-traumatic stress symptoms. Thus, the minimization of discrimination and the sequential mechanisms could be a source of chronic symptoms, and they can be better tested via longitudinal studies.

On the other hand, in testing the second hypothesis, bivariate analyses demonstrated that perceived individual discrimination was significantly correlated with flourishing while perceived group discrimination was not. Also, hierarchical regression results showed that perceived individual discrimination was independently, significantly, and negatively correlated to flourishing, while the independent effect of group discrimination on flourishing was not significant. Those who reported a higher degree of perceived individual discrimination are more likely to report having decreased flourishing. Başar and Öz (2016) reported similar results among Turkish participants with gender dysphoria that perceived individual discrimination affected psychological resilience significantly while perceived group discrimination did not. However, theoretically, the current findings are partly consistent with the Rejection-Identification Model (Branscombe et al., 1999) that pointed to the disruptive effects of perceived personal discrimination and the boosting role of minority group identification on psychological well-being. For example, perceived individual discrimination was associated with lower global self-esteem; however, perceived group discrimination and minority identification were positively associated with self-esteem among immigrants and women (Bourguignon et al., 2006). The studies can be compared in terms of concerned outcome variables, sample characteristics, and cultural differences. In the current study, perceived individual discrimination was correlated to lower flourishing, yet, perceived group discrimination did not. However, besides self-esteem, flourishing also consists of state variables such as building satisfying interpersonal relationships, altruism, perceived worth, meaningfulness, and self-efficacy (Diener et al., 2009b). Also, flourishers are known to recognize both adverse and positive events mindfully, and thus, have room for regulating their

emotions after encountering an adverse event (Prizmić-Larsen, 2019). The mean flourishing score of participants in this study approached to upper quartile ($M=36.94$, $SD=9.56$). Since their flourishing levels are relatively high, they might be considered as already functioning optimally in processing their emotions evoked after a negative event and might not need to minimize discrimination to regulate their hard feelings after adverse incidents

Besides, a former study exploring the psychological resilience in Turkish culture among individuals with gender dysphoria reported the same personal/group discrimination discrepancy effects to the current study (Başar & Öz, 2016). Similarity among the findings from Turkey might imply the differences between the dynamics of the LGBTIQ+ community across the Turkish culture and the USA and Belgium that former studies were suggested (Bourguignon et al., 2006; Branscombe et al., 1999). Turkey is in regression since 2015 in terms of LGBTIQ+ rights and was ranked as the second most disadvantageous country due to the restrictions on freedom of association of LGBTI+ individuals and worsening procedures in conducting legal gender recognition (ILGA-Europe, 2021), as well as having the highest number of transgender hate murders in Europe and Central Asia between the years 2008-2020 (Transrespect versus Transphobia Worldwide, 2020). Therefore, the nature and levels of minority identification or community connectedness that protects individuals' psychological well-being (Bourguignon et al., 2006; Branscombe et al., 1999), might have differed among transgender individuals in such an oppressing environment. In Turkey, LGBTIQ+ individuals are institutionally hindered from being a community lately and might also suffer from a higher severity of internalized transphobia in a highly discriminating environment, possibly resulting in decreased social support from the LGBTIQ+ community (Hendricks & Testa, 2012; Pflum et al., 2015). Hence, minority identification, community connectedness, and internalized homophobia might moderate the relationship between the perceived group discrimination and flourishing. There is a dire need to explore the validity of such variables in Turkish culture and control for such variables in further investigations.

According to the results from hierarchical regression analysis, negative cognitions about the self were significantly correlated with the flourishing of transgender individuals. The finding that negative cognitions about the self will disrupt

individuals' functioning in building satisfying interpersonal relationships, altruism, perceived worth, meaningfulness, and self-efficacy is consistent with the related literature. For example, a study found that severely traumatized individuals who developed negative cognitions about themselves had lower psychological well-being and social functioning (Lyons et al., 2020). Such results are also consistent with the theoretical literature positing that alterations in cognitions develop when individuals assess that they cannot manage their psychological trauma after a potentially traumatic incident in an untrusted world, which caused their perceptions of self-competencies in professional, interpersonal, and social domains to be impaired (Foa & Rothbaum, 2001). As expected, the current study suggests that negative cognitions about the self that possibly occurred after perceived gender identity discrimination threaten flourishing.

Additionally, in the current study, the bivariate correlation between the negative cognitions about the world and flourishing was negatively significant. However, hierarchical regression results revealed that it did not significantly predict flourishing when analyzed altogether with the other predictors of the study. In other words, those who have negative cognitions about the world reported lower flourishing, yet, have negative cognitions about the world were not necessarily related with flourishing when all the other variables were taken into account. It was unexpected since the Emotional Processing Theory suggests that post-traumatic cognitions are responsible for decreased functioning, and individuals who are untrustworthy against their environment and the world would tend to have lower functioning in building satisfying interpersonal relationships, altruism, perceived worth, meaningfulness, and self-efficacy (Foa et al., 2006). The literature is limited in exploring the effects of post-traumatic cognitions on well-being components. However, negative cognitions about the world predicted lower social functioning that relatively corresponded to a part of the flourishing structure, with a small effect size among severely traumatized veterans (Lyons et al., 2020). This finding may also point to the limitations of the used scale, PTCI. In its original study, the explained variance of negative cognitions about the self subscale was reported as 48.5%, while it was 4% for negative cognitions about the world (Foa et al., 1999b; Yağcı-Yetkiner, 2010). In its Turkish adaptation, the explained variances were 39.10% for the negative cognitions about the self sub-scale

and 10.02% for the negative cognitions about the world sub-scale. A more distinguished scale may be used to measure the structure of negative cognitions about the world, such as the World Assumptions Scale (Janoff-Bulman, 1989).

Lastly, joint effects of perceived discrimination and post-traumatic cognitions were not significantly correlated to flourishing. Flourishing levels were not affected by both perceiving discrimination and carrying post-traumatic cognitions at the same time. This finding is unexpected since the Emotional Processing Theory proposed that changes in cognitions develop as individuals evaluate a lack of self-efficacy in handling psychological trauma after a possibly traumatic event in an untrusted world, which disrupted their perceptions of self-competencies in professional, interpersonal, and social domains, and finally, functioning (Foa & Rothbaum, 2001; Foa et al., 2006). The literature is limited in exploring the effects of discrimination on well-being through post-traumatic cognitions. However, there is some evidence that post-traumatic cognitions render sexual minority individuals who were discriminated against, vulnerable to developing negative mental health outcomes (Dworkin et al., 2019; Stahl, 2020). Additionally, in Minority Stress Model's (Meyer, 2003) adaptations to transgender populations; family support, peer support, integration, social support, community connectedness and identity pride (Başar & Öz, 2016; Bockting et al., 2013; Fiani, 2018; Hendricks & Testa, 2012; Pflum et al., 2015; Stanton et al., 2017) were found as protective factors against developing negative mental health outcomes as a result of gender identity-based stigmatization and discrimination. Among these, community connectedness and pride are known to have moderating effects on the relationships between the distal stressors and negative mental health outcomes and proximal stressors and negative mental health outcomes (Hendricks & Testa, 2012). Regarding such protective factors, as an integrative well-being component that includes perceived social support, altruism, life purpose, commitment, and self-efficacy (Diener et al., 2009b), flourishing can both be hypothesized as an outcome variable and a protective factor. In the current study, the interaction of perceived gender identity based discrimination and post-traumatic cognitions did not significantly predict flourishing; however, the studies may further explore the interactions between flourishing, distal stressors, and proximal stressors on mental health.

Moreover, post-traumatic cognitions known to have moderating effects on negative mental health outcomes for sexual minority individuals who were discriminated against (Dworkin et al., 2019; Stahl, 2020). Such interaction was observed on negative mental health outcomes, yet, there is evidence that perceived control and concealability are significant indicators of the relationship between discrimination and psychological well-being (Schmitt et al., 2014). According to their meta-analytical exploration, discrimination related to more controllable and concealable stigmas (e.g., HIV status, sexual orientation, employment status) are more influential on psychological well-being than less controllable and concealable ones (e.g., race, gender assigned at birth, and age). Relatedly, former studies that addressed the interaction effect of discrimination and post-traumatic cognitions were focused on stigmas related to sexual orientation among cisgender participants. Nevertheless, in the current study, the focus is discrimination related to the stigmatization of gender identity diversity. Indeed, sexual orientation and gender identity could be relatively concealable and controllable, yet the term cisgender refers to the matching gender identity with the gender assigned at birth. However, the participants of this study were the individuals under the transgender umbrella that have an incongruent gender identity experience with their gender assigned at birth and may have both congruent and incongruent gender expression with their gender identity. Therefore, stigma may not be concealable and controllable for some of the experiences under the transgender umbrella. In the current study, variables such as; congruency of gender expression with gender identity, visibility, outness, and perceived control over stigma was not controlled, and thus, less perceived control over the stigma and related discrimination can be a reason why the interaction of perceived discrimination and post-traumatic cognitions were not significant on post-traumatic stress symptoms.

