THE IMPACT OF MICROAGGRESSIONS ON TRANSGENDER

IDENTITY DEFENSE-RELATED EMOTIONS (TIDE) AND THE

EMOTIONAL STATUS, DESIRE FOR SOCIETAL

ENGAGEMENT, AND PARTICIPATION IN SUICIDE-RELATED

BEHAVIORS IN TRANSGENDER PEOPLE

by

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A DISSERTATION

Presented for the School of Journalism and
Communication and the Graduate School of the
University of Oregon
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

June 2019

DISSERTATION APPROVAL PAGE

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Title: "The Impact of Microaggressions on Transgender Identity Defense-related Emotions (TIDE) and the Emotional Status, Desire for Societal Engagement, and Participation in Suicide-related Behaviors Among Transgender People"

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Doctor of Philosophy

School of Journalism and Communication

June 2019

Title: "The Impact of Microaggressions on Transgender Identity Defense-related Emotions on the Emotional Status, Desire for Societal Engagement, and Participation in Suicide-related Behaviors in Transgender People"

Most transgender people face microaggressions on a regular, even daily basis, causing an impact on the mental health of the person being aggressed against. Though research about these microaggressive impacts has increased in recent years, it still falls behind that conducted into other groups within the LGBTQ spectrum. In particular, it has failed to examine the damage done by microaggressions that deny a transgender person not only their identity, but their categorical existence. More, that research has largely failed to differentiate between proximal, interpersonal microaggressions and more distal, media-based microaggressions. Accordingly, this dissertation explores how both interpersonal and media-based microaggressions, particularly those that serve to deny a transgender person their identity, impact the emotional well-being of transgender people, including their willingness to societally engage and their likelihood of engaging in suicide-related behaviors. This research began with a nationwide Likert-style survey of 225 transgender people about identity-denying microaggressions in their daily life, allowing respondents to be scored from 1 to 7, with higher scaled scores indicating higher emotional impacts from identity-denying microaggressions. In-person follow-up

interviews with 66 survey respondents were conducted across the United States to facilitate understanding why they responded the way to they do to the regular microaggressive incidents in their life. The survey data and the interviews reveal that the vast majority of transgender people do experience transgender identity defense-related emotions (TIDE). A new construct under the minority stress umbrella, those transgender people with higher scaled scores – TIDE scores – were found to have higher rates of societal disengagement, emotional withdrawal and engagement in suicide-related behaviors. Further, media-based microaggressions were, on average, more emotionally damaging than the same microaggressions occurring interpersonally.

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Orientation and Gender Diversity*.

ACKNOWLEDGEMENTS

Sincere thanks goes to Dean Mundy (Ph.D.), who is my committee chair, advisor, and mentor. I wish to also acknowledge my other four committee members: Ed Madison, who guided my first three years in this school, and to whom I will always be grateful for his role in helping me gain acceptance to the SOJC; Julianne Newton (Ph.D.) whose care and kindness let me know I was valued; John Seely (Ph.D.) who was exactly who I needed to find to continue my work; and Yvette Alex-Assensoh (Ph.D.) who wears many hats – every one of which I have found valuable.

I also wish to acknowledge Pat Curtin (Ph.D.) whose door was open literally – yes, that word is accurate – every time I desperately needed her. Nicholas J. Parr, more than just a co-author on my research, for helping me show that sometimes numbers are the best way to tell a story. And finally, Sophia Hutchins, Caitlyn Jenner, and Alan Nierob who encouraged me and ultimately enabled me to chase my dreams that started long before this dissertation.

To my family:

Those who chose to inspire me before they knew me: My grandmother, Alpha Day.

Those who chose me: My parents, Bart & Mary Howe

Those who were chosen with me: My brother & sister-in-law, Jason & Robin Howe.

Those who I chose: Elaine Pruett & Tara Boggs.

And most especially the only person who will forever be all four:

My daughter, Nola Victoria Longueira.

Thank you being patient with me.

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PART I: INTRODUCTION

Aurora and Joel work for the school system in Spokane, Washington. They are both transgender. A few years ago, their respective schools had a discussion on whether or not to adopt the book *George* (Gino, 2015) as part of the school's curriculum. A novel about a young transgender girl, it has been nominated for and won numerous awards. Owing to its discussion of transgender identities, it was also highly controversial – it was one of the 10 Most Challenged Books of both 2016 and 2017. In two different staff meetings in two different schools, Aurora and Joel found themselves with an opportunity to educate others about their identity – yet both refused to do so. Both said the book should not be part of their school's curriculum. For Aurora it was about fear:

> "People don't know I'm trans, and I don't want them to even start thinking
> about it. I want the topic to go away as fast as possible. So when they
> asked my opinion (of the book), I just said 'I don't know. I think that
> would just be tough because it's a hard topic,' and I just kind of tried to
> slip it off. Because I know that if they decide to read it, then trans things
> are going to be talked about for a while at school. It's not going to be a
> one-time thing; it's an ongoing thing."

Aurora said that while keeping her true thoughts and ideas hidden used to bother her, it did not anymore. For one thing, whatever desire she might have had to advocate for transgender people was completely overwhelmed by her fear of losing her job. Only her closest family and friends knew she was transgender. She wrestled with her lack of

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advocacy for herself, but had come to accept it. She knew that other members of the transgender community would speak up where others did not.

> "I've been watching trans groups for a long time, and the majority of the people said they are out and proud and anytime they can talk about it they will. So I'm just, like, 'Oh, OK. They're gonna do it.*"*

She could be referring to Joel; he's a member of different transgender groups and largely open to everyone he knows – everywhere except work. On staff at a different elementary school, he also saw advocacy within his workplace as the first step to outing himself. Worse, he felt without qualification that he should be advocating for his community.

> "People talked about *George* and I had to distance myself. You know, pretend I'm not part of it. I know that's wrong when I say it right? But then I jump back again. Because I feel like if I even bring any sort of attention that I understand the LGBT community, they're going to say, 'Oooohhh' – and then you're trapped. It really hurts. I feel powerless and don't know what I should do. So I just get really quiet and upset but honestly feel like I cannot do anything."

These stories, these lives, these very real fears drive the core questions that guided this dissertation. They are stories that need to be told and fears that need to be understood. The questions that guided this study explore the transgender experience and transgender identity. The findings result from a survey that reached 225 people, complemented by 66 in-depth interviews. The belief is that the core takeaways shed light on an underexplored, but vulnerable population.

After all, one in five transgender people have reported having ever attempted suicide, a number six times that of the American population at large (Herman, Wilson, & Becker, 2017). Some studies place the number of transgender people who attempt suicide as high as two in five (Haas, Rodgers, & Herman, 2014). Even those who survive such behaviors can lead a problematic life: After a suicide-related behavior, the reality is one-third of transgender people live with a lifetime of suicidal thoughts, a number triple that of the mainstream population.

Simply put, there is a gap in our understanding of transgender people and why they commit suicide at rates beyond even those of other LGBT people (USHHS, 1989). There is no one answer, but as both theoretical and criterion-based evidence makes clear, there is a unique form of identity denial that affects transgender people. A form of identity denial that not only denies people equality, but also denies them actual existence in terms of the perceptions of others.

Consider the example provided by the Kansas Republican Party platform, which opposes validation of transgender identity. They believe gender a matter determined by God; any thoughts to the contrary lead only to painful, broken lives (Shorman & Woodall, 2018). The Kansas GOP is not alone; many dismiss transgenderism as a mental illness or transgender persons as simply – or dangerously – trying to deceive others. Even those who purportedly support the transgender community often need transgender people to prove their "realness." Transgender people need the approval of the mental health community to get medical services to combat body dysphoria, which, ironically, only serves to reinforce a stereotypical transgender narrative: that demands that transgender people "prove" they are who they claim to be are justified and valid. This narrative

results in even those who seek to support transgender people often wanting to see a list of medicines taken and surgeries performed, even though most transgender people do not desire medical intervention (Beemyn, 2011). From doctors to media personalities to politicians, the narrative of transgender people as inauthentic permeates the current socio-political media climate. That this might lead transgender people to suicidal behaviors is a hypothesis worthy of investigation.

Another gap in the current research regards the interactive role between emotions and apathy. They are not typically considered part of the same construct, but some tangential research suggests that one could be an offshoot of the other. None of this research, however, definitively explains the nature of that relationship, particularly as it might relate to the effects of transgender identity defense. Take for instance extreme negative emotions: Do they precipitate apathy? Or does one not have to reach a state of anger to feel a sense of apathy about the actions of another? Also: Do people move back and forth between the two constructs? If so, what precipitates that movement? Research does not address this for the population at large nor for transgender people in particular. If there is a defined relationship between negative emotions and apathy, how might that relationship play a role in suicide-related behaviors for transgender people? Does one need to feel a sense of internal turbulence within apathy to ideate suicide? Or is even an internally calm state of apathy enough to move one closer to making that choice? The relationship between negative emotions, apathy, and suicide-related behavior in transgender people is poorly understood. This dissertation aims to clarify that relationship.

To that end, the explorations included in this dissertation did not begin from scratch. A pilot study performed in spring 2018 provided a baseline understanding of the emotions related to transgender identity and therefore informed this dissertation's theoretical underpinnings and method. The pilot study raised the central questions guiding this dissertation: What is the relationship between negative emotions and apathy, and how are those factors linked to suicide-related behaviors?

This dissertation examined two issues: how negative emotions and states of apathy arise when transgender people feel the existence of their identity as the person they know themselves to be has been denied; and how those heightened states of negative emotions and apathy may link to suicidal behaviors. From a theoretical perspective, the dissertation examined core communication theories that address these issues as they relate to mass media and interpersonal communication: Media Theory (Ingo, 2002) and Symbolic Interaction Theory (Hausman, 2001). Transgender Theory will also be addressed as a means to explain the larger societal context in which most transgender people live. Three theories were important to the theoretical foundation of this dissertation: Self-verification Theory, Microaggression Theory, and the Interpersonal Theory of Suicide. Self-verification Theory (Swann, 1983) illustrates the means by which individuals verify their identity, including identification within a category, as well the assumptions society holds about that identity. Microaggression Theory (Nadal, 2014; Sue, 2010) is a way of understanding brief, everyday incidents of discrimination. The Interpersonal Theory of Suicide (Joiner, 2007) attempts to explain why people engage in suicide-related behaviors.

These theories have been well noted in transgender scholarship, but the relationship between them has not yet been explored. This dissertation sought to explore that relationship by (1) determining the possibility of a new framework that draws from these theories, (2) informing what we know of the construct of transgender identity, and (3) developing a measurement of that construct. The research process involved a two-stage mixed method study. The first part of the study was driven by a newly developed Likert-style survey of the LGBTQ community conducted during summer 2018 to identify persons with varying levels of negative reaction to identity denial. In fall 2018, I conducted a series of one-on-one interviews with five different people in five distinct geographic areas representing low, middle, and high levels of negative emotions and/or apathy, as measured by the new scale. Each set of the five people interviewed represented five different geographic areas of the country, their totality representing a cross section of demographic diversity in terms of age, education, and income. These interviews provided this study's "how" and "why" in regards to transgender suicide, all of it building from the "what" as isolated by the Likert-style survey.

The feeling among transgender people that their very existence is denied on a regular basis is a problem. This dissertation began by examining the effects of living with identity denial, both those brought on by real-life interactions and those based in media. The resultant feelings of identity denial related to being transgender create a form of thwarted societal belongingness unique to transgender people and lead to a greater possibility for ideation of and/or actual self-harm for transgender people. This dissertation provided both a theoretical and practical understanding of a gap in the extant transgender scholarship: the link between transgender identity defense-related emotions,

apathy, and suicidal constructs. From a theoretical standpoint, it added to the scholarly

knowledge about identity as well as further defined and explained how we engage in

identity-based studies. Accordingly, and perhaps more importantly, in terms of praxis,

this research provided a tool to help predict which transgender people are at greatest risk

to themselves in terms of suicidal ideation and suicide attempts.

PART II: LITERATURE REVIEW

The following literature review comprises seven sections. First is a review of the key terminology that guides this study. Equipped with that terminology, the second section of the literature review turns to the experiences of transgender individuals using Symbolic Interaction Theory to help explain their everyday personal encounters with the larger, cisgender world. Third, transgender depictions in media are covered within the context of Media Theory, with particular focus on the most recent decade. Fourth, I review the constructs of suicide and how those relate to transgender people. Fifth, theories relevant to the stressors involved in experiencing the denial of one's transgender identity – Microaggression Theory and Self-verification Theory – are examined, both independently as well as how they interact in explaining transgender experiences. Sixth, I discuss how the concepts of thwarted belongingness, psychache (emotional or psychological pain), and identity non-affirmation interact to play a role in understanding suicidal behaviors. Seventh, all of these – microaggressions from others, a lack of self-verification, and the constructs of suicidal behaviors – are examined in terms of how they interact with one another to provide one possible explanation for the high rate of transgender suicide. Finally, an explanation of the hypotheses and research questions this dissertation sought to explore – and answer – is provided.

Terminology: Vocabulary and Guiding Theories

Several core terms guide this study. The following section outlines the basic vocabulary that underlies this dissertation: transgender, identity, and microaggressions. Second, this section explains the three guiding theories referred to throughout the dissertation: Microaggression Theory, Self-verification Theory, and the Interpersonal

Theory of Suicide. Doing so provides a framework through which it will be possible to examine the theoretical foundations and the research questions that guide this study.

Vocabulary

Transgender

At birth, a child's sex is assigned based on its genitalia, a gender label that has historically been seen as fixed and unchanging (Beemyn & Rankin, 2011; Herman, 2009). Some people, however, eventually realize that their gender identity and expression – how they feel and act – is incongruous with the gender they were assigned at birth. These people are known as *transgender*, a word whose first known use for such persons dates to 1965 as a proposed replacement for transsexualism (Oliven, 1965). A decade-and-a-half later, Christine Jorgensen, considered the most famous transgender woman of the late 20th century, made it known that she, too, preferred transgender to transsexual (Williams, 2014). By the time another 15 years had passed, in the mid-90s, transgender had become the preferred term for all types of gender-variant individuals (Stryker & Aren, 2013). Then, as now, transgender people regularly had their manifestations of gender – including identity, expression, and role behavior – confused by others (Herman, 2009). Transgender persons, as well as non-binary persons – those expressing a neither male nor female identity – may self-identify as gay, lesbian, bisexual, heterosexual, or asexual, as sexual orientation is not related to gender identity (Beemyn & Rankin, 2011).

Identity

The concept of *identity* – regardless if the person is transgender or not – is rooted in our most foundational sense of self. That said, it is not always a simple concept to understand. At its most basic, identity refers to how one sees themselves in the past,

present, and future (Weinrich, 1986a). At the dawn of the 19th century, the idea that we only become conscious of ourselves by virtue of encountering others took hold (Pippin, 1989). This Hegelian theory of self is rooted in conflict and domination and has been rejected by some over time, including by scholars who posited that identity is socially constructed (Heidegger, 2002). In a social construction view of identity, identity is built as people encounter their world and eventually choose from everything to which they have been exposed in order to develop a concrete sense self. In this view, no one ever really gets away from preconceived notions of what they should be, no matter how strong their notions of who they believe themselves to be. Like Heidegger, Friedrich Nietzsche (2010) saw identity as a set of interactive components inside a person. Though both Heidegger and Nietzsche rejected much of Hegel's concept of identity, one component of it remains relevant today: conflict. In an examination of the 1994 Rwandan conflict, study author Paul James wrote: "The implicit and lived categories of identity that lie behind these questions have had alternatively glorious and vexatious, and sometimes even terrifying consequences across modern history… (they) are the basis of human life and crucial to living with others across the complex boundaries of difference" (2015, p. 174).