5.2. Implications for Practice and Research

This study has some practice and research implications for the field of psychological counseling. To start with practice implications, preventive interventions are one of the essential duties of psychological counselors. By adapting Emotional Processing Theory's psychological trauma conceptualization into perceived gender identity-based trauma, this study pointed to the determination of elevated post-traumatic stress symptoms and low flourishing by post-traumatic cognitions. Thus, counselors may use

such a framework to prevent and intervene in the development of post-traumatic symptoms and increase the flourishing levels of transgender clients who perceive high levels of gender identity-based discrimination. For transgender clients with a history of victimization or perceived threat regarding their gender identity, psychological counselors may assess, conceptualize and formulate a treatment plan and intervene through addressing post-traumatic cognitions, especially the negative cognitions about the self.

In planning an individual psychological counseling process to reduce post-traumatic cognitions, Constructivist Self Development Theory (McCann & Pearlman, 2015) and Emotional Processing Theory (Foa et al., 1989) can be used as a framework. In the light of these theories, counselors may address the traumatic responses given to the perceived gender identity-based discrimination and how it affects well-being. This study suggested that transgender individuals who perceived severe gender identity-based discrimination are likely to develop negative cognitions about the self and world, and such beliefs rendered individuals vulnerable to post-traumatic stress symptoms and decreased flourishing. This in-between cognitive process points to the overaccommodation that functions in maintaining their self-esteem and preventing future victimization-related traumas when a traumatic event was survived (Foa et al., 1999b). However, such an overaccommodation process is responsible for negative cognitions about the self and world by interrupting normal emotional processing (Resick & Schike, 1992). Natural emotions about the traumatic event should be accessed to process the trauma memory completely and replace the overaccommodation process with normal cognitive processes (Cahill et al., 2009). Therefore, counselors may train their clients to challenge negative cognitions about the self, world, and related negative overgeneralizations about their safety, trust, confidence, autonomy, control, and intimacy evoked after perceiving gender identity-based discrimination. Also, counselors should design emotional interventions to encourage clients to express their feelings about gender identity-based discrimination to activate the normal emotional processing and create room for healthy cognitive processing. These interventions may include a detailed writing exercise about trauma and working on it in sessions (Cahill et al., 2009).

Also, group counseling processes and community programs to empower and increase the functioning of transgender individuals who were discriminated against may be designed by addressing negative cognitions about the self and the world. Also, the participants of this study were mostly university students, and they reported an extreme prevalence of gender-identity discrimination. Thus, counseling centers at universities should address this issue by planning and implementing counselor training, individual counseling, group counseling, and community programs that tackle both possibly traumatic effects of ongoing discrimination through post-traumatic cognitions and flourishing of individuals to empower oppressed transgender students and clients. What is more, it was suggested by Shipherd et al. (2019) that the interventions to empower transgender clients should both include the psychological trauma and well-being frameworks. Even though this research could not substantiate such a finding, it pointed to that flourishing could be a key structure in increasing the well-being of transgender individuals who were discriminated against. To do so, counselors may facilitate clients to explore their life meaning and core values for dedication, grow altruism, build satisfying social support sources, and increase self-efficacy, yet, such efforts should guarantee cultural sensitivity (Pantalone et al., 2017).

ACA Code of Ethics (American Counseling Association, 2014), highlighted that the ethical responsibility of responsiveness to cultural and personal diversity is an ethical obligation for psychological counselors; counselors respect the diversity of clients and participate in training in topics that they are at risk of imposing their values in the contexts of the counseling relationship, assessment, supervision, and education. Similarly, the ethic codes specified by the Turkish Psychological Counseling and Guidance Association (2018) referred to the essential principles of “sensitivity and respect, sensitivity to personal and cultural diversities.” Therefore, to provide culturally competent service, counselors from the gender majority should work and seek training on their attitudes, knowledge, and skills regarding the oppressed transgender community in Turkey. Such training on gender identity diversity, stigma, discrimination, and advocacy should be added to the counselor education curriculum to enhance counselor candidates’ cultural competency and prevent re-producing the discrimination and cisgenderist biases in practice and research. Also, the universities and faculties should also implement a zero-tolerance policy and build an effective and

accessible reporting mechanism to prevent and intervene in gender identity-based discrimination at campus and educational settings.

Furthermore, as also discussed by Meyer (2015) the results of this study should not be interpreted through a victim-blaming stance by intervening only to proximal stressors (post-traumatic cognitions) and ignoring the distal and main stressor (gender identity-based discrimination) since another ethical responsibility, i.e., advocacy, corresponded to the mobilization of psychological counselors against the social, political, and contextual conditions that have negative effects on clients' well-being (Keklik, 2010). As this study depicted the negative effects of gender-identity-based discrimination on well-being, psychological counselors should recognize the effects of social, political, and economic factors on the development and well-being of transgender individuals. Advocacy competencies defined by ACA (2018) will be integrated with this study's findings. Firstly, counselors should empower transgender clients and students by intervening in their flourishing and should support transgender clients to gain skills, make plans, and take action for advocating themselves. This study depicted the detrimental effects of gender identity-based discrimination on well-being, and thus, psychological counselors are responsible for noticing and intervening against gender identity-based discrimination around them. Counselors should mobilize and collaborate with institutions and non-governmental organizations by using their effective communication and research skills to raise awareness and develop strategies to decrease gender-identity-based discrimination in Turkey. To do so, psychological counselors could specifically collaborate with national non-governmental organizations concerning advocacy, visibility, and solidarity of trans individuals such as; Pink Life LGBTI+ Solidarity Association (Pembe Hayat), Red Umbrella Sexual Health and Human Rights Association (Kırmızı Şemsiye), Kaos Gay and Lesbian Cultural Research and Solidarity Association (Kaos GL), and Social Policies Gender Identity and Gender Orientation Association (SPoD). By this collaboration, psychological counselors should start and lead dialogues with stakeholders to prove how prevalent gender-identity-based discrimination is and how severely it affects transgender individuals' well-being and propose strategies to intervene in gender identity discrimination. At the same time, they should share how gender identity-based discrimination affects transgender individuals' well-being within their work settings

and mobilize their colleagues to gain awareness, knowledge, and skills to prevent it. Advocacy roles also suggest that counselors should engage in research activities to obtain data and convince the immediacy of change.

Therefore, research implications for researchers in the field of psychological counseling are also covered in this section. This study did not detect a moderating role of perceived discrimination, and post-traumatic cognitions as related literature conveyed. However, further studies exploring gender identity discrimination's effects on mental health and well-being may further explore the mediating role of post-traumatic cognitions with more complex models and various moderating variables such as; congruency of gender expression with gender identity, visibility, outness, and perceived control over stigma. This model can be tested since other studies found a mediating role of post-traumatic cognitions among cisgender LGB populations (Dworkin et al., 2019; Stahl, 2020). The difference between the two sample characteristics might have occurred due to the differences between the concealability and controllability of LGB and transgender stigmas (Schmitt et al., 2014). Also, the current study did not aim to examine the differences between sub-group categorizations under the transgender umbrella to ensure a gender-sensitive and trauma-informed data-collection process. However, further studies may consider the different experiences within the transgender umbrella to better explain individual differences among binary and non-binary experiences and control for other aspects of sexual identity such as; gender expression, sexual orientation, and gender roles to tackle intersectional discrimination.

This research explored the effects of perceived gender identity discrimination and post-traumatic cognitions on post-traumatic stress symptoms by a cross-sectional design. However, post-traumatic cognitions are known to be responsible for the maintenance of post-traumatic stress symptoms. Hence, longitudinal studies may better detect the ongoing gender identity discrimination's effect on post-traumatic cognitions and such cognitions' role in chronic post-traumatic stress symptoms.