In the 1970s Henri Tajfel and John Turner formulated Social Identity Theory, the idea that all people have a social identity (Tajfel, 1970). They theorized that every person's self-concept originates in their perceived membership in a pertinent and at times even powerful social group. Social Identity Theory was developmental to serve as a means of explaining intergroup behavior, but there is room within the theory for the processes of identity as they refer to the individual (Stets & Burke, 2000), including how

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individual identities are activated, as well as the individual motivations that each person

has based on their identity. For the purposes of this research, identity at both the personal

and societal level are related to self-verification, the process of seeking to assert one's

identity (Stets & Burke, 2000), including how one identifies with a category, the

associations society makes with that identity, and how the two interact. When this

relationship is discordant, stress occurs for those displaying the divergent identity and a

lack of self-verification may occur (Swann, 1987).

Microaggressions

That threat to one's ability to self-verify can in part be the result of

microaggressions, behaviors that people within diverse groups face every day in the

workplace and schools, as well as from media and community in general, making them

the victims of "communicated insensitivity, incivility, and animosity through nonverbal

and verbal means of communication" (Chang & Chung, 2015, p. 219; Sue, 2010). The

term microaggression was first used in a study of African-Americans and were defined

as "subtle, stunning, often automatic, and non-verbal exchanges" whose intent was to

degrade the person they were directed against (Pierce, Carew, Pierce-Gonzalez, &

Willis, 1978, p. 66).

The term microaggression derives from the smallness of the actions that occur.

They are subtle and often nonverbal, at times unintentional, and usually unnoticed by

those that commit them. That they often occur as jokes means they are easily dismissed

or interpreted as harmless (Sue et al., 2007). Nevertheless, they can be highly

demeaning and damaging, as they negate and exclude the feelings, identity, and

experiences of the target individual, (Sue et al., 2007).

Suicide and Suicidal Ideation

The ultimate form of self-damage is *suicide*. Though the term suicide is widely understood as the act of taking one's own life, for the purposes this of research it is broken up into a subset of behaviors and intent. Suicidal ideation is thinking about killing oneself, while suicide attempts involve engaging in a behavior with the intention of dying while not actually succeeding in taking one's own life (Chu et al., 2017). These may also be known as non-lethal suicide attempts, which from a motivational standpoint are seen as the same as lethal attempts. Accordingly, the term suicide is used only when the attempt results in death (Van Orden, 2010).

Suicidal ideation does not necessarily lead to an actual suicide attempt, but this does not mean that the independent effects of suicidal ideation should be disregarded. Greater levels of emotional distress and a poorer quality of life in regards to overall health have been found among those who experience suicidal ideation as compared to those who do not (Kalichman et al., 2000). Also, suicidal ideation has been linked to an increased inability to feel pleasure, hopelessness, mood swings, and imperiled interpersonal relationships. Impeded levels of interpersonal, occupational, and social function may result as well (Gliatto & Rai, 1999).

The concepts of transgender, identity, microaggressions, suicide, and suicidal ideation span a wide range of human and academic endeavor. As such, they provide a broad and multi-disciplinary means for the studies in this dissertation. The real-life and media-based microaggressions, the need for self-verification, the way the constructs of suicide come together in a lethal attempt on one's life (or ideating one): all of these are based on psycho-social theories. Each of them, however – Microaggression Theory,

Self-verification Theory, and the Interpersonal Theory of Suicide – integrate in a unique and as-yet uninvestigated way to explain how emotions related to the defense of one's existence as a transgender person could lead to suicide-related behaviors. An explanation of that integration follows the explanation of each individual theory.

Guiding Theories

Microaggression Theory

Numerous studies validate Microaggression Theory, an inclusive means of modeling how contemporary discrimination in the United States and elsewhere in the world manifests (Sue, 2010). The theory holds that members of marginalized peoples experience microaggressions in a wide variety of places, be it within the general community at large, such as schools and the workplace, or even larger, less immediately physically proximal domains, such as in media. These microaggressions have a net-negative effect on the mental health and well-being of the person they are enacted against (Sue et al., 2007). It is within this framework that the continued questioning and denial of transgender people's authenticity as the people they know themselves to be – including the denial of identity, labeling as mentally disordered, and the objectification of a trans-person's genitals as proof of their self-identified gender – could all be considered microaggressions. It is not uncommon for a transgender person to experience one of a dozen different identified types of microaggressions daily (Nadal, Davidoff, Davis & Wong, 2014).

What defines a transgender identity-related microaggression? Queer studies-based transgender theory points to an answer. Queer Theory begins with the belief that "heterosexist dominance fosters microaggressions toward sexual and gender-

transgressive minorities" (Smith et al., 2012, p. 385) and notes that even those with the best of intentions towards transgender people engage in the language of gender-identity affirmation. Transgender theory, a companion to Queer Theory, includes an emphasis on physical embodiment as an important socially constructed aspect of transgender identity (Nagoshi, 2010).

This emphasis on language and physical embodiment provide an ideal lens through which to consider how certain microaggressions correspond to transgender identity defense. A taxonomy of transgender microaggressions found four of the microaggressions related directly to the denial of identity as delineated above: having one's gender publicly questioned, having one's transgender identity denied, being identified as psychologically abnormal, and being subject to statements and behaviors that objectify a transgender person's body based on their genitals (Nadal et al., 2010).

Two cautions: First, many of these aggressions would be considered by some transgender targets as macroaggressions. Where that line is drawn is likely different for each transgender person, something this research attempted to quantify. Second: Queer-based transgender theory is somewhat limited by the relatively short amount of time it has been studied; such studies date from only the late 1990s (Hausman, 2001). Enormous changes in pop culture and the means by which people engage with media have created an avalanche of information and images that would have been unimaginable 20 years ago. How this new wave of information will affect the various models of identity formation remains to be seen (Meyer & Northridge, 2007).

Of relevance to the ideas explored in this dissertation are media communications that convey insensitivity and rudeness for the purposes of demeaning a person's identity

(Allen & Frisby, 2017). A study that examined media-based microaggressions in the coverage of female athletes participating in the last two Summer Olympic Games (Allen & Frisby, 2017) provides a referent for examining microaggressions that transgender people may see and feel conveyed in media, as no research studies currently exist on media-based microaggressions toward transgender people. Despite the differences between female athletes and transgender people, there are commonalities: restrictive concepts of gender were applied to members of the group, as well as a focus on the physical form of the person in question (Allen & Frisby, 2017). Perhaps most important was the overarching theme of the paper: that microaggressions are not limited to discourse between two individuals. The subjects of broadcast and written media discourse may also be the subjects of microaggressions. Further, the study made clear that despite the non-personal quality of media-based microaggressions, "feelings of inferiority, body dysmorphia, and other negative effects (result from) exposure to micro aggressions and mass media" (Allen & Frisby, 2017, p. 2). Interpreted through the lens of cultivation theory, which argues that media depiction leads to the development and accelerated dispersion of concepts and opinions within heretofore uninformed viewers, these media-embedded microaggressions have a dual impact. They not only affect the viewer who is being aggressed against, they also develop further negative feelings in formerly non-aligned viewers (Arendy, 2010). As a result, it may be that transgender people perceive the negative influence media has on society in regards to transgender issues and their own lives as far more damaging than the interpersonal microaggressions they experience daily.

Despite the smallness the prefix "micro" implies, the immediate and

compounding effect of these real-life and media-based microaggressions is significant, as

they affect both the mental and physical health of the targeted group (Sue, 2010). The

victim feeling misunderstood, betrayed, hopeless, and angry are just some of the long-

term consequences of the exposure to repeated microaggressions (Nadal et al., 2014). It is

thought that this ongoing stigma may be behind the exceptional rates of depression,

substance abuse, and suicidal attempts and ideation in the transgender community

(Clements-Nolle, Marx, Guzman, & Katz, 2001).

It is be tempting to divide the mistreatment of transgender people into two distinct

spheres: the world of media – be it old or new, particularly social media – and the actual,

tangible world in which people engage, with the latter being the more dangerous. In truth,

both spheres cause harm to transgender people. No one would argue seeing a transgender

person inappropriately questioned on network television is the same as being physically

assaulted in a hate crime. However, today's media create a climate in which it is easier

for people to rationalize everything from micro-level discrimination to homicidal

violence against transgender people.

The evidence in support of Microaggression Theory does not mean it has been

embraced by the entirety of the academic community. Some researchers are hostile to the

idea, as the title of one paper, *The Pseudo-Science of Microaggressions* (Nagai, 2017),

demonstrates. The paper argued that the evidence in support of Microaggression Theory

is negligible – if it exists at all. "Cruel statements, wrong words, routine insensitivities,

and degrading silences" are just some of the everyday slights that Nagai sees as put forth

by academics with no real basis in credible research (p 47). Others are more specific,

arguing that an assumption of negativity and implicit prejudice on the part of researchers,

a lack of scientific clarity, and little, if any, credible links to fields of psychological practice render microaggression theory underdeveloped and devoid of real-world use (Lillenfeld, 2017).

The critiques of Microaggression Theory vary. Inherent in many of them, however, is the "subjective responses to ephemeral circumstances" inherent in all microaggressions research (Ioannone, 2017, p. 9). The argument is that it is difficult to distinguish when genuine aggression is occurring and when it is just in the aggrieved person's mind when the key components of the research are easily influenced by individual's feelings and/or opinion. Criticisms have pointed out the lack of scientific support for using a theory to validate a person's perceptions; facts are facts and perceptions are not (Harris, 2008). In this critique, research on microaggressions forms a circular form of validation, one that automatically confirms rather than critically examines the biases and self-interests that may be present in both researchers and subjects (Harris, 2008). A further critique is that microaggressions may have different meanings to different, though demographically similar, people (Parente & Kaplin, 2017). Two researchers may see similar things differently, just as two respondents in a certain situation might. Perhaps most critically to microaggression-related research, two demographically similar people can have incredibly different perceptions of the same action. Two people, in part because past experiences affect interpretations of present events, can experience the same thing and yet argue about whether or not a microaggression happened to them (Parente & Kaplin, 2017). Mental and physical health, personality traits, and culture are some of the major influencers of how individuals might perceive the behavior of another (Parente & Kaplin, 2017). Finally, another provocatively

titled paper – *Macrononsense in Multiculturalism* –took a critical stance toward

Microaggression Theory, arguing that the microaggressions cited might not be examples

of animus at all, but just the normal indignities faced by all people (Thomas, 2008).

Conservatives who find liberal bumper-stickers annoying was cited as an example of a

normal indignity. Criticism of Microaggression also suggests that focusing on the

negative gains little, when researchers could instead focus on potential solutions

(Thomas, 2008).

A response to these criticisms lies in research that isolates the moment negative

reactions onset in targets of microaggressions. Research into the "moment of aggression"

has been established as the "smallest unit of analysis where a clearly discernible act of

microaggression takes place" (Dover, 2016, p. 581). This is critical, as it allows careful

examination of the activation of internal mechanisms within the psyche of each person

(Sue, 2010). This dissertation will explore specifially the mechanisms within transgender

people that are activated when they feel directed oppression as a result of the mechanistic

dehumanization that results from having their identity denied (Cudd, 2006; Dover, 2016).

These reactive emotions need not be instantaneous; they may follow in the minutes,

hours, or days after whatever immediate feelings may have resulted. The feelings one

experiences in reaction to a microaggression can evolve over time, perhaps as a result of

an accumulation or repetition of experiences (Dover, 2016).

Regardless of time of onset, the psychological mechanisms at play result in core,

reactive emotions that begin the moment the transgender person feels their identity

denied. What is not as clear is how each transgender person may react to a certain

microaggression – and not just because what is microaggressive to one person is not to

another (Sue, Capodilupo, & Holder, 2008). Rather, even for two different transgender persons who both have high levels of negative reactions, the nature of the emotions each one experiences may be different. Evidence for the existence of these differing types of negative emotional reactions as related to microaggressions involving a denial of transgender identity came from the pilot study that preceded this dissertation. Though the breadth of expression was wide, no information was sought – and therefore none gained – on how and why these differences occur. Accordingly, the questions posed in this dissertation require substantial research: First, how do these negative emotions to affect transgender people's willingness to engage with others? Second, how do transgender people navigate and understand shifts in emotions on a daily basis both independently and interpersonally; why does one microaggression affect them intensely while another does not?

Microaggression Theory serves as an ideal means of examining the negative emotions and states of apathy that can result from the intentional and unintentional acts of others. Although there may be debate about the intent of a behavior, the differing way two similar people interpret that behavior, and the way in which they emotionally process it, it is possible to study the way transgender people experience the actions of others. As it is their perceptions of a behavior that may be causing them to experience negative emotions, states of apathy, and even suicide-related behaviors, neither the intent of those behaviors nor the reactions of someone similar to them are relevant. When it comes to the validation of transgender people, the only thing that matters is that many transgender people are finding themselves unable to – even within themselves – verify that they are who they know themselves to be.

Within the context of the theories discussed earlier, Microaggression Theory interacts in a variety of ways. Viewed through the lens of transgender theory, microaggressions, specifically ones that key in on the physical aspects of transgender identity, are a regular part of the discourse between transgender people and a cisgender-dominated society. As Symbolic Interaction Theory posits, transgender people must deal everyday with a symbolically cisgender society, one where symbols that could be neutral in terms of gender are automatically presumed to be cisgender in nature. These symbols are created in large part by media, where many of the microaggressions that transgender people experience manifest themselves. Whether displayed as an oddity, medically compromised, mentally ill, or even a danger to others, transgender people are exposed to microaggressions everyday. Media jeopardize not only transgender people's emotional states, but also create and foster development of a society that produces more identity-denying microaggressions. This sense of otherness, of being apart from normal society, can result in thwarted belongingness, an emotional condition that may build as more and more microaggressions leave transgender people feeling both their personal community and larger world reject them by refusing to accept their gender nonconformity. These microaggressions, beyond just feelings of rejection, produce psychache, actual emotional or psychological pain, as repeated exposure to them ultimately produces identity non-affirmation. For while "micro" may imply small, the reality for transgender people is that repeated exposure to these aggressions may ultimately lead to lack of ability to verify their own identity, largely because they have not had their identity acknowledged and accepted by others, a harm further delineated in an examination of Self-verification Theory.

Self-verification Theory

Those persons who are secure in their identity might find it strange that what one knows of themselves could be threatened by the opinion of another. But for people whose sense of identity is constantly under threat, repeated actions that come from those who are close to them and/or from those whose opinions they particularly value can destroy a person's sense of self – especially when that sense of identity is already under siege.

The need to verify one's own existence within a larger community is not limited to transgender people. Self-verification Theory (Swann, 1983) states that "people are motivated to verify, validate, and sustain their existing self-concepts. Self-verifying information leads to stability in people's self-concepts and makes people feel that they understand themselves, thereby providing a reliable guide to thought and action" (p. 33). In normal circumstances, those persons seeking self-verification look for information and experiences that sustain and reinforce their self-concept of identity. When they receive information that is inconsistent with their self-concept of identity, they are more likely to retain that information than information that is consistent. As might be expected, those with higher self-concepts are less likely to be persuaded that their self-concept is flawed (Swann, Polzer, Seyle & Ko, 1987).

Stability – even among those with high self-concept – may be threatened when people receive feedback that is discrepant with their own self-concept of identity, resulting in lowered self-confidence (Swann, 1983). The nature of these threats to one's identity are varied; no one single instance is likely to threaten a person's self-confidence in their identity. Some factors, however, commonly play into different

threats to one's enduring self-concept. First: It is delivered by what the questioning person considers a qualified source. Second: The threat, while perceived as discrepant, does connect with prior self-concerns, enough so that the threatening idea does not seem ridiculous. Third: It relates to one of the person's critical dimensions of self-concept. Fourth: It is is delivered by a large number of people. Fifth: There is a permanent and ongoing threat to the person's identity from the people closest to them in their everyday lives (Swann, 1983). All five of these threats apply to transgender people and the experiences they have in their everyday lives in defending their authentic identity. More, for some people, they occur with great frequency – yet another multiplier when it comes to the intensity of emotional discord in response to identity denial.

Self-verification Theory points the researcher interested in transgender identity in some common directions. For example, some concepts of gender affirmation (Sevelius, 2013) would work well in conjunction with Self-verification Theory. Transgender theory is a good complement to Self-verification Theory as well – though the resulting conclusions are far more negative in terms of larger society.

Among the concepts discussed earlier in the literature review, Transgender theory shows that in a society awash in messages that confirm cisnormativity, self-verification can be difficult for transgender people, especially for those whose physical embodiment differs from what society verifies as gender normal. Society does more than just deny the existence of individual transgender people as members of a group to which transgender people wish to belong; society often denies the existence of transgender people as a community. Transgender people are seen as non-existential with demands on physicality

as societal "proof," as mentally ill, as people who require the "approval" of the medical community, or even as outright liars whose only intent as transgender persons is to deceive others.

Physicality as Societal "Proof"

As noted earlier, the idea that transgender people need to authenticate themselves, whether that be that transgender people are not real or must prove themselves as "real" versions of the identities they know themselves to be, is embedded in the most common and in even the most sympathetic media coverage of transgender people.. This need to "prove" realness lies at the center of many of the issues that face transgender people today, as transgender people are forced into a constant mode of having to prove their social, legal, and personal authenticity. It creates a slippery slope that undermines transgender identities, as everyday examples from transgender lives both public and private make clear (Boucher, 2010). Indeed, the narrative of surgery as proof of realness is so embedded in Caitlyn Jenner's story that her Vanity Fair profile begins with a story about one of her surgeries (Bissinger, 2015). In 2017, Caitlyn Jenner made news again when she revealed to ABC, among other things, that she had undergone gender reassignment surgery (Chen, 2017).

These types of encounters are not limited to transgender people and their cisgender inquisitors in media. In a study of the types of identity-related discussions that are part of transgender peoples daily lives, participants reported that they were regularly asked about their genitalia and made to feel as if only surgery would make them an "authentic" member of the gender they with which they identified. Participants also reported that having their identities invalidated was part of their daily discourse

(Nadal, Davidoff, Davis & Wong, 2014).

Transgenderism as a Mental Illness

Another identity-denying idea that pervades the transgender community is that they are mentally ill; the president of the United States even holds that as a reason to deny transgender people the right to serve in the military (Cooper & Gibbons-Neff, 2018). It could be argued that the misguided assumption that transgender people are mentally disordered has been caused – in part – by the medical community. Like society itself, the psychiatric community has changed its perspective on transgender people only recently. At one time, medicine viewed the psychological pathology of transgender people as a perversion originating in their childhoods (Munro, 2000). Even with medical advances and a greater understanding of transgender people, until 2013 transgender people were labeled by the DSM as having a mental disorder (WPATH). It was not until the DSM-5, released in 2013, that being transgender was described as dysphoria – a term that is still problematic – and not a mental disorder (WPATH, 2013). Even when transgender people were considered "disordered" as opposed to "dysphoric," mental health professionals cautioned that "a disorder is a description of something with which a person might struggle, not a description of the person or the person's identity" (WPATH, 2013, p. 5).

Despite these changes to the DSM, elements of misunderstanding remain. One reason for the assumption that transgender people are mentally ill may be tied to media depictions of transgender persons as those who frequently ideate or commit suicide. This depiction is not inaccurate; the transgender suicide ideation rate is more than triple the national average, and the number of transgender people that report having ever attempted

suicide is six times that of the United States population at large (Herman, Wilson, &

Becker, 2017). However, when some studies suggest that up to 95 percent of people who

commit suicide are mentally ill, the perception of transgender people as largely suicidal

may result in people automatically ascribing to them the quality of being mentally ill

(Cavanagh, Carson, Sharpe, & Lawrie, 2003). Evidence does not support this, though as

the experience of Avery Jackson and other transgender people makes clear, the

assumption that transgender people are mentally ill – and therefore not to be believed –

persists (Chang & Chung, 2015).

Approval of the Medical Community

Tied into the newest edition of the DSM is the idea that transgender people must

prove themselves as such to the medical establishment. Though the definition has

changed from "disordered" to "dysphoric," transgender people still must offer evidence

and convince a medical health professional that they are who they say they are in order to

receive access to some medical services (WPATH, 2013). Surgeries, on both the genitals

and breasts, should be allowed only for those who "have lived continuously for at least 12

months in the gender role that is congruent with their gender identity" (WPATH, 2013, p.

21). Whether this amount of time or any at all is appropriate for a transgender person to

have to wait for gender confirmation surgery is not the focus of this dissertation. It is,

however, one more piece of evidence that transgender people must convince someone

else that they are indeed who they say they are to get access to the services they require.

The requirement of medical proof pervades many of the discourses regarding

transgender people. As discussed previously, the public's interest in the medical

procedures that transgender people have undertaken can be taken as evidence that

transgender people need to have undergone such procedures in order to be deemed "authentic." Even far from the bright lights of media, however, the concept of medical proof pervades the interactions of transgender people with society as a whole. In Oregon, The Oregon State Athletic Association requires male-to-female transgender students to have been on hormones for one year and under psychological care before they are allowed to compete on a girls' team (OSAA, 2017). The OSAA believes this facilitates a fair and safe environment for all athletes. Once again, transgender people must provide evidence they are indeed who they say they are despite the World Professional Association for Transgender Health Standards of Care statement that "transition may or may not include feminization or masculinization of the body through hormones or other medical procedures" (WPATH, 2013, p. 97).

Transgender Persons as Deceivers

Denial of existence was also embedded in the efforts of legislative bodies in both North Carolina and Texas – to name the most well-known – to deny transgender people access to the bathrooms of their chosen identity, usually in defense of women who might be preyed upon by male deviants pretending to be women. These efforts are seen by the transgender community as more than just a debate about the use of restrooms. Responding to the social media meme "It's not about bathrooms, just like it was never about water fountains," Laverne Cox has said that it is about something much simpler: the right to "existing in a public space" (Fowler, 2017). At its worst, the need to deny transgender people their right as human beings to exist is literal, both in advocacy and deed. On The Breakfast Club, a morning radio program heard in 50 markets across the country, one guest said that if he ever discovered he had been dating

a transgender woman he would kill her on account that she had deceived him about her true identity (Willis, 2017). Sometimes the desire to see a transgender person killed is more than horrifying wishful thinking. Each year in the United States more than a dozen transgender women are murdered by their boyfriends, because – as one commenter wrote – they "deceived straight males" (Antoine, 2017). Statistics from the National Coalition of Anti-Violence Programs show transgender people run more than double the risk of being the victim of discrimination than their cisgender counterparts (NCAVP, 2006). Hate crimes perpetrated against transgender people tend to be especially violent (Stotzer, 2008).

Physicality as societal "proof," transgenderism as a mental illness, approval of the medical community, transgender persons as deceivers: all are related to transgender identity defense-related emotions. Each of them are prevalent to some degree in the life of most transgender people, their presence in the repeated microaggressions from the cisgender population at large serve to make the self-verification of one's identity difficult. Some transgender people may such self-verification find it impossible.

To be sure, transgender people are not the only people of diverse demographic background who perpetually exist within the dominance of a larger societal group. Transgender people, with an existence than runs counter to societal expressions of gender and gender expression, are not alone in finding themselves battling a society that often does not try to nor even want to to understand them. Many diverse communities regularly face the stress caused even by allies who do make an effort to be supportive. Even though there is widespread misunderstanding about what it means to be a transgender person, all diverse communities face microaggressions that impact one's identity, and they run the

gamut from barely noticeable intrusions on daily life to overtly hostile acts of aggression that render one unable to function.

Only transgender people, however, are forced defend their actual status as an existent community. It is something most transgender people experience every day. This is unique to the experience of being transgender – although there are other groups whose experiences may offer insight into the experiences of transgender people.

Other Groups with "Non-Existence"

All of the theories discussed regarding societally marginalized groups – be they ethnic, racial, or LGBTQ – in many ways correspond to the experiences of transgender people. None, however, cover a distinction that is inherent in the understanding of transgender identity defense-related emotions: that transgender people are the only group of people who have to prove to someone else they exist as a category of humanity. Other groups may be marginalized or denied agency, but they still exist as a recognized minority group. To make a crude parallel: While groups like the Ku Klux Klan and Neo-Nazis loathe African-American and Jewish people, they do not deny that African-American and Jewish people exist. They may wish them deported or even exterminated – but the groups who hate them acknowledge they exist. Transgender people, however, in the eyes of many do not exist. They are a mental illness that can be cured. They are people who dress up to deceive people and prey on them when the deception is complete. Among these people, at best transgender people can be consigned realness only if they have surgeries to "fix" their genitalia and chests – procedures most transgender people elect not to have (Beemyn, 2011). Among even an increasingly progressive medical community, if transgender people want hormones or

eventual surgery, they must convince a doctor they are transgender. A transgender girl who wants to play volleyball? She has to prove her identity by showing a letter from a mental health professional – and a bottle of pills.

It is impossible to say how much this additional demand for realness places on transgender people beyond that of other groups of people. There is no research into people who are told they do not exist without proof, especially when the proof is not something transgender people have designed but has been constructed by an external entity, in turn creating another fracture between transgender people and their identity.

Analysis of three groups of people heretofore unmentioned in this dissertation provide some ideas: chronic fatigue sufferers, Native Americans with a history of tribal termination, and those banned from South Africa during apartheid. Though each of these groups are different from one other and from transgender people, their cultural experiences all include being denied, in some way, the societal existence of their identity.

The first group lives with Chronic Fatigue Syndrome (CFS), a medical condition characterized by headaches, impaired concentration, multi-joint pain, muscle pain, short-term memory loss, and sore throats. As is the case with transgender people, the experiences of people with CFS overlap with those of people who do not share their condition. The first similarity is that for years the majority of the medical community did not consider CFS a real condition. The second similarity is that the indicators for CFS mimic other medical conditions, therefore making it difficult to discern and diagnose (Dickson, Knussen, & Flowers, 2007). A greater commonality between the those living with CFS and transgender people is the delegitimization that CFS sufferers feel when the medical community and/or close friends tell them their symptoms are all in their heads:

Many people living with CFS report that they eventually begin to feel uncertainty about what they know to be true. Eventually, this refusal of the people around the person living with CFS to believe in them results in shattered relationships – something with which transgender people are familiar (Dickson, Knussen & Flowers, 2007).

The second group, Native Americans, might not be considered to fall under the umbrella of the aforementioned groups. However, a subset of Native Americans experienced tribal termination, an experience theoretically akin to denial of existence. Termination was an official United States government policy in the 1950s and 1960s that resulted in the United States withdrawing federal recognition of over 100 Native American tribes. Their tribal lands were sold, their status as sovereign entities within the United States was ended, and their individual rights and identifiers as tribal members were destroyed. Studies have shown that this policy had disastrous effects on the physical, mental, and economic health of the tribes who were terminated (Walch, 1983). Less acknowledged, however, was the impact on individual tribe members.

To those unfamiliar with the cultures of different Native American tribes such "termination" might seem similar to being fired from a job or losing one's home. But for Native Americans, for whom tribal identity is often paramount to individual identity, being told their tribe no longer existed in many ways destroyed their individual self-identity (Clinton, 1981). Tribes were thrown off their reservations. Members of the terminated tribes moved to communities where non-tribal children refused to play with Native American children and non-tribal adults refused to socialize with them (Welcher, 1981). Though the federal policy on termination ended in 1968, many of the terminated tribes remain unrecognized, and even among those whose tribal status has been

reinstated, tribal members continue to suffer the long-term consequences of the termination of their identity. Like transgender people, Native Americans who felt this identity loss may even today have higher rates of depression, poverty, and suicide than comparable groups, even within larger groups who would seem to face similar challenges (Welcher, 1981). Unlike transgender people, no formal studies of the suicide rates among members of formerly terminated tribes have been conducted. However, one analysis of the Menominee Tribe, whose termination in the 1950s was reversed in 1973, found the suicide rate among tribe members even three decades later not only a quarter higher than the general population but double that of other Native American tribe members (Tempus, 2010).

The third group are "banned" persons – political dissidents who were taken from their homes and forced to relocate to an area far from their previous lives – during the Apartheid era in South Africa. Once relocated, they were not permitted to be part of any political activity nor in any way confer with anyone they had previously worked with on political activity (Koopowitz & Abhary, 2004). Without the benefit of legal due process, these dissidents were essentially removed as functioning members of society for years. In 2004, a study compared the plight of banned persons during the Apartheid era to political refugees seeking asylum in Australia. Researchers found that banned persons were severely depressed and filled with feelings of worthlessness, as well as more likely to experience PTSD in relation to other traumatic events they suffered earlier in their lives. Many banned persons reported anger towards the uncontrollability, unpredictability, and unaccountability of the system that denied them their identity. Interestingly, however, many of these banned persons also reported they knew their lives as political activists

were likely to lead to struggle, which had a legitimizing effect on their suffering. Those seeking asylum in Australia, however, had expected to find support, not the same imprisonment they had escaped in their previous homes. These unforeseen denials of their freedom by a country they had assumed would welcome them had a traumatic effect that banned persons from South Africa did not report (Koopowitz & Abhary, 2004).

None of these experiences, of course, can be tied directly to the experiences of transgender people. However, the terms these people use to define their sense of identity share remarkable commonalities with those used by transgender people: "delegitimization," "depression," "it's all in their heads," "poverty," "trauma," "worthlessness." The emotions and subsequent lack of emotions felt by transgender people on the receiving end of microaggressions – "broken," "frustrated," "hostile, "invalidated" – also show commonalities with individuals from groups who have felt their identities denied (Dickson, Knussen, & Flowers, 2007; Howe, 2018; Koopowitz & Abhary, 2004; Walch, 1983; Welcher, 1981). It is unlikely that these are coincidences – nor is it likely a coincidence that most members of these groups share intimacy with another term: "suicide."