The current study's participants were mostly university students and emerging adults. The prevalence of gender identity-based discrimination may vary among the generations and settings. Also, the sources of individuals may depend upon their ages,

economic statuses, educational levels, and employment statuses. Thus, if feasible and advantageous (Owens et al., 2020), further studies may utilize random sampling to reach participants from different demographic, environmental, and cultural backgrounds to increase generalizability.

The current study employed a quantitative research design to understand the influences of gender identity-based discrimination on transgender individuals' well-being. In the study, the continuum of gender identity experiences was relatively recognized by considering them within an umbrella term and avoiding sub-group categorizations. However, quantifying gender identity experiences as cisgender or transgender inevitably assumes commonalities between individuals' experiences and lives, although sexual identity and sexuality cannot be operationalized as a single objective truth for all (Warner, 2004). Therefore, the unique experiences of oppressed gender-diverse individuals may further be explored by qualitative research methodologies. Further studies may explore unique experiences regarding gender identity oppression on well-being in-depth by adapting a queer methodology to be able to address the researchers' role in generating information and preventing biases regarding the assumption of commonality between individuals.

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APPENDICES

A. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ APPLIED ETHICS RESEARCH CENTER	 ORTA DOĞU TEKNİK ÜNİVERSİTESİ MIDDLE EAST TECHNICAL UNIVERSITY
DÜZLÜPİNAR BULVARI 06800 ÇANKAYA ANKARA/TÜRKİYE T: +90 312 220 22 01 F: +90 312 220 79 99 uesm@metu.edu.tr www.uesm.metu.edu.tr	
Sayı: 2B620816 /	02 KASIM 2020
Konu: Değerlendirme Sonucu	
Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)	
İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu	
Sayın Özgür Erdur BAKER	
<i>Danışmanlığını yaptığınız Yusuf BARBUROĞLU'nun "Trans Bireylerin Psikolojik İyi Oluşlarının Erkeklik İdeolojisi Açısından İncelenmesi: Bir Yol Analizi Çalışması" başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve 302-ODTÜ-2020 protokol numarası ile onaylanmıştır.</i>	
Saygılarımızla bilgilerinize sunarız.	
 Prof. Dr. Mine MISIRLIŞOY İAEK Başkanı	

B. PARTICIPANT CONSENT FORM

Değerli Katılımcılar,

Bu çalışma Orta Doğu Teknik Üniversitesi, Sosyal Bilimler Enstitüsü, Eğitim Bilimleri Bölümü, Rehberlik ve Psikolojik Danışmanlık yüksek lisans programı Öğrencisi Yusuf Barburoğlu tarafından Prof. Dr. Özgür Erdur Baker danışmanlığında; kendini trans olarak tanımlayan yetişkinlerde psikolojik iyi oluş, erkeklik ideolojisi, algılanan ayrımcılık, travma sonrası bilişler ve travma sonrası stres belirtileri arasındaki ilişkileri incelemeyi amaçlamaktadır.

Sizden istenen, gönüllü katılımı onayladığınız takdirde tüm soruları eksiksiz ve içtenlikle yanıtlamanızdır. Çalışmada sizden kişisel bilgileriniz istenmeyecektir, sorulara vereceğiniz yanıtlar anonim olarak değerlendirilecektir ve sadece bilimsel amaçlarla kullanılacaktır. Bu çalışma herhangi bir risk faktörü içermemektedir ancak katılım sırasında herhangi bir sebeple rahatsızlık hissederseniz testi tamamlamadan çıkış yapabilirsiniz.

Çalışma için ayırdığınız zaman ve gösterdiğiniz özen için teşekkür ederim. Çalışma ile ilgili sorularınızı aşağıdaki iletişim bilgileri aracılığı ile iletebilirsiniz.

Arş. Gör. Yusuf Barburoğlu
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Orta Doğu Teknik Üniversitesi
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Eğitim Bilimleri Bölümü
Bilimleri
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telefonu:(312)5850053

TED

Eğitim

İş

Gönüllü olarak araştırmaya katılmayı kabul ediyor musunuz? ☐ Evet ☐ Hayır

C. DEMOGRAPHIC INFORMATION FORM

1. Yaşınız?

2. En son tamamlamış olduğunuz eğitim düzeyi nedir?

☐İlkokul

☐Ortaokul

☐Lise

☐Lisans

☐Yüksek Lisans

☐Doktora

☐Diğer (Lütfen belirtiniz)

3. Yaşadığınız yerleşim birimini nasıl tanımlarsınız?

☐Büyükşehir

☐Şehir

☐İlçe

☐Belde

☐Köy

☐Diğer (Lütfen belirtiniz)

4. İstihdam durumunuzu nasıl tanımlarsınız?

☐Kamuda çalışıyorum.

- ☐Özel sektörde çalışıyorum.
- ☐Kendi işimde çalışıyorum. (Serbest meslek)
- ☐Öğrenciyim.
- ☐İşsizim.
- ☐Emekliyim.
- ☐Diğer (Lütfen belirtiniz)

5. (Bir önceki soruda “Öğrenciyim” seçeneğini işaretlediyseniz bu soruyu yanıtlayınız.)Aldığınız burslar veya kredi dâhil, size sağlanan aylık ortalama maddi destek ne kadardır?

6. Aylık ortalama gelir düzeyinizi nasıl sınıflandırırsınız? (7. soruda öğrenci seçeneğini işaretlediyseniz aile gelirinizi belirtebilirsiniz.)

- ☐2400 ve altı
- ☐2400-5000
- ☐5000-8000
- ☐8000 ve üstü
- ☐Diğer (Lütfen belirtiniz)

**D. SAMPLE ITEMS FOR THE NATIONAL STRESSFUL EVENTS SURVEY
FOR POST-TRAUMATIC STRESS DISORDER (PTSD) SHORT SCALE
(NSESSS-PTSD)**

1. Aniden geçmişte yaşanan stresli yaşıntıyı tekrar şuan yeniden yaşıyormuş gibi davrandığın ya da hissettiğin, geçmişini gösteren sahnelerin (flashback) olması (örneğin, stresli yaşıntının bir parçasını görerek, duyarak, koku alarak veya fiziksel olarak hissederek stresli olayı yeniden yaşama).
2. Stresli bir yaşıntıdan sonra çok olumsuz bir duygusal durumda olma (örneğin, çok fazla endişe, öfke, suçluluk, utanç veya korku yaşıyordunuz)
3. Başka insanlara bağırıp çağırarak, kavga edecek ya da bir şeylere zarar verecek kadar sinirli ya da öfkeli olma

**E. SAMPLE ITEMS FOR POST-TRAUMATIC COGNITIONS SCALE
(PTCI)**

1. Bu olay benim davranışım yüzünden oldu.
2. Kalıcı bir biçimde kötü yönde değiştim.
3. İnsanın başına ne zaman kötü bir şey geleceği asla bilinemez.



F. SAMPLE ITEMS FOR FLOURISHING SCALE

1. Amaçlı ve anlamlı bir yaşam sürdürüyorum.
2. Benim için önemli olan etkinliklerde yetenekli ve yeterliyim.
3. İnsanlar bana saygı duyar.



G. SAMPLE ITEMS FOR PERCEIVED DISCRIMINATION SCALE

1. Trans olmayanlar tarafından kabul görmediğimi hissediyorum.
2. Türkiye’de trans bireyler ne sıklıkla ev ararken ayrımcılık yaşıyor?
3. Türkiye’de trans bireyler ne sıklıkla sağlık hizmeti alırken ayrımcılık yaşıyorlar?



H. TURKISH SUMMARY / TRKE ZET

TRANS+ BİREYLERİN ALGILADIKLARI AYRIMCILIĞIN VE TRAVMA SONRASI BİLİŞLERİNİN TRAVMA SONRASI STRES SEMPTOMLARI VE PSİKOLOJİK İYİ OLUŞLARI ÜZERİNDEKİ ROLLERİNİN İNCELENMESİ

1. GİRİŞ

Cinsiyet kimliğine dayalı ayrımcılık hem ulusal hem de küresel düzeyde ciddi bir sorundur (Landers & Gilsanz; 2009; Ördek vd., 2015; Takács, 2006). Özellikle Türkiye LGBTIQ+ bireyler için en dezavantajlı Avrupa ve Merkez Asya ülkelerinden biridir ve bahsedilen bölgede trans+ nefret suçlarının en sık görüldüğü ülkelerdendir (ILGA-Europe, 2021; Transrespect versus Transphobia Worldwide, 2020). Ele alınan damgalama ve ayrımcılığın LGBTIQ+ bireylere özgü stres kaynakları olduğu bilinmektedir (Hendricks & Testa, 2012; Meyer, 2003). Bu stres kaynaklarının aynı zamanda daha sık ayrımcılığa uğrama tehdidiyle karşı karşıya olan trans bireyler için daha ciddi bir tehlike taşıdığı gözlenmektedir (Aparicio-García, 2018; Grant vd., 2011; Reisner vd. , 2015;). Ne var ki damgalama ve ayrımcılığa maruz kalanların tümü buna aynı şekilde tepki vermez ve mağdurların psikolojik sağlıkları tümüyle aynı şekilde hasar almaz.

Cinsel yönelim ve cinsiyet kimliğine dayalı azınlık statülerini deneyimlemenin kişilerin ruh sağlığı üzerindeki etkilerinde gözlenen bireysel farklılıklar; uzaksak stres etkenleri, yakınsak stres etkenleri ve koruyucu etkenler tarafından belirlenmektedir (Hendricks ve Testa, 2012; Pflum vd., 2015).

Diğer bir deyişle, yaşanan ayrımcılıkla birlikte, kişinin kimliği ve öznelliği aracılığıyla dış kaynağı anlamlandırmasındaki bireysel farklılıklar (yakınsak stres kaynakları) ve sahip olduğu güçlü yönler (koruyucu faktörler), ayrımcılığın ruh sağlığı üzerindeki etkilerinde gözlenen bireysel farklılıkları belirlemektedir. Trans+ bireyler arasında yakınsak stres kaynakları, reddedilme korkusu ve ayrımcı olayların tekrar yaşanacağını beklenmesiyken (Hendricks & Testa, 2012), koruyucu faktörler sosyal destek ve trans+ topluluğuna bağlılık olarak raporlanmıştır (Pflum vd., 2015). Bahsi geçen model sonraki çalışmalarla genişletilmiştir ve travma sonrası bilişler, trans+ popülasyonlar gibi yaygın, şiddetli ve kesişimsel ayrımcılığa maruz kalan LGB popülasyonlar için ek bir yakınsak stres kaynağı olarak bulunmuştur (Dworkin vd., 2019; Stahl, 2020). Bununla birlikte, trans+ bireylerin doğumda atanan cinsiyetiyle örtüşen bir cinsiyet kimliği deneyimine sahip bireylere göre daha sık mağdur edildiklerine, travmatize edici olaylarla daha sık karşılaştıklarına ve ruh sağlığı açısından daha yüksek risk altında olduklarına dair kanıtlar vardır (Bockting vd., 2013; Su vd., 2016; Wilson, 2013). Bu bağlamda, yaşanan travmatik deneyimlerle birlikte travmaya verilen tepkilerde ve travmatik stres belirtilerini sürdürmede travma sonrası bilişlerin oldukça etkili olduğu bilinmektedir (Foa vd., 1999b; Ehlers & Clark, 2000). Dahası, kontrol edilebilir ve gizlenebilir özelliklere yönelik damgalamanın ve bunun sonucunda yaşanan net olmayan ancak yaygın olan ayrımcılığın bireylerin psikolojik iyi oluşunu önemli ölçüde sekteye uğrattığı raporlanmıştır (Schmitt vd., 2014). Cinsiyet kimliğine dayalı ayrımcılık da nispeten kontrol edilebilir ve gizlenebilir bir özelliğe yönelik bir damgalama neticesinde süregelen ve belirsiz bir ayrımcılık olarak da kavramsallaştırılabilir.

Benzer şekilde, bireylerin işlevde bulunma düzeyleri travma sonrasında bozulabilmektedir (Foa vd., 2006) ve travma sonrası bilişler geliştirenlerin, psikolojik iyi oluşları daha büyük risk altındadır (Lyons vd. , 2020). Psikolojik iyi oluş, olumlu ve tatmin edici kişilerarası ilişkiler kurma, başkalarının mutluluğuna katkı sağlama, başkaları tarafından değer görme, amaçlı ve anlamlı bir yaşam sürme, bağlılık ve öz yeterliliği kapsar (Diener vd. , 2009b). Bu nedenle, algılanan cinsiyet kimliği temelli ayrımcılıkla birlikte travma

mağdurlarını travmatik stres semptomları geliştirmede, sürdürmede, işlevde bulunmalarını ve psikolojik iyi oluşlarını korumada savunmasız hale getiren travma sonrası bilişler de incelenmeye değerdir. İlgili literatüre dayalı olarak test edilmek üzere iki paralel model oluşturulmuştur. Bunlardan ilki kendilerine ve gruplarına yönelik cinsiyet kimliğine dayalı ayrımcılık algılayan ve kendileri ve dünya hakkında travma sonrası bilişler taşıyan trans+ bireylerin daha yüksek düzeyde travma sonrası stres belirtiler bildirme olasılığının daha yüksek olduğudur. İkincisiye kendilerine ve gruplarına karşı nispeten daha az cinsiyet kimliğine dayalı ayrımcılık algılayan, kendileri ve dünya hakkında daha az olumsuz bilişlere sahip olan trans+ bireylerin daha yüksek bir psikolojik iyi oluş bildireceği şeklindedir.

1.1 Çalışmanın Amacı

Bu çalışmanın amacı cinsiyet kimliğini trans+ şemsiyesi altında deneyimleyen yetişkinlerin travma sonrası stres belirtilerini ve psikolojik iyi oluşlarını, algıladıkları bireysel ayrımcılığa, algıladıkları grup ayrımcılığına, kendileri hakkındaki ve dünya hakkındaki olumsuz bilişlerine göre incelemektir.

1.2 Araştırma Soruları

Bu çalışmada, ilgili literatüre dayalı olarak test edilmek üzere iki paralel model oluşturulmuştur. Bunlardan ilki kendilerine ve gruplarına yönelik cinsiyet kimliğine dayalı ayrımcılık algılayan ve kendileri ve dünya hakkında travma sonrası bilişler taşıyan trans+ bireylerin daha yüksek düzeyde travma sonrası stres belirtiler bildirme olasılığının daha yüksek olduğudur. İkincisiye kendilerine ve gruplarına karşı nispeten daha az cinsiyet kimliğine dayalı ayrımcılık algılayan, kendileri ve dünya hakkında daha az olumsuz bilişlere sahip olan trans+ bireylerin daha yüksek bir psikolojik iyi oluş bildireceği şeklindedir. Buna göre aşağıdaki araştırma soruları oluşturulmuştur.

- a) Algılanan bireysel ayrımcılık, algılanan grup ayrımcılığı, kişinin kendisiyle ilgili olumsuz bilişleri ve dünya hakkında olumsuz bilişler, trans+ bireylerin travma sonrası stres belirtilerini ne ölçüde yordamaktadır?

- b) Algılanan bireysel ayrımcılık, algılanan grup ayrımcılığı, kişinin kendisiyle ilgili olumsuz bilişleri ve dünya hakkında olumsuz bilişler, trans+ bireylerin psikolojik iyi oluşunu ne ölçüde yordamaktadır?

1.3 Çalışmanın Önemi

Cinsellik bazı kültürlerde üreme odaklı olarak kavramsallaştırılır ve kişinin ömür boyunca doğumda atanan iki cinsiyetten birini deneyimleyeceği varsayılır (Başar & Yüksel, 2014). Doğumda atanan cinsiyetiyle örtüşmeyen ve/veya ikili cinsiyet sistemin ötesinde yaşanan deneyimler, cinsiyete dayalı biyolojik indirgemeci ve üreme odaklı bakış açısından kaynaklanan dışlamanın etkisiyle uzun bir süredir kurumsal ve toplumsal boyutlarda reddedilmektedir (Lombardi vd., 2001). LGBTIQ+ çalışmaları alan yazını dahi bahsedilen ikili cinsiyet sisteminin değerlerinden ve cinsiyet kimliği çeşitliliğini tıbbileştiren varsayımlar ve önyargılardan güçlü bir şekilde etkilenmektedir (Lombardi, 2018). Bu çalışmaysa, Türkiye'deki klinik olmayan kapsayıcı trans+ popülasyonunun iyi oluşu ve bunun yordayıcıları hakkında genel bir portre çıkarma amacına sahip ilk çalışmalardan olacaktır. Dolayısıyla bu çalışma cinsiyetin toplumsal inşasının tanıyarak, kişilerin cinsiyet kimliği deneyimlerini yalnızca kendi beyanlarını esas alarak kavramsallaştırarak ve trans+ kavramını hem ikili cinsiyet sisteminin içindeki hem de ötesindeki deneyimlerden oluşan bir şemsiye terim olarak ele alarak söz konusu önyargılara bir çözüm önermektedir.