This term – suicide – is different in the magnitude of what it denotes and in the means by which it uniquely proves another disservice to those transgender persons being denied their identity. There are those who directly or inadvertently deny transgender people their identity, and then point to high rates of suicide and depression as evidence of a lack of identity stability. In reality, however, it is those who seek to deny transgender people the ability to express their identity unencumbered in society that cause that instability, as transgender people are again and again forced defend themselves (Robles et

al., 2016). Even a decade ago, in the earliest research on transgender people and depression and suicide, suicide attempts were not associated with gender status, but rather the psychosocial stresses involved in gender nonconformity and lack of support, among other issues (Johnson, Faulkner, Jones, & Welsh, 2007).

There is a need to investigate possible links between transgender identity defense-related emotions and suicide-related behaviors, as supported by research, history, and the example of other groups who face some facet of identity denial – right down to the words they use to describe their experiences. However, before such research begins it is important to assess the empirical evidence that has already been gathered in support of a framework of identity denial-related emotions and the constructs within it.

People living with Chronic Fatigue Syndrome, members of terminated Native American tribes, "banned" people during South African apartheid, and transgender people: In ways both tangible and symbolic, they were and are forced to constantly reassert their self-context as existent. The difference with transgender people is that within media spaces both affirming cisgender narratives and transgender identity-denying narratives dominate, ensuring that transgender people's existence within challenging interpersonal and media spaces further affects their ability to self-verify.

The research proposed in this dissertation is supposes that identity is constantly performed through a chosen role, a consensus between the actor and the audience (Goffman, 1978). Although this model of identity is static and in some ways fragmented when it comes to stigmatized communities, it remains viable here as it pertains to the notion of "discreditable identities" (Breakwell, 1986, p. 118). The concept of discreditable identities applies only to the perceptions cisgender people often have of

transgender people. Transgender people's inherent psychodynamic view of self is rather stable. Indeed, in the studies discussed above about how transgender people handle microaggressions, none of the participants reported self-doubt in their identity as a problem. The need to create an identity within the larger world is by no means limited to transgender people or diverse people as a whole. Identity is about each individual figuring out where they fit into the larger world, including in relationship to those who have greater power. It is social and constructed, in as far as it is related to socially created positions – a joining of individual power and the surrounding power of society. Moreover, while identity is about joining with others, it is also about separating as an individual from others and carving out a unique place in the world. This is one reason some believe identity is never truly accomplished (Carah & Louw, 2015).

Within the struggle all people's face in the search for identity lies the unique struggle that transgender people face. Gender transgressive, their struggle is not just within the larger world, but also against it (Fassinger & Arseneau, 2007). Whether considered socially inappropriate because they refuse to conform to gender norms or because they receive hormone treatments and/or surgery in order to conform to their own sense of gender, the transgender identity is at its core variant and transgressive according to the majority of society (Fassinger & Arseneau, 2007).

Poststructuralist feminism offers one means of understanding societal determination in the lives of transgender people. In this scholarship, the concepts of sex and gender are seen as a product of societal ideas and meanings. This is in contrast to the the normally held view of the body as containing naturalized and basic truths about sex and gender. Taken from this poststructural point of view, transgender identity is socially

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constructed and subject to academic and medical struggles that have come to typify the experience of transgender people (Munro, 2000). These struggles manifest themselves on an unconscious level in transgender people, as well as in the form of indirect and direct discrimination by society at large. Poor self-image, low self-esteem, depression, and suicide may be the result, not only affecting the transgender person negatively, but reinforcing the stereotype that transgender people have psychological disorders. Instead, evidence supports that the dysfunction comes not from within, but without, as transgender people challenge naturalized assumptions about gender (Munro, 2000). Indeed, interviews with transgender people who recognized their identity in childhood reinforce the finding of researchers who have investigated the dysfunction of transgender people in society (Robles, date). The confusion and turmoil they felt was not a function of anything internal, but rather the sanctions of society as a whole (Gagne, 1997).

More recently, the concept of gender affirmation – and the need for it among transgender people – has taken its place in scholarship (Sevelius, 2013). Gender affirmation refers to the means by which transgender people directly or indirectly entreat others to give their identity social recognition and/or support for their gender identity and expression of that identity. A complex but vital interaction transgender people have with larger society around them, it boils down to transgender people wanting to be seen by others as they see themselves and to be treated equitably in a way that most people take for granted. This can involve family and friends using one's desired pronouns or a stranger pausing to open a door for a transgender woman (Sevelius, 2013).

To summarize, "The trouble is other people" (Breakwell, 1986, p. 4). These are the words a transgender woman used to sum up her daily experiences functioning

within her identity. She was tired of explaining the inconsistencies between her old gender identity and her true identity as a woman. She was tired of being seen as an inauthentic woman because she wore slacks instead of a skirt to work one day. She wanted to pass as a woman, but knew if she was discovered she would be declared a fraud. Every day, she said, was a struggle to verify that she was who she said she was – both to others and herself (Breakwell, 1986).

Ultimately, this failure to self-verify leads to thwarted belongingness, a component of suicidal ideation and other linked behaviors, as well as psychache and attendant identity non-affirmation, some of the same constructs included in the Interpersonal Theory of Suicide.

Interpersonal Theory of Suicide

Suicide is the final act of those whose life has caused them so much pain that they have overcome their own biological need for self-preservation. Whether real or perceived, the microaggressions of others – among other, larger aggressions and stressors in their life – can cause a lack of self-verification that can lead to suicidal ideation (Chu et al., 2017; Joiner, 2007). Worse, if the denial of their identity has caused prolonged and profound pain, this could be the final trigger in a decision to make a serious suicide attempt. That process, however, has a theoretical foundation beyond Microaggression Theory and Self-verification Theory; it also includes the Interpersonal Theory of Suicide (ITS).

Both suicidal ideation and suicidal attempts often precede the actual successful completion of the act of suicide. However, the pathway to suicidal ideation and suicidal attempt are different. This is the cornerstone of the ITS, one that may explain why the

majority of people who ideate suicide do not attempt it (Chu et al., 2017).

To understand these different pathways within ITS, the recognition of four concepts is key: thwarted belongingness, perceived burdensomeness, and hopelessness (Chu et al., 2017; Joiner, 2007). The first derives from the need of all humans to feel they belong and the fact that when they do not, negative health outcomes result – including suicide ideation, attempts, and completed suicides. Perceived burdensomeness is also based in a perceived state of social disconnectedness, one that can eventually result in the faulty calculation that their life would be less valuable to others than their death. Next, the theory holds that when hopelessness pervades both of these conditions, it increases the likelihood of suicide – though this last concept remains more theoretically valid than criterion based (Chu et al., 2017; Joiner, 2007). Finally, a person needs to gain the capability to no longer fear death. In ITS, this is an acquired trait; the inborn nature of all living things is to continue to live (Joiner, 2007).

How these interact is part of an ideation-to-action framework (Klonsky, May, & Saffer, 2016). As an example, while depression, hopelessness, and many mental disorders are indicators of a propensity for suicidal ideation, they do not necessarily predict that an individual will attempt suicide. It is only through life experiences such as exposure to physical and/or emotional pain (e.g., childhood trauma or involvement in other traumatic events) that someone becomes willing to take the action to kill themselves. Identification of these experiences is critical to identifying those persons most likely to attempt suicide, and they may explain why certain professionals, such as police officers, soldiers, and surgeons, are more likely to take their lives; they often become inured to the fear of death through their professional experiences (Borowsky,

Ireland, & Resnick, 2001).

There are other theoretical frameworks that attempt to explain why people end their lives. One believes that the roots of suicide lie in cognition, sociability, and personality; an escape from self theory holds that people are driven to commit suicide in order to avoid their own self-awareness (Baumeister, date). Helplessness (Abrahamson, date), problem solving (Baechler, date), impulsivity (Simon, date), and interpersonal communication (Farberow & Shneidman, date) have all bee identified as prime factors in suicide attempts (Klonsky, May, & Saffer, 2016). Other researchers argue that a cultural theory of suicide is necessary if we hope to understand how suicide varies by ethnic and sexual minority groups, noting that most theories fail to consider culture as a variable (Chu, Goldblum, Floyd, & Ongar, 2013. All of these theoretical frameworks have viability, yet ITS offers the strongest insight into emotions related to the defense of one's existence as a transgender person, particularly as those emotions relate to being denied a sense of belonging.

Thwarted belongingness is part of being transgender in a cisgender dominant society. As established by Transgender theory, thwarted belongingness is intensified by society's emphasis on physical embodiment as an important, socially constructed aspect of gender identity. The role of thwarted belongingness, whether originating in the tactile world around them or in the symbolic one created by personal and media communications, plays a role in suicide-related behaviors and ties into both Symbolic Interaction Theory and Media Theory. Typical transgender depictions in media – from oddity to medically compromised, mentally ill, and being a danger to others – can heighten a sense of thwarted belongingness. More, the attendant psychache, whether a

component of thwarted belongingness or its own construct, leads to the ultimate thwarted belongingness: identity non-affirmation. A self-acknowledged inability to have one's identity acknowledged and accepted by others can be so intense that it leads to suicide-related behaviors.

The idea that suicide-related behaviors are related to a lack of self-verification brought on by microaggressive behaviors guides this dissertation. A comprehensive look at the relationship between the theories in the literature supports their congruency as a means of affecting transgender lives.

Transgender Identity

The supporting literature into transgender identity and associated behaviors is grounded within concepts of transgender, identity, microaggressions, suicide, and suicide-related behaviors is vast. This dissertation requires an understanding of the various ways scholars have approached these concepts and how those approaches are linked. Accordingly, I consider four areas of literature. The initial section has two purposes: first, to explore the identities of transgender people and how their interpersonal communications are explained through Queer Theory and Symbolic Interaction Theory; and second, how identity-based microaggressions are involved in these interpersonal communication experiences, leading to higher levels of negative emotions.

The second section focuses on media theory and representations of transgender lives in media, as well as how distal, media-based impacts may have similar impacts on identity as microaggressions that originate in more proximal and personal spaces. The third section analyzes how suicide relates to thwarted belongingness, psychache, and

identity non-affirmation within transgender people. The fourth and final section of the literature review is an in-depth explanation of an integrated approach to Microaggression Theory, Self-verification Theory, and the Interpersonal Theory of Suicide, and a discussion of how these theories might integrate to explain the rate of suicide among transgender people.

The Identities of Transgender People

Where transgender people fit into American society over the past half century is complex, but it starts, ironically, with transgender people often telling lies out of self-preservation, societal expectation, and general lack of understanding and acceptance. "The Empire Strikes Back" outlines the history of transgender self-identification in America, a history largely defined by the narrative that transgender people suffer from a disorder and need help (Stone, 1987). On the surface, this seems benevolent: psychologists and surgeons want to help those in need.

Then as now, however, there was no mental or psychological test that could determine if someone was disordered, dysphoric as the condition is now labeled, or simply transgender, as many non-cisgendered people prefer to be identified. The mental and emotional process in each patient could vary greatly, and they were not consistently differentiated from the general population. In order to cure a disorder, however, there must be evidence of one – so doctors purported to discover one (Stone, 1987). By the 1960s, nearly every therapist engaged in diagnosing transgender patients for the purpose of medical assistance started with psychodynamics and an ensuing symptomatic-taxonomy, differential diagnosis criterion, and formal evaluation procedures. All of them related to the mental and emotional processes developed in

early childhoods of transgender people as they related to adult mental states (Stone, 1987). The purported signs of transgenderism were common knowledge among patients and doctors alike.

As transgender people began to assert their need for medical care in the 1960s, they learned that to convince doctors to assist them they needed to talk about a lifetime of distress and dysfunction. Regardless of what symptoms they truly felt, many "unambiguously expressed (their feelings) in the simplest form: The sense of being in the 'wrong' body" (Stone, 1987, p. 162). Early doctors wanted to hear stories of distress, and many claimed to know the types of behaviors in which transgender women engaged. One such unfounded claim doctors made was that the final act of the pre-surgical transgender woman was "wringing the turkey's neck:" the transgender person's last moment of self-pleasure with their soon-to-be removed penis (Stone, 1987, p. 152). Transgender hearts, minds, and bodies: all were claimed to be in the known providence of the medical establishment despite lack of evidence for those claims.

This does not deny or displace the narratives of transgender women like Caitlyn Jenner, Laverne Cox, and other transgender persons who have reported feeling wrong-body. Their memories are not a media construct nor imagined. However, Self-prophecy Theory (Merton, 1948) suggests that transgender people's self-understanding has been shaped by the knowledge that society has traditionally allowed one type of transgender story. More, transgender people's beliefs, like all people's beliefs – even if incorrect – affect their outcomes, often including the way a person behaves and/or perceives the world.

As a result, decades of transgender people came to recognize that the only way to get help was to avow that there was something wrong with them, which in turn produced a skewed narrative of the experience of being transgender. If there is wonderment at why those in media only tell one kind of story or why academics only research certain issues, it is clear: They have never known anything else (Stone, 1987).

In order for transgender people to define themselves on their own non-stereotypic terms, media need to tell more diverse transgender stories and scholars must seek to understand a broader range of transgender people. Unfortunately, there are barriers. Many transgender people and journalists do not have the financial means to nor the knowledge about how to access scholarly research. Further, even scholarship related to transgender identity sometimes seeks to "complicate dominant conceptions of gender" (Hausman et al., 2001, p. 475). The majority of research articles are archived behind paywalls, an additional barrier to those outside the academy. As a result, the importance of proof extends to the challenge of connecting current research and scholarship with those whom it would benefit, including transgender people working to define themselves in their own terms and news media needing education regarding the transgender story.

What it means to be a transgender person has changed through the years, both within society and for transgender people themselves. Given the lack of and changing nature of information regarding transgender identities, it is not surprising that individuals and society as a whole may engage in behaviors – both intentional and unintentional – that make it difficult for transgender people to maintain a sense of identity. Given the increased visibility of transgender people today, the

microaggressions that deny transgender identity may be more ubiquitous than ever.

Queer Theory

Two theories offer different ways to explore and understand transgender identity: Queer Theory and Symbolic Interaction Theory. Queer Theory holds that identity is unstable against societal context. Additionally, it argues that heteronormativity is embedded in society as the norm that must be continued, while those with queer identities must be suppressed, if not eliminated, from discourse (Lugg & Adelman, 2015). Queer Theory is separable from feminist and critical race theories (Oswin, 2008). While the theories are similar, changing "black" to "queer" in their reading does not suffice in understanding queer lives. For one thing, personal feelings, tastes, or opinions as they apply to sexuality can be subjective, making it difficult to construct abstract models of heterosexual dominance. More, fracturing along racial, political, and other lines is a narrow approach – focusing exclusively on sexuality and/or gender can be problematic for queer studies for this reason. Queer Theory is about more than the heterosexuality of space or the world as a binary place of hetero and homosexuality. (In time, this would come to include those navigating the cisgender/transgender space, as well as the non-binary nature of sexuality. More about that shortly.) Despite these challenges, Queer Theory took its place among similar critical theories of identity in the early 1990s. Its post-structuralist nature defies the idea that sex, gender, and sexuality are stable constructs, and it examines the idea of queerness with a historical lens (Namaste, 1994).

The Normalization of Queer Theory derided Queer Theory as being little more than a placeholder for hypotheticals about perverse aspects of sexual desire and pleasure and that consummation of the theories is incomplete (Halperin, 2003). Queer Theory was

praised for broadening the discussion of sexuality and gender, as well as its encouragement of resistance to hetero-normalization, but despite this it was asserted to have done little more than bring queer scholarship to the academic table. A further criticism was that by despecifying transgender and other persons of LGBTQ identity within a larger body of queer studies, all of them become mere badges for subversiveness, just another trendy way of being liberal within the academy (Halperin, 2003). He believed that by denoting something as part of Queer Theory, a specific set of doctrines become generic, regardless of what is being studied. Other scholars have taken this criticism further, arguing that lesbian and gay people, afraid of being labeled, have made their individual lives disappear into a broader discourse about rights and equality. He attributed this to cognizance about societal definitions about and expectations for their own lives (Bersani, 2008).

These criticisms are well placed. The historical discourses and structures of the transgender movement demand that transgender people disappear, and transgender people often choose to. Many if not most transgender people want to "pass" and not be recognized as someone who was previously gendered differently. As one transgender man at a Fortune 500 company explained, "At 39, I'm pretty content to just live my life. I don't really care about changing the world anymore" (Howe, 2016, p. 22). His transition nearly a decade behind him, his past was unknown to most, his future no longer linked to who he had once been.

This societal disengagement from transgender identities is about more than passing or going stealth. Disengagement can occur for a range of reasons, from exhaustion to electing to remove oneself from a threatening situation. Criticism is

enmeshed in this range of reasons. Exhaustion, criticism, threats: Each of these is part of

the everyday life – in both micro and macro aggressions – of transgender people

(Luyckx, Klimstra, Duriez, Schwartz, & Vanhalst, 2012). A desire to emotionally

withdraw or disengage as a result of emotional pain and exhaustion is not going stealth

by choice ; it is a reflex action caused by living in a cisgender-dominated society.

     The Trouble with Normal argued that this is the type of narrative discourse that

serves those who are opposed to transgender equality. A past unknown, a future of quiet

assimilation: these stories and the people who tell them – or don't – are the "acceptable

face of the movement... the ones who are literally staying home" (Warner, 1999, p. 66).

Meanwhile, what he calls the highly visible "androgynes (and) tranny's" are asked to stay

in the shadows, their struggles an unaccepted part of the discourse that mainstream

America expects from transgender people. This, along with fighting submersion into a

generic narrative, makes inevitable the continued acceptance of these previously set

discourses about transgender lives, condemning transgender people to the narratives other

people tell. Other scholars have explored this idea as well: "Is the Rectum a Grave?"

argued that regardless of how others define transgender sexuality and identity, how

transgender people limit themselves ultimately determines the way transgender people

think about themselves (Bersani, 1987).

     Is it any wonder that transgender people feel such a keen sense of dislocation

within their own society and lives? Success means disappearing from the very narrative

that has come to define one's life. More, some scholars demand that transgender people

not make this choice; it is their responsibility to stand up and fight for themselves as

vocal and symbolic members of their group – and in doing so deny themselves the ability

to be seen as simply who they are (Stone, 1994).

Symbolic Interaction Theory

A second way to explore transgender identity is from the broader theoretical spectrum of interpersonal communication, specifically Symbolic Interaction Theory (SIT). SIT examines how people live in both the tangible, tactile world around them, as well as the symbolic one that each individual creates in context to themselves and others. More particularly, the theory seeks to understand how the reciprocal interaction between people in the world may give numerous different meanings to different people – even within the same interaction. No communication or event has meaning in and of itself; that meaning comes from the people who are acting within and/or with that event (Aksan, Kısac, Aydın, & Demirbuken, 2009). It is when those different meanings become infused with negative values and associations that microaggressions can result, with the offending person often times being unaware that their values have impugned another (Aksan et al., 2009). Factor in the of frequency of those microaggressions, and both the symbolic and real worlds can be challenging ones for transgender people the navigate.

SIT also aids in understanding how social environments can have an effect on individuals beyond the immediacy of the moment of interaction. The conscious and at times unconscious meaning and intent inherent in a gesture, word, figure of speech, and so on allow for differentiated interpretations and responses (Aksan et al., 2009). Taken together, enough similar individual reactions may result in creating what most can agree on as an actual reality, even though in point of fact it remains only a social reality. In many situations agreed upon realities can be beneficial, allowing individuals to navigate

new spaces with ease based on the individual's assumed similarity to others in that space (Solorzano, Allen, & Carroll, 2002).

This can be problematic, however, when the individuals involved in the interactions represent groups who may have a past history of power imbalance, hostility, and violence. Here, the assumed similarity is not genuine – and instead is a "generalized other" (Solorzano et al., 2002, p. 20) – as those who feel themselves part of an unacknowledged or even discriminated-against minority suffer from a sense of devaluation as both a group and individuals. This sense of unacknowledgement and/or discrimination is critical to the formation of negative emotions that can occur when transgender people feel the existence of their identity as the person they know themselves to be has been denied (Mathers, 2017). When cisgender people understand gender as a binary construct, in contrast to the concept of gender as fluid that gender nonconforming people hold, their actions in interpersonal communications with transgender people can carry intended and unintended harmful effects (Mathers, 2017).

Reality is only real in the sense of the surface we walk on and the air we breathe, though even that reality is socially constructed. Is the asphalt soft or hard? Is the air clean or dirty? The answers to these questions vary by which social reality is being engaged. A runner might think asphalt is softer than concrete, while a child crashing into the ground finds asphalt quite hard. Dirty air to a resident of Mexico City is different than to a resident of New York City. That these same social constructions of what is true about reality pertain to how groups of people and even individual people are perceived is where strife often occurs. It follows, then, that the more a transgender person experiences transgender identity-based microaggressions, the higher their self-perceived level of

negative emotions will be. Microaggressions have origins more varied than the people transgender persons encounter in their lives; they are literally everywhere.

Transgender Lives and Media

Transgender people's interactions with the world are not limited to interpersonal communication – nor are anyone's. Whether one looks to social media, television, films, books, the Gutenberg Press, or even further back, humans have gained and given their perceptions of social reality to others via media for centuries. The importance of these effects of media is not one that should be underestimated, be it in the lives of transgender people or society at large.

Media Theory

It would be hard to overestimate the effect of media in 21st century lives. It plays an enormous role in the creation of identity, transgender and otherwise. Cinema, television, social media: they are all used to construct mass identities, bringing together people in an imagined homogeneous collective that crosses geographic, economic, and cultural strata like nothing else (Carah & Louw, 2015). It is not so much that media tell people what they should think; its power lies in reflecting back our own existence, an existence that encourages the belief that our identity is no different than that of millions upon millions of other people. Some scholars consider the ability of media to create social identities as not only its most powerful effect, but its most important (Ingo, 2002). Within this sameness, however, lie those with diverse identities. These groups are challenged by the size of the majority in opposition to them and by the opposition's inherent belief in the homogenous naturalization of things – including gender and the physical body (Carah & Louw, 2015).

It is in this space of challenge and opposition that transgender people find themselves: a world that continually challenges them regarding their identity. In terms of a societal conception of transgender identity, media can serve as a means of helping explain a singular identity to cisgender people. Societal feelings, opinions, and tastes can be changed in service of reducing transphobia amongst the majority (Capuzza & Spencer, 2016). It can also do the opposite by generating a false concept of transgender people, creating attitudes and opinions that are shaped more by media than the actual lives of transgender people (Miller, 2012). These false narratives can create an environment in which transgender people question their own identity, particularly in adolescence when so many aspects of identity are in flux. Because transgender people typically have less access to information and institutions supporting transgender care and health, transgender people are often forced to rely on media for information about the nature of their own identity (Bauer et al., 2009; Miller, 2012). When these constructions of transgender identity reveal only certain aspects of transgender identity – or misrepresent it entirely – transgender people become limited and even unhealthy in how they see themselves (Miller, 2012). Though this may seem a topic of particular importance in today's media-saturated world – and it is – the depictions and subsequent effect of transgender depictions in media has a history that extends decades before the existence of the media environment that we understand today.

Transgender Depictions in Media

From oddity, to medically compromised, to mentally ill, to moving favorably across a media-declared transgender tipping point, the depiction of transgender people within media evolves in surges (Steinmetz, 2014). Rather than a linear line of

progression, societal progress in attitudes toward transgender people has been linked to series of famous transgender people and/or their affiliated media, each one in retrospect representing a different major moment in the the evolution of transgender people in media.

Going back nearly a century, Americans' first exposure to transgender people came not via the medical community, but the popular media, when stories of sex change operations began appearing in newspapers and magazines in the 1930s. Although media attempted to explain why people would pursue these operations, these stories were presented in the context of transgender people needing a cure for their condition, one due perhaps to their childhood (Bilbrey, 2015). From Lili Elbe in the 1930s to Christine Jorgensen in the 1950s to Renee Richards in the 1970s, transgender narratives tended to focus on surgeries and the more sensational aspects of transgender identity, such as with whom they were romantically involved (Bilbrey, 2015).

The discourse of transgender people as mentally ill remained well into the 1980s, codified as Gender Identity Disorder in the fourth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM). Though this allowed transgender people greater access to medical care, including surgery, it reinforced a discourse that transgender people were mentally ill and that surgery was necessary to become an authentic member of their chosen identity (Bilbrey, 2015). Into the 1990s and first decade and a half of the 21st century, scripted television shows such as *The L Word* and *Sex in the City* had medicalization and gender confirmation for major themes. These shows, however, often challenged the authenticity of transgender people – women in particular – furthering the stereotype of transgender women as deceptive tricksters (Capuzza & Spencer, 2016;

Kalter, 2008). These media depictions – far more supportive than past transgender narratives – still tended to make transgender people exotic, rendering transgender people as mysterious rather than normal members of society (Kalter, 2008). Showing surgery as necessary to align with one's gender identity and transgender people as mentally ill, atypical, and deceptive were among the dominant representations of transgender people in American media for most of the last century. All of these depictions created representations that communicated incomplete or even false identities about transgender people (Miller, 2012).

Although no definitive date can be placed on when depictions of transgender people in the media began to shift, *Time* magazine's "transgender tipping point" in 2014 suggested a changing representation of transgender people in media, as well as their greater presence in American life. Starting with *Orange Is the New Black'*s transgender actress and activist Laverne Cox on the cover of Time to one year later Caitlyn Jenner's appearance on the cover of Vanity Fair, transgender people could no longer be called invisible.

Social media, the newest media space where transgender identity is on display, likely played a roll in this change. In 2014, Facebook changed its limited use of binary gender markers, including transgender people among more than 50 new gender options. About this time, OKCupid and Google+ also began allowing transgender people to identify themselves as such (Bilbrey, 2015). Even so, social media still presents its own minefield of cisgender people denying the authenticity of transgender people. Debi Jackson is the mother of Avery Jackson, who appeared on the cover of a National Geographic issue dedicated solely to transgender people and other issues of sexual

identity. Debi has written that she gets hundreds of emails and social media posts a month from people denying her daughter's identity, calling it a phase or a mental illness – a claim she pushes back against with vehemence. "This isn't a phase. It isn't a trendy whim. It isn't a crazy parent forcing a child to switch genders because of some mental illness. It's the fears of a little girl whose body terrifies her" (Jackson, 2017). Debi's anger is not just a mother's ingrained emotion driven to protecting her daughter; medical science backs her up. Across a half century, scholars have recognized that because transgender people challenge social norms, they are often seen as having mental health problems (Becker, 1964). This assumption has come at enormous cost to transgender individuals such as Avery Jackson (Munro, 2000).

As indicated above, television has produced much of the change of the last half-decade in media depictions of transgender people. *Orange Is the New Black, Transparent,* and reality television programs like *I am Cait* and *I am Jazz* helped not only increase the visibility of transgender people in American life, but increased the understanding of authentic transgender lives far more than earlier transgender narratives (Capuzza & Spencer, 2016*).* This is not an accident. Jill Soloway, the creator, writer, and director of *Transparent*, is the daughter of a transgender person; the show approximated her experiences as she tried to understand her transgender father. Lending further authenticity to the show, *Transparent* regularly featured transgender actors and employs them behind the scenes (Bilbrey, 2015). In terms of media reinforcing the identity of transgender people, these are positive changes. Transgender characters in media are out of the closet as normal, fully functioning members of their communities and are serving as the voices of authority about their own lives and

identities. Scripted series especially showed that transgender identities are about far more than genitalia and how people dress (Capuzza & Spencer, 2016). This increasingly diverse and accurate depiction of transgender identities helps transgender people locate their place within the transgender community, something critically needed – especially for those who have limited access to information and services that could assist them in identity formation (Ingo, 2002). It is also important to this dissertation's focus on transgender people's need to defend themselves against the perceptions of the larger cisgender community. It is only at this time that transgender people have begun depicting their true selves in media, thus shaping the accurate portrayal of transgender identity within the larger public sphere (Ingo, 2002).

These positive media developments do not mean that transgender people have completely reshaped their social identity within that space. Taking into account the broad spectrum of transgender lives, most media representations do not mirror the daily reality for most transgender people. The poverty, violence, as well as political underrepresentation that occupy many transgender people's lives remain largely non-depicted issues in media. This prevents mainstream audiences from understanding what it means to be a transgender person in America: unsafe and unequal (Bilbrey, 2015).

In terms of a media environment that generates emotions related to identity defense within transgender people, the majority of transgender depictions continue to reinforce the narrative that surgery is what makes a person transgender (Bilbrey, 2015). Reality TV and talk shows, in particular, continue to pathologize transgender people, normalizing all transgender people as having one monolithic experience, usually reducing their identity to their genitalia. As a result, transgender people continue to

experience microaggressions that are shaped more by media than any exposure to transgender people a cisgender person may have had (Miller, 2012). Because the general public is unfamiliar with genuine transgender identities, their media exposure to incomplete or faulty transgender identities continues to constrain society's understanding of transgender identity and the individuals who live with it (Miller, 2012). Basic math also highlights the ongoing struggle for transgender people to gain greater understanding and acceptance through media. A program like *Transparent* reaches 1.49 million people an episode, 10 episodes a year (Holloway, 2016a). Even a more popular and frequent program such as *Orange is the New Black* reaches only about 6 million people per episode 13 times a year (Holloway, 2016b). Contrast this with the number of people who tune into conservative radio talk show host Rush Limbaugh 52 weeks a year: 13 million (Epstein, 2016). Over the course of a year, that is in excess of a half billion more media messages create misunderstandings about transgender people, misunderstandings that further the identity-denying atmosphere that creates transphobia, discrimination, and violence among the cisgender community, as well as increased internalized transphobia for transgender people. "In short, it has normalized and reified as monolithic one particular experience of transgender identity and expression" (Capuzza & Spencer, 2016, p. 2).