Bahsedilen önyargıların alan yazındaki doğurgularından biri de klinik olmayan trans+ popülasyonların olumlu özellikleri dikkate alan çalışmaların eksikliğidir. Mevcut çalışma, algılanan ayrımcılık ve travma sonrası bilişlerin psikolojik iyi oluşla olan ilişkilerini konu edinmiştir. Dolayısıyla bu çalışma trans+ bireylerin işlevde bulunmasına katkı sağlamak, psikolojik iyi oluşunu arttırmak ve onları güçlendirmek için müdahale edilmesi gereken öncül faktörlere işaret etmektedir. Bu yönleriyle Türkiye'deki cinsiyete duyarlı psikolojik danışma alan yazınına ve uygulamasına katkı sağlayacaktır.

Bu çalışmada ıraksak-algılanan ayrımcılık- ve yakınsak-travma sonrası bilişler- stres kaynaklarının trans+ bireylerin psikolojik sağlıkları üzerindeki etkileri konu edinilmektedir. Söz konusu katkılarla, psikolojik danışmanların, vakalarını cinsiyet rollerine dayalı güç ilişkilerini, algılanan cinsiyet kimliği temelli ayrımcılığın

etkilerini ve toplumsal cinsiyet rollerini ele alarak kapsamlı bir şekilde kavramsallaştırabilmeleri ve vakalarına kültüre duyarlı bir şekilde müdahale edebilmeleri beklenmektedir. Aynı zamanda Amerikan Psikolojik Danışma Derneği (2014) ve Türk Psikolojik Danışma ve Rehberlik Derneği(2018) gibi meslek örgütlerinin de belirttiği üzere bireysel ve kültürel çeşitliliğe duyarlılık, psikolojik danışmanlar için etik bir sorumluluktur. Özetle, bu çalışma etik bir hizmet sağlamak ve trans+ danışanların karşılaşılabildiği ayrımcı deneyimlerin etkilerini kavramsallaştırmak için psikolojik danışmanlara rehberlik edebilir.

2. YÖNTEM

Bu araştırma, nicel araştırma yöntemlerinden ilişkisel tarama deseni kullanılarak tasarlanmıştır. İlişkisel araştırma deseni, herhangi bir manipüle etme girişiminde bulunmadan, iki veya daha fazla değişken arasında istatistiksel bir ilişkinin olup olmadığını ve bu ilişkilerin derecesini betimlemeyi amaçlar (Fraenkel vd., 2011). Öte yandan bu çalışma, cinsiyet kimliğine yönelik algılanan bireysel ayrımcılık ve grup ayrımcılığının, kişinin kendisiyle ve dünyayla ilgili olumsuz bilişlerinin travma sonrası stres belirtileri ve psikolojik iyi oluşlarıyla ilişkisini incelemektedir. Bu araştırmanın bağımsız değişkenleri cinsiyet kimliğine yönelik algılanan bireysel ayrımcılık ve grup ayrımcılığı, kişinin kendisiyle ve dünyayla ilgili olumsuz bilişleriyken bağımlı değişkenleri travma sonrası stres belirtileri ve psikolojik iyi oluştur. Bu doğrultuda hiyerarşik lineer regresyon analizi kullanılarak iki hipotez test edilecektir. Bunlardan ilki kendilerine ve gruplarına yönelik cinsiyet kimliğine dayalı ayrımcılık algılayan ve kendileri ve dünya hakkında travma sonrası bilişler taşıyan trans+ bireylerin daha yüksek düzeyde travma sonrası stres belirtiler bildirme olasılığının daha yüksek olduğudur. İkincisiye kendilerine ve gruplarına karşı nispeten daha az cinsiyet kimliğine dayalı ayrımcılık algılayan, kendileri ve dünya hakkında daha az olumsuz bilişlere sahip olan trans+ bireylerin daha yüksek bir psikolojik iyi oluş bildireceği şeklindedir.

2.1. Örneklem

Bu araştırmanın evrenini Türkiye’de yaşayan ve cinsiyet kimliği deneyimini trans+ şemsiyesi (trans kadın, trans erkek, ikilik dışı[non-binary], kuir, akışkan, çift cinsiyetli, pangender, cinsiyetsiz, travesti) altında tanımlayan yetişkinler oluşturmaktadır. Bu

doğrultuda, amaçlı örnekleme yoluyla cinsiyet kimliği doğumda atanan cinsiyetiyle güncel olarak örtüşmeme kriterini sağlayan 140 katılımcıya ulaşılmıştır. Veri toplanmadan önce Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulu'ndan izin alınmıştır. Sonrasında katılımcılar hakları konusunda bilgilendirilmiş, onamları alınmış ve çevrimiçi anketler yoluyla veri toplanmıştır.

2.1.1. Katılımcıların Demografik Özellikleri

Trans+ cinsiyet kimliği deneyimine sahip kişilerin post-travmatik stres belirtileri ve psikolojik iyi oluşunu yordayan değişkenleri belirlemek için 140 trans+ cinsiyet kimliği deneyimine sahip kişi araştırmaya katılmıştır. Katılımcıların yaş ortalaması 24.19'dur (SS= 5.88). Katılımcıların büyük çoğunluğu lise (%48.60) veya lisans (43.60%) mezunudur, öğrencidir (%57.90), metropollerde yaşamaktadır (82.90%). Ayrıca katılımcıların aylık ortalama gelirlerinin veri toplama sürecinde TÜRK-İŞ (2020) tarafından açlık sınırı olarak belirlenen 2400 Türk Lirası altında (%31.40) veya yoksulluk sınırı olarak belirlenen 2400-5000 Türk Lirası arasında (39.30%) olduğu gözlenmiştir.

2.2. Veri Toplama Araçları

Bu araştırmada belirtilen değişkenlerin ölçülmesi amacıyla Demografik Bilgi Formu, Algılanan Ayrımcılık Ölçeği, Travma Sonrası Bilişler Ölçeği, Travma Sonrası Stres Bozukluğu Belirtileri Ölçeği ve Psikolojik İyi Oluş Ölçeği kullanılmıştır.

2.2.1. Demografik Bilgi Formu

Araştırmacı tarafından geliştirilen formda katılımcıların yaşları, eğitim düzeyleri, yerleşim birimleri, istihdam durumları ve aylık ortalama gelirleri sorulmuştur.

2.2.2. Travma Sonrası Stres Bozukluğu-Kısa Ölçek

Travma Sonrası Stres Bozukluğu Kısa Ölçeği, LeBeau vd. (2014) tarafından DSM-5(APA, 2013)'i temel alarak kişilerin son yedi günde görülen post-travmatik stres belirtilerini ölçmek için geliştirilmiştir ve Evren vd. (2016) tarafından Türkiye kültürüne uyarlanmıştır. Bir öz bildirim ölçeği olan tek faktörlü TSSÖ-KÖ, beşli Likert tipi derecelendirme tipinde dokuz maddeden oluşmaktadır ve ölçekten alınan

yüksek puanlar yüksek düzeyde travma sonrası stres belirtilerine işaret etmektedir. Cronbach Alpha İç Tutarlılık Katsayısı orijinal çalışmada .91 (LeBeau vd., 2014), Türkiye kültürüne uyarlama çalışmasında .87 (Evren vd., 2016) ve bu çalışmada .88 olarak gözlenmiştir.

2.2.3. Travma Sonrası Bilişler Ölçeği

Travma Sonrası Bilişler Ölçeği, Foa vd. (1999b) tarafından kişilerin travma sonrasında çarpıklaşabilen bilişlerini ölçebilmek amacıyla geliştirilmiştir ve Yağcı-Yetkiner (2010) tarafından Türkiye kültürüne uyarlanmıştır. Bir öz bildirim ölçeği olan TSBÖ, orijinal versiyonunda üç alt boyuttan, Türkçe versiyonundaysa iki alt boyuttan oluşmaktadır. Bu boyutlar, ölçeğin orijinalinde kişinin kendisi hakkındaki olumsuz bilişleri, dünya hakkındaki olumsuz bilişleri ve kendini suçlama olarak dağılmıştır (Foa vd., 1999b). Yağcı- Yetkiner (2013) tarafından uyarlanan Türkçe versiyonundaysa kendini suçlama alt boyutu kişinin kendisi hakkındaki olumsuz bilişleri altında dağılmıştır ve dolayısıyla ölçek iki boyutlu bir yapı göstermiştir. Ölçek, yedili Likert tipi derecelendirme tipinde 36 maddeden oluşmaktadır ve ölçekten alınan yüksek puanlar yüksek düzeyde travma sonrası bilişlere sahip olmaya işaret etmektedir. Cronbach Alpha İç Tutarlılık Katsayısı orijinal çalışmada .97 (Foa vd., 1999b), Türkiye kültürüne uyarlama çalışmasında .95 (Yağcı- Yetkiner, 2013) ve bu çalışmada .96 olarak gözlenmiştir.