A transgender person, as depicted in today's media, is often a stereotype: *Transparent*'s Maura Pfefferman has known for decades she wanted to be a woman, as did *The Danish Girl*'s Lili Elbe, as well as contemporary transgender women like Laverne Cox and Caitlyn Jenner. This narrative is almost always accompanied by a correlated one: that the person was perpetually unhappy in the gender they were

assigned at birth. These depictions are not new; Christine Jorgensen, a World War II G.I. who shot to fame in the early 1950s as a public transgender woman, told her parents "Nature made a mistake" (Bissinger, 2015, "Nature," para. 4). In the 1970s, Renee Richards, a transgender professional tennis player, remarked that all through her life she had been internally tormented (Pieper, 2012). Six decades later, Jenner said something similar about herself: "Little did they know I was totally empty inside," (Bissinger, 2015, Going for Gold, para. 11). Shame is also a frequent theme, as Laverne Cox noted in a 2014 interview with TIME, calling it "something I just started to push down" (Steinmetz, 2014, How did, para. 1). This is not to say that the shame, emptiness, and feeling out of place in their own bodies is a media construct; study after study suggests hundreds of thousands of transgender people feel this way (Beemyn & Rankin, 2011).

Regardless of why one knows themselves to be transgender, no matter one's internal journey to discovering their identity, the burden on them as a transgender person to defend the existence of their identity in today's society remains largely the same. Media, the mental health establishment, the academy: all of them demand that transgender people prove to them that they exist; their word as a transgender person is not good enough. They are questioned by each, and they must justify to them why they feel the way they do. Consider, for instance, the fascination with genitalia so many cisgender people seem to have. Katie Couric versus Laverne Cox, Piers Morgan versus Janet Mock: They wanted proof that transgender people are what they say they are,

something "only" surgery can provide.[1] Couric and Morgan might have argued that they were simply asking the questions that people wanted to know. But in doing so, they were every bit as complicit in wrongly defining the transgender experience as those physicians 50 years ago.

Not that being treated differently by the community at large – even the LGBTQ (lesbian, gay, bisexual, transgender, and queer) community – is unique to transgender people. All five groups have different dimensions of experience and therefore a different enactment of identity (Fassinger & Arseneau, 2007). Even under the acronym LGBTQ, which serves as a commonplace societal catch-all for people whose sexual orientation and/or gender identity runs counter to the majority, research shows transgender people are distinct (Fassinger & Arseneau, 2007). because transgender people play a highly visible role in dismantling traditional gender roles and ideals, they remain apart and at time invisible from the rest of society, including other LGB people (Fassinger & Arseneau, 2007). Many transgender people, in order to deem themselves successful in their definition of their self-identified gender, "do not want to be identified as transgender for the rest of their lives; their goal is to pass, that is to be clearly gender categorized as possible as their identified gender" (Fassinger & Arseneau, 2007, p. 28). That many transgender people would want that label to disappear from their identity should not be surprising. On being identified as transgender: "I'd rather get wet than be under that umbrella," reported one study participant (Fassinger & Arseneau, 2007, p. 23).

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[1] In all fairness Couric seems to have learned; her piece for National Geographic, "Gender Revolution: A Journey with Katie Couric" has been hailed by many transgender people and allies for its ability to explain the issue of gender identity and transgender issues.

The distinctness of transgender people plays a role in more than societal recognition. As noted earlier, transgender people, more than others under the LGBTQ rainbow, suffer from having to offer their physicality as societal "proof," hear regularly that their identity is a mental illness, need approval from the medical community to get the help they need, and are often portrayed as deceivers, preying on children and unsuspecting romantic partners.

Recent socio-political changes suggest that some of the broader, negative perceptions of transgender people are shifting, both in and outside the LGBTQ community. In 2014, the president of the Human Rights Campaign (HRC), a LGBTQ advocacy group, apologized to the transgender community for the HRC's treatment of transgender people (Merevick, 2009). In 2009, the HRC began requiring a company to support transgender rights in order to earn a 100% rating (Winters, 2009). CNN, MSNBC, and the network news programs on CBS and NBC have devoted considerable coverage, most of it sympathetic, to transgender people and issues (Maza, López, & Percelay, 2015). The story of former Olympian and reality show star Bruce Jenner's transition to Caitlyn Jenner led to positive and widely consumed stories at ABC News, in Vanity Fair, and on the reality TV show *I am Cait*. And as previously noted, Time Magazine proclaimed on its cover that America had reached a "transgender tipping point" (Steinmetz, 2014). Even so, in 2017 when a contestant on the CBS television series *Survivor* was discovered to be transgender man, he was described by another contestant as deceptive and accused of misleading his fellow contestants as well as the show's audience (Boylan, 2017).

The depiction of transgender people in media – if it has showed them at all – has often reinforced the idea that transgender people are inauthentic (Capuzza & Spencer, 2016). Even among media that aim to support transgender people, embedded narratives often inadvertently reinforce the inauthenticity of transgender identity or the need for proof for that identity to be accepted. The accordant stress that this puts on transgender people is the subject of this dissertation – including how that stress may manifest as self-harm.

How distal, broad-distribution, media-based microaggressions affect transgender people – indeed all people – as compared to the same microaggression delivered personally is not known. Transgender people often hear through media that their identity is merely a function of surgery (Bilbrey, year) – but transgender people hear this in everyday life as well (Nadal, Davidoff, Davis, & Wong, 2014). It is possible that the same microaggression delivered through different channels is equally damaging. Although there is evidence that both personal and media-based microaggressions affect transgender people, there is no discernment between possible differential impacts of the two (Nadal, Whitman, Davis, Erazo, & Davidoff, 2016). No such literature on the comparative effects of personal versus media-based microaggressions exists for any group. Accordingly, our knowledge about how they differentially affect people is scant – especially when it comes to the deadliest form of self-harm there is: suicide.

Suicide

Suicide was defined at the outset of this literature review. Its centrality to this study mandate that we explore suicide-related research, particularly as related to the transgender community. Transgender people's sense of identity is bombarded by the

societal conception of transgender people and from media. Many do not survive this assault, making it imperative to examine possible links between emotions related to the defense of one's existence as a transgender person and suicidal ideation and suicidal attempts. To begin to make that connection, it is necessary to understand some of the possible theoretical foundations of suicide, as well as how they fit the experience of the transgender community. Whether examined from a theoretical viewpoint or understood via research-based evidence, the links between the components of suicide and emotions related to the defense of one's existence as a transgender person are clear. This section will discuss the construct of suicide, and then related concepts such as thwarted belongingness and psychache.

Suicide kills more than three-quarters of a million people annually, destroying the life of the suicidal person as well as those most intimately connected to them (Chu et al., 2017; World Health Organization, 2014). The number of American transgender people who die by suicide is more nebulous; death certificates do not have information about sexual orientation nor gender identity. However, numerous studies show that transgender people have higher rates of suicidal ideation and attempts than heterosexual and cisgender people. From 20 to 40 percent of transgender people report having ever attempted suicide, a number up to 10 times greater than the American population at large (Haas, Rodgers, & Herman, 2014; Herman, Wilson, & Becker, 2017). One-third of transgender people live with daily suicidal ideation, a number triple that of the general population (Herman, Wilson, & Becker, 2017). A growing body of literature offers insight into suicide behaviors among transgender people: Perceived burdensomeness, thwarted belongingness, and the learned capacity to take one's own

life, particularly as these relate to discrimination, loneliness, oppression, social disconnectedness, stigma, and victimization can help us understand suicide among transgender people (Mustanski, Garofalo, & Emersen, 2010).

Thwarted Belongingness

Perceived burdomsomeness (Joiner, year) arises as self-blame and low self-esteem among transgender people. It can lead to becoming unemployed and homeless, two conditions which permeate the transgender community. Coupled with a lack of community resources, the internal feeling that one is a burden on society becomes even more acute for transgender people. It is when a person is dealing with issues such as unemployment and homelessness that thwarted belongingness – a nearly inevitable result of having the existence of one's identity denied – becomes a critical and destructive force in transgender lives.

Thwarted belongingness can result from transgender people being rejected by family, friends, and/or co-workers – the result of a society that largely refuses to accept gender nonconformity. This type of social isolation by itself often leads to suicidal ideation and suicide attempts (Van Orden et al., 2010). The majority of transgender people have experienced at least one sexually discriminatory event and at least one traumatic life event (House et al., 2011). As a result of a lifetime of experiences with discrimination, harassment, and violence, many transgender people "learn" to take their own lives. A lifetime of pain increases pain tolerance and can eventually progress to self-harm and attempts at suicide (Mustanski, Garofalo, & Emersen, 2010).

Thwarted belongingness and a learned capacity to take one's life: These prominent factors in transgender lives, in conjunction with perceived burdensomeness,

can combine in a way that makes transgender people particularly susceptible to considering and carrying out suicide-related behaviors. Other possible concepts and models that relate to elevated rates of transgender suicide include psychache and identity non-formation.

Psychache

The first is that emotional or psychological pain – psychache – is at the root of suicide attempts (Schneidman, 1977). This model holds that suicide attempts are most likely to occur when a person can no longer handle the psychological pain inherent in their life (Schneidman, 1977). This dissertation hypothesizes that the continued denial of one's transgender existence can result in psychache. Indeed, one study of the link between emotional pain and suicide among lesbian, gay, bisexual, transgender, and questioning adults found positive correlations between emotional pain and suicidal ideation (Crain-Gully, 2010). Studies show that some of that pain for transgender people, particularly transgender youth, comes from not being able to locate positive role models for their life-trajectories – another instance of thwarted belongingness (Johnson, Faulkner, Jones, & Welsh, 2007). The emotional pain of transgender people has been related to high levels of verbal and physical abuse in schools and workplaces, the very environments where suicidal people "learn" to take their own lives. Native Americans have been cited as populations whose inability to see themselves as part of their own future results in higher rates of suicide (Johnson et al., 2007). The erasure of the cultural existence of the Menominee Tribe has been cited as a major stressor and possible cause of suicide. It is possible that, like the Menominee Tribe of Minnesota, the ongoing

attempt to erase transgender identities by denying them acts as a stressor that could lead to increased rates of suicide ideation and suicide attempts among transgender people.

Identity non-affirmation

Another similar stressor may be identity non-affirmation, the inability to have one's identity acknowledged and accepted by others. A relatively new construct proposed under the umbrella of social identity, it has been shown to be associated with depression, life stress, and social anxiety (Sevelius, 2013). Much like Self-verification Theory (Swann, 1983), it aims to explain how individual transgender people see their identity affirmed through social interactions. This need for affirmation has a prominent role in the life of transgender people as a result of being a gender minority. A sense of non-affirmation in transgender people has been linked to high-risk behaviors that affect both mental and physical health. Though identity non-affirmation does not name suicide as one of these behaviors – sex while under the influence of substances is one – the link between identity non-affirmation and self-destructive behaviors is clear.

In as far as they are taken as distinct constructs, none of them– thwarted belongingness, psychache, identity non-affirmation – are directly tied to emotions related to the defense of one's existence as a transgender person. That said, theoretical and criterion-based evidence suggest that distinct emotions related to the defense of one's existence as a transgender person do exist and are tied to thwarted belongingness, psychache, and identity non-affirmation. Even the most thorough studies on transgender people and suicide conclude that there remains much we do not know about transgender people and why they are so uniquely driven to attempt suicide: These have been called

"unique challenges" (Mustanski, Garofalo, & Emersen,2010). It may be that psychosocial benchmarks such as puberty, adolescence, and developing their genuine gender identity are experienced differently by transgender people, and therefore uniquely change how transgender people find that they belong or are worthy of affection. Historically, transgender people have been left out of studies on suicidal behaviors or lumped in with lesbian, gay, and bisexual people (Johnson, Faulkner, Jones, & Welsh, 2007). There may be factors that act as psychosocial stressors unique to transgender people that are missed when they are included in a broader group of people. Perhaps emotions related to the defense of one's existence as a transgender person are among those factors.

An elevated sense of thwarted belongingness, psychache, identity non-affirmation: All of them work together in a way that puts transgender people uniquely at risk for suicide. I propose a new relationship among theories that have been studied for decades – Microaggression Theory, Self-verification Theory, and the Interpersonal Theory of Suicide – for exploring the epidemic of transgender suicide.

There are several relationships that could be woven utilizing the preexisting overlaps among the core theories guiding this study. First, microaggressions, that are interpreted by transgender people as requiring defense of one's existence as a transgender person might trigger a failure within the transgender person to self-verify. Second, as the failure to self-verify increases in either frequency and/or the self-perceived negativity of each incident intensifies, a higher level of negative emotions may result. Third, these higher levels of negative emotions may result in one of two distinct possibilities, one of which dovetails with the Interpersonal Theory of Suicide (ITS) and one of which deviates from it. The first possibility is that the emotions

manifest as thwarted belongingness, which in combination with perceived burdensomeness elsewhere in the transgender person's life, may result in suicidal ideation. This possibility is consistently with the pathways outlined in the ITS. The second possibility is that the emotions manifest themselves within thwarted belongingness as acute pyschache and are painful enough that the transgender person develops the capacity to commit suicide and minimize if not eliminate the need for the person to feel perceived burdensomeness, thus resulting in suicide. This is a deviation from the standard ITS model

Exploring the relationship between these concepts and theories offers an opportunity to play and learn. By using the above proposed links among theoretically established and research-based evidence, I believe a new framework for identifying transgender people at risk for suicide-related behaviors can be made manifest. That process however, must begin as all research studies do, with hypotheses and research questions.

Hypotheses and Research Questions

The proposed quantitative and qualitative-related hypotheses were derived from an extensive literature. There was also a second source: quantitative and qualitative data found in preliminary work conducted via a pilot study into transgender person's emotions as related to the defense of the existence of their identity. This pilot research, as well information from other sources, allowed for the development of a preliminary scale. The scale will be described further in the methods section.

The first four hypotheses relate to Microaggression Theory, bearing in mind the literature and evidence from the pilot study. As previously noted, Microaggression

Theory posits that microaggressions have a net-negative effect on the mental health of transgender persons, especially as they relate to the formation of negative emotions within a transgender person (Nadal et al., 2014). The proposed hypotheses were investigated using two new scales. One scale explored the frequency and intensity of emotions related to the defense of one's existence as a transgender person. The other explored apathy as it relates to the emotions a transgender person feels when their existence is denied. Using the new surveys and further in-depth interviews, this dissertation explored the following two hypotheses

H1: The increased frequency with which one experiences transgender identity-based microaggressions will positively correlate with the frequency with which one experiences those microaggressions as measured on the new scale.

H2 - Those who experience higher levels of negative transgender identity-based emotions as reported on the new scale will also report a higher level of consciousness regarding the need to defend their identity as measured on the new scale.

Microaggression theory holds that even those microaggressions based in non-personal domains such as traditional media can have a net-negative effect on the mental health and well-being of the person they are enacted against. This dissertation examined the comparative impact of real-life vs. media-based microaggressions as measured using the new scale. Using the survey and further in-depth interviews, this study explored the following two hypotheses

H3 - Media-based microaggressions will result in similar or higher scores on the

New scales than microaggressions based in real-life.

H4 - Media-based microaggressions result in similar or higher scores on the new scales for transgender people as a result of the negative influence they perceive the media has on viewers in regards to transgender issues.

The next two hypotheses related to Self-verification Theory, in terms of how people are motivated to validate, verify, and sustain their existing concept of self. When transgender people experience emotions related to the defense of their existence as a transgender person, the ultimate manifestation may be a form of thwarted belonging as identified by the Interpersonal Theory of Suicide. This sense of thwarted belonging may so high that transgender people interact atypically with the Interpersonal Theory of Suicide model – an elevated sense of burdensomeness may either not be necessary for suicidal ideation or may be greatly diminished. Via in-depth interviews, this study explored the following two hypotheses:

H5: High scores regarding the average level of consciousness needing to defend one's transgender identity are associated with an elevated sense of thwarted belonging in transgender people.

H6: High scores regarding the average level of consciousness needing to defend one's transgender identity will not be associated with an elevated sense of burdensomeness.

The two hypotheses concerned the relationship between higher scores on the new scales and suicide-related behaviors: Do those with more frequent and/or intense emotions related to the defense of one's existence as a transgender person have higher rates of suicide-related behaviors? I explored whether the accordant psychache within

transgender persons is so uniquely denying of existence that these emotions result in suicidal ideation even with no concordant sense of perceived burdensomeness. Using the survey and in-depth interviews, this study explored the following two hypotheses:

H7: Those transgender persons with more frequent and/or intense emotions related to the defense of one's existence as a transgender person will have higher rates of suicidal ideation.

H8: Higher rates of suicide-related behaviors amongst transgender persons is the result of denial of identity-based psychache so uniquely denying of existence and belongingness that these emotions alone may result in losing the fear associated with suicidal behaviors even with little to no sense of perceived burdensomeness.

Finally, in the in the aforementioned pilot study on emotions related to the defense of one's existence as a transgender person, negative emotions and apathy were conceived of as a single construct. Results from the pilot study pointed to the limited usefulness of this conception, prompting me to treat emotions and apathy as two different constructs when evaluating people's experiences related to the defense of one's existence as a transgender person. As such, I posed two research questions that treat negative emotions and apathy as separate constructs measured within the same survey. The first research question, examined during the qualitative phase, sought to explore the gap in the literature regarding how negative emotions and apathy relate to one another, particularly as this relationship affects emotions related to the defense of one's existence as a transgender person:

R1: How and to what extent do negative emotions relate to apathy and/or

disengagement with others?

The second, also explored during the qualitative research phase, sought to understand how people's daily emotions related to the defense of one's existence as a transgender person have a cumulative effect:

R2: How do transgender people understand their shifts in state of mind, in regards to pain versus being emotionally worn down and in regards to their regular exposure to transgender identity denial-related microaggressions?

PART III: THE PILOT STUDY

Before explaining the methods by which the hypotheses were tested, I outline the preliminary research from which this dissertation derived. In 2017, a pilot study examined transgender people's distinctiveness as people who must defend their existence as the people they know themselves to be. Further, the pilot study explored how that distinctiveness manifested itself in the emotions they experienced on a regular basis related to the defense of their existence as a transgender person. I executed a mixed-methods study featuring focus groups and a Likert-style survey that offered evidence for what I labeled "transgender identity defense-related emotions." What follows is a review of the evidence in support of this new framework for understanding transgender identity and the defense of identity construct within it.

Transgender Identity Defense-related Emotions: The Pilot Study

Although Microaggression Theory played a key role in my understanding and operationalization of the way that identity-denying events affect transgender people, the theoretical underpinning at the heart of the pilot study was how self-verification – and the lack thereof – affect transgender people. As noted earlier, identity is a socially defined construct that finds its roots in one's sense of self and in who society at large defines that person to be. Not being able to verify one's self as who they know themselves to be is damaging. More destructive, however? When a transgender person is told that their identity not only does not deserve equal respect and treatment, it does not even merit acknowledgment as real. Society, in this case, is no longer denying an identity; it is destroying it.

Based in foundational literature from Microaggression Theory and Self-verification Theory, the pilot study posited that real-life and media-based microaggressions act as denials of transgender identity and alter a transgender person's emotional disposition. Further, it was hypothesized that repeated denials of identity would cause negative feelings to be initiated, with continued exposure to experiences that deny one's transgender identity furthering these feelings of defensiveness. Finally, it was hypothesized that the more frequent the experiences, the greater the negative emotions generated by these experiences.

The first of three focus groups of the pilot study was conducted with three diverse groups of LGBTQ people from cities across the country in the fall of 2017. Each focus group represented different age groups, as well as economic and educational cross-sections of LGBTQ people. Deliberate efforts were made to counter the methodological issues for which microaggressions studies have been criticized (Lillenfeld, 2017; Nagai, 2017). In order to remove as much subjectivity as possible from the research process, the first – and only – structured question given to the focus groups was: "How does identity play a role in your daily life?" This open-ended question was used in response to claims that microaggression researchers use biased questions that make clear what they want respondents to say (Nagai, 2017). In response to the critique that microaggression studies use only tiny focus groups or just one-on-one interviews (Nagai, 2017), three different focus groups, each averaging approximately 12 people, were held. As a buttress against the criticism that microaggression studies focus on groups who are too small (Nagai, 2017), a quantitative analysis of answers from the focus group was turned into a Likert-style survey. The survey included 27 questions relating to the emotional effects of 15

personal-based and 12 media-based microaggressions. Administered in the winter of 2018, 677 people – more than one-third of them transgender – responded. Criticized studies included from eight to 34 people (Nagai, 2017).

The results of the pilot study confirmed the existence of transgender identity defense-related emotions; three levels of such emotions were identified. The low level was exasperation: feelings of frustration, irritation, or annoyance. The high level was enmity: a feeling of active hostility. The distinct effect of both real-life and media-based microaggressions and the effects of multiple and/or repeated microaggressions in terms of the development of transgender identity defense-related emotions was examined. The evidence gleaned from the pilot study forms the basis of hypotheses one through eight of the dissertation.

A third, less well understood, level was revealed: Exhaustion – characterized as a feeling of extreme mental fatigue. That exhaustion emerged as less clear than the other levels of emotion related to defending one's identity as a transgender person could be a result of scale construction. Examination of the data using structural equation modeling, exploratory factor analysis, and item response theory reinforced this idea. Though the data clearly revealed low and high emotional pain in response to transgender identity defense-related emotions within transgender people was higher than other LGB people, the means by which I constructed the scale left respondents unable to indicate when they were simply in between states of low and high anger and in a state of apathy in regards to any particular microaggression. As a result, the pilot effectively examined only one construct: negative emotions. Apathy-related thoughts and their link to transgender identity defense-related emotion remained unexplored.

How the Pilot Study Connects to the Dissertation

The lack of information regarding the role of apathy in response to microaggressions is why this dissertation began with a reconceptualization of transgender identity defense-related emotions as two separate constructs: emotions and emotional compromise (see Diagram 1). Emotional compromise is found among those experiencing anxiety, apprehension, a likelihood for sudden changes in emotion, and/or suspicions of others and affects relationships with others (Huston & Mel, 2004). Dividing transgender identity defense-related emotions into two distinctly measured constructs allows the scale and/or measure to respond to those transgender people who report that states of emotional compromise regarding any particular microaggression can follow both feelings

Diagram 1: Transgender identity defense-related emotions: Pilot and dissertation of

Diagram 1

Transgender identity defense-related emotions:
Pilot & dissertation versions of scales and measures
(Howe)

Emotions scale: Pilot
(Howe, 2018)

Emotions scale & Emo. comp. measure
(Howe, Diss)

7 High
6
5 Exhaus-tion
4
3
2 Low
1

7 High — Emotions
6
5
4
3
2
1 Low

Disen-gagement — Emo. Comp.
[R1 & R2]
Withdrawal

72
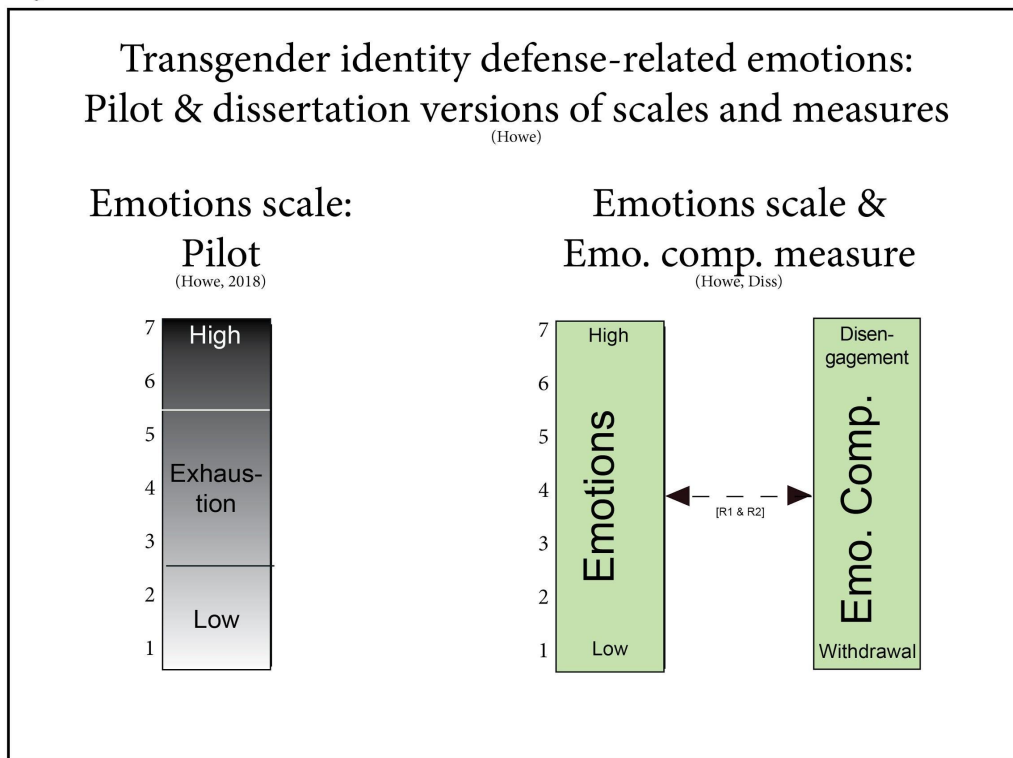
low-pain and high-pain negative emotions. People could reach emotional compromise from anger, but they could also reach it from elsewhere on the scale. The exact nature of the relationship between the two constructs – including how and why people move between them – is unknown, and therefore the focus of the two research questions. It was my intention to repeat the pilot study with the reconceptualization of transgender identity defense-related emotions as two separate constructs for my dissertation research.

Despite the ambiguity of the results regarding exhaustion, the pilot study offered evidence that the proposed reconceptualization and follow up study was sound. The pilot study justified the quantitative work informing the qualitative work. My earlier quantitative work gave evidence that transgender identity defense-related emotions exist and was conducted again in order to replicate the results. Because the dissertation survey facilitated further contact with willing participants, it gave me a quantitative baseline with which to start the qualitative phase. Researchers already knew which microaggressions produced the lowest and highest levels of emotional pain as rated on the scale and the emotional compromise in each person they interviewed, enabling them to carefully and deliberately hone in on any ties those feelings might have to suicidal ideation and attempts. Although surveys tell researchers what is happening, they are largely incapable of explaining why (Yin, 2017).

This dissertation had five key goals related to the pilot study. First, this research tested the accuracy of the results of the pilot study as related to the emotions-related construct of low and high emotional pain. Second, this study sought to confirm the results of the pilot study regarding the frequency of identity-denying microaggressions

and the intensity of negative emotions related to low and high emotional pain. Third, this research explored whether transgender identity defense-related emotions are a distinct and critical component of thwarted belongingness among transgender people. Fourth, it explored the relationship between all stages of transgender identity defense-related emotions – but particularly high levels of emotional pain – and suicidal ideation and attempts. Fifth, it sought to explain the relationship between transgender identity defense-related emotions and emotional compromise.

As discussed in the literature review and made clear by the hypotheses, one more goal drove this dissertation: to understand better the links between the stress caused by needing to defend one's identity and suicide-related behaviors. As discussed earlier, engagement in suicidal behaviors by members of the transgender community is higher than any other demographic group. By the winter of 2018, however, a personal understanding of suicidal ideation accompanied my knowledge about the high rate of suicide among transgender people. This personal understanding of transgender people who had experienced suicidal ideation – and the awareness of people who had succeeded at it – resulted in the realization that there may be links between transgender identity defense-related emotions and suicide-related behaviors. I explored the Interpersonal Theory of Suicide and found the links between thwarted belongingness, psychache, and transgender identity defense-related emotions theoretically clear. Just as the pilot study sought to add criterion-based evidence the theory, this dissertation sought research-based evidence to support a link between transgender identity defense-related emotions and ITS.

The dissertation research was about the relationship between transgender

identity defense-related emotion and why transgender people ideate and commit suicide and used a mixed methods approach with the qualitative research following the quantitative. As before, this required utilizing Likert-style surveys, structural equation modeling, exploratory factor analysis, and item response theory. In the qualitative phase, in-depth interviews, case study, and grounded theory were newly engaged. Reflexivity was also required and will be more fully addressed later in the paper. Although reflexivity is a practice usually defined solely within the space of qualitative researchers, I believed it could hold lessons for the quantitative portion of this dissertation as well – particularly as it might pertain to the topic of suicide.

In summary, the pilot study found evidence to support that transgender people suffer from a unique form of identity-denial via microaggressions that do not impact other people within the LGBTQ and cisgender communities to as great a degree. As a result of survey design, however, the relationship between microaggressions, emotions, and apathy and/or societal engagement was less understood, requiring the creation of a separate proposed construct: emotional compromise. The connection of both of these constructs to identity-denial via microaggressions was explored, as well as the relationship of all these constructs to higher levels of self-reported suicide-related behaviors in transgender people.

PART IV: METHODS

This dissertation was both mixed method and multimethod. It was mixed method as it used both qualitative case studies as well as quantitative scales, the latter Likert-style surveys (Hoffman, 2009). It was a multiple method study in that it used two different qualitative research methods: in-depth interviews and case studies. This section covers those methods, the means of execution of each method, and the recruitment of participants. First, more literature review is necessary. As noted, the purpose of this dissertation was to test for the presence of intense emotions and emotional compromise as related to the defense of one's existence as a transgender person in order to identify those people at more/less risk for suicidal ideation and suicidal attempts.

A Mixed and Multimethod Approach

There are five different types of studies – both quantitative and qualitative – that can be used to examine the contemporary events I sought to explain in this dissertation: experiment, survey, archival analysis, history, and case study (Yin, 2017). When conducting contemporary research without the requirement to control behavioral events, only two types remain: surveys and case analysis. As this dissertation used research of ongoing phenomena with only a need to observe and evaluate behavior, these were the ideal methods. Accordingly, this research began with a Likert-style survey that was used to create the emotional pain scale and emotional compromise measure. The means execution of the survey and a discussion of participants and recruitment methods follow. The use of structural equation modeling, exploratory factor analysis, and item response theory will be covered. Next I will discuss the qualitative section of the research, including reviews of case study and in-depth interview methodology, as well as how

reflexivity was part of the research process. As with the quantitative portion, the means of execution as well as participant recruitment will be covered. Finally, how my use of grounded theory as applied to this dissertation research will be covered.