2.2.4. Psikolojik İyi Oluş Ölçeği

Psikolojik İyi Oluş Ölçeği, Diener vd. (2009c) tarafından DSM-5(APA, 2013)'i temel olarak kişilerin psikolojik iyi oluş düzeylerini ölçmek için geliştirilmiştir ve Telef (2013) tarafından Türkiye kültürüne uyarlanmıştır. Bir öz bildirim ölçeği olan tek faktörlü PİÖÖ, yedili Likert tipi derecelendirme tipinde sekiz maddeden oluşmaktadır ve ölçekten alınan yüksek puanlar kişilerin yüksek düzeyde psikolojik iyi oluşa sahip bir şekilde işlevde bulunabildiklerine işaret etmektedir. Cronbach Alpha İç Tutarlılık Katsayısı orijinal çalışmada .87 (Diener vd., 2009c), Türkiye kültürüne uyarlama çalışmasında .80 (Telef, 2013) ve bu çalışmada .86 olarak gözlenmiştir.

2.2.5. Algılanan Ayrımcılık Ölçeği

Algılanan Ayrımcılık Ölçeği, Taylor ve Ruggiero'nun (1995) tarafından yürütülen deneysel çalışmalarda kullanılan soru listelerinden esinlenerek kişilerin kendilerine yönelik ve bir parçası oldukları azınlık gruplarına yönelik algıladıkları ayrımcılık düzeylerini ölçmek için geliştirilmiştir. Bu ölçek, Baysu (2007) tarafından Türkiye kültürüne, Başar ve Öz (2016) tarafından da Türkiye'de yaşayan trans+ cinsiyet kimliği deneyimlerine sahip kişilere uyarlanmıştır. Bir öz bildirim ölçeği olan iki faktörlü AAÖ, beşli Likert tipi derecelendirme tipinde 11 maddeden oluşmaktadır ve ölçekten alınan yüksek puanlar kişilerin kendilerine ve azınlık gruplarına yönelik yüksek düzeyde cinsiyet kimliğine dayalı ayrımcılık algıladıklarına işaret etmektedir. İki faktörlü bir dağılım gösteren ölçeğin ilk alt boyutu algılanan bireysel ayrımcılık, ikinci alt boyutuysa algılanan grup ayrımcılığıdır. Ölçeğin algılanan bireysel ayrımcılık ve grup ayrımcılığı alt boyutları için Cronbach Alpha İç Tutarlılık Katsayıları sırasıyla, Türkiye kültürüne uyarlama çalışmasında .73 ve .85 (Baysu, 2007), Türkiye'de yaşayan trans+ cinsiyet kimliği deneyimlerine sahip kişilere uyarlanma çalışmasında .84 ve .89 (Başar ve Öz, 2016), ve bu çalışmada .86 ve .80 olarak gözlenmiştir.

2.3. Veri Analizi

Bu çalışmanın amacı cinsiyet kimliğini trans+ şemsiyesi altında deneyimleyen yetişkinlerin travma sonrası stres belirtilerini ve psikolojik iyi oluşlarını, algıladıkları bireysel ayrımcılığa, algıladıkları grup ayrımcılığına, kendileri hakkındaki ve dünya hakkındaki olumsuz bilişlerine göre incelemektir. Bu amaç doğrultusunda bağımsız değişkenlerin bağımlı değişkenlerle olan bağımsız ve ortak ilişkilerini test etmek için oluşturulan iki model, SPSS 24 (IBM, 2016) paket programı kullanılarak hiyerarşik lineer regresyon analiziyle sınanmıştır. Temel analiz öncesindeyse Tabachnik ve Fidel (2019) tarafından belirtilen hiyerarşik regresyon analizi varsayımları sınanmış ve doğrulanmıştır.

2.4. Çalışmanın Sınırlılıkları

Bu çalışmaya özgü sınırlılıkların ilki, çalışmanın örnekleme yöntemiyle ilgilidir. Çalışmada amaçlı örnekleme yapılmıştır ve bu yöntem rastgele örnekleme

yöntemlerinde olduğu gibi bulguların örneklemden evrene genellenebilmesini sağlamaz. Çalışmanın diğer bir sınırlılığıysa verinin çevrimiçi olarak toplanmasından doğmuştur ve katılımcıların kullanılan ölçeklerin maddelerin anlaşılabilirliğiyle ilgili soruları yanıtlanamamıştır. Son olarak, bu çalışmada kullanılan tüm ölçeklerin öz-bildirim ölçeği olması sebebiyle sosyal-beğenirlik faktörü, verilen yanıtları etkilemiş olabilir.

3. BULGULAR

Hiyerarşik lineer regresyon sonuçlarına göre ilk modelin sınanmasında, cinsiyet kimliğini trans+ şemsiyesi altında deneyimleyen yetişkinlerin kendileri hakkındaki olumsuz bilişlerinin, dünya hakkındaki olumsuz bilişlerinin ve algıladıkları bireysel ayrımcılığın bağımsız olarak travma sonrası stres belirtilerini anlamlı bir şekilde yordadığı gözlenmiştir. Katılımcıların algıladıkları grup ayrımcılığı ve bağımsız değişkenlerin ortak etkilerininse, travma sonrası stres belirtileriyle anlamlı düzeyde ilişkili olmadığı gözlenmiştir. İkinci modelin sınanmasındaysa, kişilerin kendileriyle ilgili olumsuz bilişlerinin ve algıladıkları bireysel ayrımcılığın bağımsız olarak psikolojik iyi oluşlarını anlamlı bir şekilde yordadığı görülmüştür. Algıladıkları grup ayrımcılığı, dünya hakkındaki olumsuz bilişleri ve bağımsız değişkenlerin ortak etkileriye psikolojik iyi oluşlarını anlamlı bir şekilde etkilememiştir.

4. TARTIŞMA

Kendilerine ve gruplarına karşı ayrımcılık algılayan trans+ bireylerin travma sonrası belirtilere sahip olma olasılığı daha yüksektir, ancak kendilerine karşı ayrımcılık algılayanlar daha fazla risk altındadır. Bu sonuçlar Azınlık Stres Modeliyle tutarlıdır (Hendricks & Testa, 2012; Meyer, 2003). Bu bulgular, algılanan grup ayrımcılığının olumsuz ruh sağlığıyla, yalnızca algılanan bireysel ayrımcılıkla birlikte analiz edilmediğinde, cinsel azınlıklar için önemli ölçüde ilişkili olduğunu açıklayan benzer bir çalışmayla da paralellik göstermektedir (McGarrity vd., 2013). Ayrıca, Kişisel/Grup Ayrımcılığı Uyuşmazlığı Teorisine (Ruggiero & Taylor, 1995) paralel olarak, olası bir ayrımcı olaydan sonra ayrımcılığı kişinin kendisinden ziyade ait olunan azınlık grubuna atfetmek, geçici de olsa duyguları düzenleyebilmek için daha yüksek düzeyde benlik saygısı ve kontrol üretir.

Bu çalışmada kendileri ve dünya hakkında daha yüksek olumsuz bilişler geliştirenlerin daha şiddetli travma sonrası stres semptomlarına sahip olduğu gözlenmiştir. Bu bulgu, travma sonrası stres belirtilerinin ortaya çıkmasını normal uyum sürecinin kesintiye uğraması ve “dünya, tamamen tehlikeli” ve “benlik tamamen yetersizdir” gibi iki ana uyumsuz bilişin gelişmesiyle açıklayan Duygusal İşleme Kuramı'nın (Foa vd., 1989) öngörülerini doğrulamaktadır. Mevcut çalışma, algıladıkları cinsiyet kimliğine dayalı ayrımcılığa bilişsel olarak aşırı uyum sağlama yoluyla tepki veren ve şemalarını kendilik ve dünya hakkında uyumsuz olumsuz bilişlere dönüştüren katılımcıların daha şiddetli travma sonrası stres belirtilerine sahip olduğunu göstermektedir.

Bu çalışmada birbirinden bağımsız olarak kendilerine yönelik ayrımcılığı daha yüksek algılayanların, travma sonrası semptomları geliştirme olasılıklarının daha yüksek olduğu ve önemli ölçüde daha yüksek travma sonrası bilişlere sahip olduğu görülmüştür. Bulgulara göre trans+ bireyler hem kendilerini ayrımcılığa maruz kalmış olarak algıarlarsa hem de travma sonrası bilişlere sahip olurlarsa, bu ilişkinin gücü artmayacaktır. Bu çalışmanın bulguları, cisgender LGB katılımcılarla yapılan ve daha yüksek düzeyde heteroseksizm tasvir eden ve travma sonrası bilişlerin artmasının travma sonrası semptomlara ve depresyona yol açtığı çalışmaların sonuçlarıyla örtüşmemektedir (Dworkin vd., 2019; Stahl, 2020). Bununla birlikte, trans+ bireylerin LGBTIQ+ içinde ve dışında daha sık ayrımcılığa uğradığına dair kanıtlar bulunduğundan, cisgenderizm heteroseksizmden daha yapısal ve baskın olabilir (Aparicio-García, 2018; Grant vd., 2011; Reisner vd., 2015). Bu nedenle, trans bireyler, cisgender bireylere kıyasla damgalanmaları üzerinde daha az kontrole ve güce sahip olabilir ve algılanan kontroldeki farklılıklar sonuçları farklılaştırmış olabilir. Ayrıca, travma sonrası bilişler, bireyleri uzun bir sürede kronik travma sonrası stres belirtileri geliştirmeye karşı savunmasız hale getirebilir ve mevcut çalışmanın tasarımı kesitseldir. Bu nedenle Dworkin vd.'nin (2019) boylamsal çalışmasının aksine bireylerin hem kendilerini ayrımcılığa maruz kalmış olarak algılamalarının hem de travma sonrası bilişlere sahip olmalarının onları travma sonrası stres semptomlarına karşı daha kırılgan kılmadığı gözlenmiş olabilir.

Bu çalışmada daha yüksek derecede algılanan bireysel ayrımcılık bildirenlerin, psikolojik iyi oluşlarının daha düşük olduğu görülmüştür. Başar ve Öz (2016) de cinsiyet hoşnutsuzluğu olan Türk katılımcılar arasında, algılanan bireysel ayrımcılığın

psikolojik dayanıklılığı önemli ölçüde etkilediğini, algılanan grup ayrımcılığının etkilemediğini bildirmiştir. Bununla birlikte, mevcut bulgular teorik olarak algılanan bireysel ayrımcılığın düşük evrensel benlik saygısıyla ilişkili olduğunu, algılanan grup ayrımcılığı ve azınlık kimliği benlik saygısının yüksek evrensel benlik saygısıyla ilişkili öne süren Reddedilme-Özgüven Modeli (Bourguignon vd., 2006; Branscombe vd., 1999) ile kısmen tutarlıdır. Ayrıca, psikolojik iyi oluşu yüksek olan kişilerin hem olumsuz hem de olumlu yaşam olaylarını bilinçli bir şekilde fark ettikleri ve bu nedenle olumsuz bir olayla karşılaştıktan sonra duygularını düzenlemek için gerekli çabayı sarf ettikleri bilinmektedir (Prizmić-Larsen, 2019). Benzer şekilde, bu çalışmanın katılımcılarının psikolojik iyi oluş seviyeleri nispeten yüksek olduğundan, olumsuz bir olaydan sonra ortaya çıkan güç duygularını işleme konusunda işlevde bulunabildikleri ve olumsuz olaylardan sonra duygularını düzenlemek için ayrımcılığı aşırı uyma gibi bilişsel süreçlerle birey düzeyinden grup düzeyine indirgemeye ihtiyaç duymadıkları düşünülebilir.

Ayrıca, Türk kültüründe cinsiyet disforisi olan bireylerde psikolojik dayanıklılığı araştıran bir çalışmada, mevcut çalışmaya benzer bir kişisel/grup ayrımcılığı çelişkisi bildirilmiştir (Başar ve Öz, 2016). Türkiye'den elde edilen bulgular arasındaki benzerlik, azınlık kimliği veya bireylerin psikolojik iyi oluşlarını koruyan topluluk bağlılığı açısından Türk kültürü ile ABD ve Belçika'daki LGBTIQ+ topluluğunun dinamikleri arasındaki farklılıklara dair ipucu verebilir (Bourguignon vd., 2006; Branscombe vd., 1999). Türkiye'de, LGBTIQ+ bireyler son zamanlarda topluluk olmaktan alıkonulmaktadır ve bu denli ayrımcı bir ortamda daha yüksek düzeyde içselleştirilmiş transfobiden muzdarip olabilirler, bu da LGBTIQ+ topluluğundan algılanan sosyal desteğin azalmasına neden olabilir (Hendricks & Testa, 2012; Pflum vd., 2015). Bu nedenle, azınlık kimliği, topluluk bağlılığı ve içselleştirilmiş transfobi, algılanan grup ayrımcılığı ve gelişme arasındaki ilişkiyi değiştirebilir.

Bu çalışmada kişinin kendisiyle ilgili olumsuz bilişlerinin bireylerin düşük psikolojik iyi oluşuyla ilişkili olduğunun bulunması ilgili alan yazınla uyumludur. Kendileri hakkında olumsuz bilişler geliştiren bireylerin psikolojik iyi oluşları ve sosyal işlevsellikleri daha düşük olarak raporlanmıştır (Lyons vd., 2020). Bu tür sonuçlar, bireylerin güvenilemez bir dünyada potansiyel olarak travmatik bir olaydan sonra psikolojik travmalarını yönetemediklerini değerlendirdiklerinde bilişlerdeki

değişikliklerin geliştiğini ve mesleki, kişilerarası ve sosyal alanlarda öz-yeterlik algılarına neden olduğunu öne süren literatürle de tutarlıdır (Foa & Rothbaum, 2001).

Bu çalışmada dünya hakkında olumsuz bilişlere sahip olanların, daha düşük psikolojik iyi oluş bildirdiği gözlenmiştir ancak dünya hakkında olumsuz bilişlere sahip olanlar, diğer tüm değişkenler dikkate alındığında, psikolojik iyi oluşla ilişkili değildi. Bu bulgular, Duygusal İşleme Teorisi azalan işlevsellikten travma sonrası bilişlerin sorumlu olduğunu ve çevrelerine ve dünyaya karşı güvenilmez olan bireylerin daha düşük psikolojik iyi oluşa sahip olma eğiliminde olacağını öne sürdüğü için beklenmediktir (Foa et al., 2006). Bu bulgu, kullanılan ölçeğin (PTCI) sınırlılıklarına da işaret edebilir. Orijinal ve Türkçe uyarlama çalışmalarında kişinin kendisine yönelik olumsuz bilişleri alt ölçeğine ilişkin açıklanan varyansı sırasıyla %48.5 ve %39.10 olarak, dünyaya ilişkin olumsuz bilişleri içinse sırasıyla %4 ve %10.02 olarak bildirilmiştir (Foa vd., 1999b; Yağcı-Yetkiner, 2010). Sonraki araştırmalar, dünyayla ilgili olumsuz bilişleri ölçmek daha ayırıcı bir şekilde ölçmek için Dünya Varsayımları Ölçeğini kullanabilir (Janoff-Bulman, 1989).

Psikolojik iyi oluş düzeyleri aynı anda hem ayrımcılığı algılamaktan hem de travma sonrası bilişleri taşımaktan etkilenmemiştir. Bu bulgu beklenmediktir çünkü Duygusal İşleme Kuramı, travmatik bir olaydan sonra psikolojik travmayla başa çıkmada bireylerin profesyonel, sosyal alanlar, kişilerarası ilişkilerinde ve işlevselliklerinde öz-yeterlik algılarını bozan faktörün bilişlerindeki değişikliklerin olduğunu öne sürmüştür. (Foa & Rothbaum, 2001; Foa et al., 2006). Ayrımcılık ve travma sonrası bilişlerin etkileşimi daha önceki çalışmalarda depresyon gibi olumsuz ruh sağlığı değişkenleri üzerinde gözlemlenmiştir (Dworkin vd., 2019; Stahl, 2020). Ek olarak, algılanan kontrol ve etiketin gizlenebilirliğinin ayrımcılık ve psikolojik iyi oluş arasındaki ilişkinin önemli göstergeleri olduğuna dair kanıtlar vardır (Schmitt vd., 2014). Bununla bağlantılı olarak, ayrımcılığın ve travma sonrası bilişlerin etkileşim etkisini ele alan önceki çalışmalar, cisgender katılımcılar arasında cinsel yönelimle ilgili damgalamalara odaklanmıştı. Bu çalışmanın katılımcılarıysa, doğumda atanan cinsiyetleriyle örtüşmeyen bir cinsiyet kimliği deneyimine sahip olan ve cinsiyet kimlikleriyle hem uyumlu hem de uyumsuz cinsiyet ifadesine sahip olabilen trans+ şemsiyesi altındaki bireylerdir. Mevcut çalışmada, cinsiyet ifadesinin cinsiyet kimliğiyle uyumu, görünürlük, dışlanma ve damgalama üzerindeki algılanan kontrol

gibi deęişkenler kontrol edilmemiştir. Bu nedenle de damgalanma ve ayrımcılık üzerinde algılanan kontrolün daha düşük olması ihtimali, algılanan ayrımcılık ve travma sonrası bilişlerin etkileşiminin psikolojik iyi oluşu anlamlı bir şekilde yordamamasının bir nedeni olabilir.

4.1. Öneriler

Psikolojik danışmanlar, cinsiyet kimliklerine dayalı ayrımcılık algılayan trans+ bireylerin travma sonrası bilişlerini, özellikle de kişinin kendisi hakkındaki olumsuz bilişlerini, yapılandırmacı kuramları (Foa vd., 1989; McCann & Pearlman, 2015) kullanarak ele alabilirler. Bu doğrultuda vaka kavramsallaştırabilir, müdahale planı oluşturabilir ve müdahale edebilirler. Psikolojik danışmanlar, algılanan cinsiyet kimliği temelli ayrımcılığa verilen ve benlik saygısını korumaya yarayan ancak uzun vadede ruh sağlığını olumsuz etkileyen travmatik tepkileri değerlendirebilirler. Bahsedilen aşırı uyum(overaccomodation) süreci, normal duygusal işlemlemeyi kesintiye uğratarak uzun vadede benlik ve dünya hakkında olumsuz bilişlerden sorumludur (Resick & Schike, 1992). Bu aşırı uyum sürecini normal bilişsel süreçlerle değiştirmek için travmatik olayla ilgili doğal duygulara erişilmelidir (Cahill vd., 2009). Bu nedenle, psikolojik danışmanlar danışanlarını cinsiyet kimliği temelli ayrımcılığı algıladıktan sonra ortaya çıkan kişinin kendisi hakkındaki ve dünya hakkındaki olumsuz bilişlere, güvenlik, özerklik, kontrol ve yakınlık hakkında olumsuz aşırı genellemelere müdahale etmek için eğitebilirler. Ayrıca psikolojik danışmanlar, normal duygusal işlemlemeyi etkinleştirmek ve sağlıklı bilişsel işlemlemeye yer açmak için danışanlarını cinsiyet kimliği temelli ayrımcılık hakkındaki duygularını ifade etmeye teşvik edecek duygusal müdahaleler tasarlamalıdır (Cahill vd., 2009).

Bu çalışmanın katılımcıları çoğunlukla üniversite öğrencileridir. Bu nedenle, üniversitelerin psikolojik danışma merkezleri baskı altındaki trans+ öğrencileri güçlendirmek için ayrımcılığın olası travmatik etkileriyle ilgili psikolojik danışman eğitimi, bireysel ve grup psikolojik danışması süreçleri ve yaygın bilgilendirme programları planlamalıdır ancak bu tür çabalar kültürel duyarlılığı garanti etmelidir. ACA Etik Kuralları (Amerikan Psikolojik Danışma Derneği, 2014) ve Türk Psikolojik Danışma ve Rehberlik Derneği (2018), bireysel ve kültürel çeşitliliğe duyarlı olmanın

psikolojik danışmanlar için etik bir sorumluluk olduğunu vurgulamıştır. Bu nedenle, kültüre duyarlı hizmet sunabilmek için, özellikle cinsiyet çoğunluğundan olan psikolojik danışmanlar, çaba göstermeli ve Türkiye'de baskı altındaki trans+ topluluğuna ilişkin tutum, bilgi ve becerileri konusunda eğitim almalıdır. Psikolojik danışman adaylarının kültürel yeterliliklerini artırmak ve mesleki yaşamlarında ayrımcılığın yeniden üretilmesini önlemek için psikolojik danışman eğitimi müfredatına cinsiyet kimliği çeşitliliği, damgalama, ayrımcılık ve savunuculuk konularında eğitimler eklenmelidir. Ayrıca üniversiteler, etkili ve erişilebilir bir raporlama mekanizması oluşturarak kampüs ve eğitim ortamlarındaki cinsiyet kimliği temelli ayrımcılığı önlemek ve müdahale etmek için sıfır tolerans politikası uygulamalıdır. Psikolojik danışmanlar, trans+ bireyleri kendi haklarını savunmak için beceri kazanmaları, planlar yapmaları ve harekete geçmeleri konusunda desteklemelidirler. Psikolojik danışmanlar, etkin iletişim ve araştırma becerilerini kullanarak Türkiye'de trans+ bireylerin hak savunuculuğunu amaç edinen kurum ve sivil toplum kuruluşlarıyla işbirliği yaparak farkındalık yaratmalı ve stratejiler geliştirmelidir.

Cinsiyet kimliği ayrımcılığının ruh sağlığı ve iyi oluş üzerindeki etkilerini konu edinecek çalışmalar, travma sonrası bilişlerin aracı rolünü daha karmaşık modeller ve çeşitli karıştırıcı değişkenleri hesaba katarak keşfedebilir. Bu karıştırıcı değişkenler cinsiyet ifadesinin cinsiyet kimliğiyle uyumu, görünürlük, damgalanma üzerinde algılanan kontrol, cinsiyet ifadesi, cinsel yönelim ve toplumsal cinsiyet rolleri olabilir. Bu çalışma kesitsel bir araştırma deseni kullanılarak yürütülmüştür ancak travma sonrası bilişlerin travma sonrası stres semptomlarının sürdürülmesinden de sorumlu olduğu bilinmektedir. Dolayısıyla boylamsal araştırmalar, süregelen cinsiyet kimliği ayrımcılığının travma sonrası bilişler üzerindeki etkisini ve bu tür bilişlerin kronik travma sonrası stres belirtilerindeki rolünü daha iyi tespit edebilir. Mevcut çalışmanın katılımcıları çoğunlukla üniversite öğrencileri ve beliren yetişkinlerdir ancak cinsiyet kimliğine dayalı ayrımcılığın yaygınlığı nesiller ve bağlamlar arasında değişebilir. Ayrıca bireylerin kaynakları yaşlarına, ekonomik durumlarına, eğitim seviyelerine ve istihdam durumlarına bağlı olabilir. Bu nedenle, sonraki araştırmalar, bulguların genellenebilirliğini artırmak için farklı demografik, çevresel ve kültürel arka planlardan katılımcılara ulaşmak için rastgele örnekleme yöntemlerini kullanabilir.

Mevcut çalışma nicel bir araştırma olmasına rağmen cinsiyet kimliği deneyimlerini bir şemsiye kavram içinde kavramsallaştırarak ve alt grup sınıflamalarından kaçınarak cinsiyet kimliği deneyimleri spektrumunu nispeten tanımıştır. Ne var ki cinsel kimlik ve cinsellik herkes için tek bir nesnel gerçek olarak tanımlanamaz ve cinsiyet kimliği deneyimlerini cisgender veya transgender olarak kavramsallaştırmak, kaçınılmaz olarak bireylerin deneyimleri ve yaşamları arasında ortaklıklar olduğunu varsayar (Warner, 2004). Bu nedenle, baskı altında çeşitli cinsiyet kimliklerini deneyimleyen bireylerin biricik deneyimleri, araştırmacıların bilgi üretmedeki rolünü ele alabilmek ve bireyler arasındaki ortaklık varsayımına ilişkin önyargıları önlemek amacıyla nitel araştırma desenleri ve kuir metodolojiler kullanılarak daha derinlemesine araştırılabilir.



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