Quantitative

The quantitative portion of this dissertation – and this section – begins with a discussion of the Likert-style survey developed to address the questions in this dissertation. Emotional pain and emotional compromise were the two constructs measured by the Likert-style survey. Emotional pain had been previously measured by my Likert-style survey in the pilot study; emotional compromise was added to the survey for the dissertation research. Following the discussion of the Likert-style survey is a description of how participants were recruited, and how the survey was administered. An explanation of exploratory factor analysis, a type of structural equation modeling used to understand of the data and the formation of the scales, and item response theory, a holistic means of evaluating and examining the measurements and data collected in the survey follows.

Likert-style Survey

In order for this study to be replicated and built upon, it was necessary to establish the reliability of the Likert-style survey used to explore transgender identity defense-related emotions. Only reliable observations and accounts that prove replicable are valid (Schwandt & Schwandt, 2001). There are numerous ways establish reliability, including drawing stable data across different time periods and/or using multiple methods concurrently. I compared the results in this dissertation research to the results of the pilot study and used mixed methods and multiple case studies. I also used a set of codes based

on transgender identity-defense related microaggressions (Nadal, 2014) to interpret the data. These codes reflected four categories: having one's gender publicly questioned; having one's transgender identity denied; being identified as psychologically abnormal; and being subject to statements and behaviors that objectify a transgender person's body based on their genitals. Using this coding system served to ensure a clear "operationalization of microaggressions, with a particular focus on which actions and statements do not fall under the microaggression umbrella" (Lillenfeld, 2017, p. 161). These delineations allowed me and to analyze responses in a methodical and unbiased manner – along with other researchers who may later utilize the results of this research.

This study used alternate-form reliability to establish the reliability of the Likert-style survey: The survey had different but similar questions to check for internal consistency. Using these similar items to measure like-concepts via Cronbach's Alpha, it was possible to see how well the different items related to one another mathematically. This type of reliability testing is especially valuable for scale development. Even a reliable scale, however, is not valuable if it is measuring the wrong construct. Indeed, reliability does not matter if the researcher cannot establish that their data represent the best possible version of the truth in relationship to the research questions. Researchers need to show that their evidence – and therefore their ultimate conclusions – are valid (Schwandt & Schwandt, 2001).

As a result of data collected during the pilot study, I believed my survey conformed to three different critical aspects of validity (Schwandt & Schwandt, 2001). First: the survey instrument had been shown to measure what it was supposed to. The explanations and conclusions from the pilot study were expected to carry over to the

dissertation study, demonstrating the internal validity of the Likert-style survey. Finally, the conclusions drawn in the pilot study and in this dissertation are expected to apply to other people and contexts, demonstrating external validity. Even though this dissertation study was conducted with an updated version of the survey used in the pilot study, the questions and scale, as it relates to emotions, remained unchanged from the the pilot in terms of both reliability and validity (Howe, 2018).

Proper survey construction in order to ensure survey validity was of particular concern as the foundation of this dissertation research was a survey I constructed, I wanted to be sure that the observed variable was related to changes in the latent variable (DeVellis, 2016). Although a reliable scale demonstrates that a phenomenon exerts an affective influence over the measured items, it does not promise that what is being measured is of use – or content valid – to the user of the scale. Content validity is easiest to gauge when what is being studied is easy to define. More difficult, however – and likely the case in this dissertation research – is determining validity when measuring less tangible things, such as the attitudes, beliefs, and dispositions regarding transgender identity-defense related emotions. Criterion-related validity (DeVellis, 2016), the idea that a scale is associated with a hard and fast principle or standard, is also valuable. The standard in the dissertation research is that repeated microaggressions towards one's transgender identity result in greater negative emotions and possibly suicidal ideation and attempts. I expected to see this relationship independent of a theoretical basis for it. This is predictive validity, the ability to predict a process independent of the ability to understand it theoretically. The process of reflexivity, even though it is not normally

associated with quantitative research, was also valuable in this dissertation. I will come back to reflexivity later in this section.

Surveys have limitations. Many of these limitations are based in getting humans to define their experiences in quantifiable terms (Fowler, 1995). For example, sometimes surveys ask people things about which they do not have informed answers. People may not good at relating second-hand information or predicting what they might do in the future. They are generally not good at explaining why they do the things they do; motivations can be complicated and many are not practiced with the kind of introspection that might makes their motivations clearer.

Similarly, asking people about their thoughts about solving complex problems can produce ineffective answers as most people are not informed enough to make these types of assessments. Similarly, survey questions are limited to those that are simple, straightforward, and objective. Questions lose efficacy when one includes "and" or "or" in the question – asking two questions at once.

Language also limits what a quantitative researcher can put in a survey (Fowler, 1995). Research-based assumptions that are unfamiliar to the reader can be particularly troublesome, especially when one uses words that respondents may not know or may confuse with other words. Time periods must be specific – and not some referent like "recently" or "later" – on surveys, even though the ambiguity of life and people's general method of recall tends to be non-specific. Regarding the wording of questions, even though one might not wish to limit respondent's possibilities of thought, only specificity ensures that every respondent is answering the question the researcher wants answered (Fowler, 1995).

It is this ambiguous nature of human experience and recall that lies at the foundation of Tourangeau, Rips, and Rasinski's *The Psychology of Survey Response* (2000), and it offers some cautions for the researcher looking to use surveys. First, what people "remember" is always tied into what they think probably occurred, as autobiographical memories are a representation of the experience, not the experience itself. Even "flashbulb memories," the kind that people "know" they remember, are often subject to faulty recall. As time passes, it is often impossible to remember what actually occurred; even highly personal items should be surveyed as close in time as possible to the incident in question; more time means more error.

Also problematic to surveyors is that people forget things at different rates (Tourangeau, Rips, & Rasinski, 2000). What someone had for lunch last week may already be forgotten, even though they still remember the names of every teacher they had in elementary school. Because of this, it is inadvisable to ask respondents to remember a certain type of event regardless of how recently it occurred. Instead, it is better to change the length of the period people are asked to recall –a week, month, or year – or to give a reference date. The more intensely displeasing something is, the more likely it is to be recalled. Surveyors should use caution when examining pleasant events, just as banal ones.

Also skewing the cognitive processes of memory – and therefore possibly survey results – is people's ability to fill gaps in memory with values, previous self-evaluations, and vague impressions or context effects. Respondents who take long periods of time on surveys can bring even more inferences to the survey questions and change their answers accordingly (Tourangeau, Rips, & Rasinski, 2000). Attitude effects can also skew results.

Attitude is the evaluation one brings to a task and may or may not be separate from the respondent efforts. It has been found that attitude likely does influence effort when it comes to surveys. As a result of these context and attitude effects, even the same question – even with the same person – can produce different answers depending on the situation. To moderate this effect, it is recommended that researchers maintain the intrinsic and stable assumptions that underlie the survey, overlap survey intentions where possible to provide a more stable and longitudinal foundation of answers, and employ a consistent means of reviewing answers.

One of the most frequently used response formats when using scales is a Likert Scale or a Likert-type scale, particularly when researchers are measuring attitudes, beliefs, and opinions (DeVellis, 2016). Whether in surveys regarding emotional intelligence, interpersonal relations, or self-monitoring of emotions – including anxiety, depression, and stress – Likert scales and Likert-type scales have been demonstrated to be an effective means of measuring concepts that tie to researchers' proposed constructs (Martin & Dahlen, 2005; Schutte et al., 2001).

Creating a scale as opposed to using a familiar and tested one added a layer of complexity to this research, but it was a step I believed necessary for a full understanding of transgender identity defense-related emotions. As discussed earlier, the emotional and emotional compromise scales were needed to ascertain the types of emotions experienced by transgender people as they confront microaggressions that send the message that they as a group do not exist. There are other scales that have been created to measure different aspects of emotions as related to transgender people. The Genderism and Transphobia Scale (Hill & Willoughby, 2005) measures the emotions of others as they react to

transgender people, not the emotions of transgender people themselves. The Transgender Congruence Scale (Kozee, Tylka, & Bauerband, 2012) examines how comfortable transgender people are with themselves. Although their feelings about themselves may inform how transgender people react to the need for transgender identity defense, the scale does not measure what emotions arise during identity defense. The Lesbian, Gay, and Bisexual Identity Scale (Mohr & Kendra, 2011) does not include transgender people – as many queer identity scales do not. There is research on microaggressions among racially diverse sexual minorities, yet of the eight microaggression themes, not one pertains to identity, much less transgender identity (Weber et al., 2017).

Measurement tools such as the Lesbian, Gay, and Bisexual Scale and existing microaggression theme lists might form a template from which to adapt a transgender identity defense scale to measure identity affirmation and other identity-related constructs and psychosocial functioning. Other queer identity scales have been adapted from other groups (Morrison et al., 2017). Such adaptation would not necessarily produce a sound measurement tool, however. A review of 162 articles using psychometric properties measuring LGB discrimination – including relationships to identity – found that most of these studies offered suboptimal measurements of the properties they intended to measure. One reason is that some of the LGB scales were adapted from scales originally created to explore concepts and of race- and gender-based discrimination (Morrison et al., 2017). Adapting a transgender identity defense scale from an already flawed LGB scale would be an error.

The use of scales in psychosocial research has a long history As a result, there is a great deal of literature about how to avoid the possible problems inherent within such

use. The scales that have been used to examine transgender identity have a shorter history. Although there are some scales that have examined transgender identity, none of them were created to nor can be used to evaluate the emotions and states of apathy that transgender people experience when they feel the existence of their identity is being questioned. The two new scales proposed in this research were thus needed.

Transgender Identity Defense-related Emo. Scale and Emo. Compromise Measure

The transgender identity-defense related emotions scale and emotional compromise measure filled the gaps left by the aforementioned scales; the scales in this dissertation were created specifically to measure the different dimensions related to the impacts of microaggressions on transgender identity. The new scale and measure were specifically designed to address the issues with existing LGB measurement scales, which often have questionable content validity as they were not created using the input of the groups with which they were designed to be used (Morrison et al., 2017). The transgender identity-defense related emotions scale and emotional compromise measure were created using the input of transgender and other queer people. Additionally, many of the features typically identified as part of psychometrically sound instruments were intentionally part of the design of the scale and measure. It was designed to measure one thing – the emotions related to transgender identity defense –ensuring content and (concurrent) criterion validity (Morrison et al., 2017). Because this study and further studies using the emotional scale and emotional compromise measure operated with the knowledge that dimensionality needs to be explored anew with each sample, there should not be issues with the scale being a "fixed" one that imposes the results from one study on another (Morrison et al., 2017). It has been noted that failing "measures possess a small number of items and, thus, may not sufficiently represent the domain of interest"

(Morrison et al., 2017, p. 1086). This is the one issue that remains in the transgender identity-defense related emotion scale. My desire was to keep the mechanism of evaluation as simple as possible. There were only two larger types of microaggressions internally identified – real-life and media – for the purposes of addressing the origins of microaggressions within the statements presented to participants. Thus the creation of the transgender identity-defense related emotions scale was as follows:

Transgender identity-defense related emotions scale: (Descriptors of negative feelings taken from the Novaco Anger Scale (Culhane & Morera, 2010).)

- Selecting 1 to 3 indicates exasperation: starting with little to no negative feelings about the incident, building to a feeling of frustration, irritation or annoyance with needing to defend their transgender identity. A selection of three would include a willingness to politely respond to the situation. Persons at this level are said to be low on the scale.

- Selecting 5 to 7 indicates enmity: a feeling of being actively hostile to those expressing the comment, with 7 representing a feeling one must respond, even if that is in a non-respectful manner. Persons at this level are said to be high on the scale.

- Selecting 4 indicates no ability to discernibly label the emotion negative or positive, though emotions are still present.

Emotional compromise measure: (Descriptors of apathy taken from Dover's survey individuals' recall of emotions, feelings, and thoughts occurring at the moment of microaggression (2016).)

- Respondents will be able to choose between the identified microaggression causing either emotional pain, feeling worn down, or no sense of emotional compromise at all.

- Within both of those constructs respondents can indicate if the identified microaggression caused them to be unwilling to engage with others, less willing to engage with others, still willing to engage with others, or that their emotions did not impact their willingness to engage with others.

I recognize that these scales might seem limited; it could be suggested that the use of only two constructs of emotional compromise – willingness to engage and feeling worn down – is similarly limiting. However, I wanted to simplify the mechanisms of evaluation in this study of transgender identity defense-related emotions formation. In addition, other emotional scales use similarly reduced numbers of categories. The Novaco Anger Scale – from which this dissertation's explanation of low and high emotions was drawn – offers only five different responses for participants, yet delivers internal consistency, convergent validity, and subscale correlations with other scales of emotional measurement. Although there are flaws in assuming a scale designed for one group may simply be adapted for another, the Novaco scale has been used with diverse populations, including with Hispanic populations. Finally, an emotions scale tied to transgender identity defense-related emotions was needed. Although there are some emotional measurement tools that have been used with LGBT populations to measure emotional distress as a result of mistreatment as a gay or lesbian, such as the Modified Depression Scale, even this scale was not designed for gay or lesbian people, much less for transgender people (Almeida et al., 2009). At this time, there is no emotional

measurement scale dedicated to LGBTQ individuals. I acknowledge the challenges inherent in designing a new scale; yet this survey and the derived scale have been used once and shown both reliable and valid. I expected that the survey as proposed would show similar results.

Execution of the survey

The survey was administered online using Qualtrics to approximately 400 people across the country. One-third of respondents identified as transgender and at least 10 of them were from each of the five target cities. No other numerical breakdown of the LGBTQ population or cisgender population was necessary, though if the demographics of respondents from the pilot study remained largely the same, the majority of the remaining two-thirds would identify as LGB.

The beginning of the survey asked individuals about their sexual identity (transgender, cisgender, non-binary, and other) and sexual orientation (gay, straight, lesbian, bisexual, asexual, and other). Respondents were able to select as many options as they felt applied to themselves on the question regarding sexual orientation. Other demographic questions included age (14 – 17, 18 – 25, 26 – 34, 35 – 49, 50 – 64, and 65 and older), level of education (did not complete high school, still in high school, college student, college graduate, some postgraduate, and masters or PhD.), in what region of the country they lived, (Pacific West, Rocky Mountain West, Midwest, the South, Mid-Atlantic, and Northeast), as well as socio-economic grouping (self-identification as lower, middle, or upper income). Respondents who self-selected under 18 for age were not asked the question related to income. Race was the final demographic question (White, Hispanic or Latino, Black or African American, Native American or American

Indian, Asian / Pacific Islander, and Other). Finally, those who self-identified as transgender were asked two follow-up questions. First: "Do you believe you visually pass as the gender with which you identify?" with the options: "Yes, I believe I pass," "I believe most of the time I pass," "About half and half," "No, I do not believe I pass most of the time," "No, I do not believe I pass." And second: "What would best describe those who know about your status as a transgender person?" "Very few, if any," "My family and friends only," "Family, friends, coworkers, and others who are part of my daily experience only," or "Most everyone."

Next, they were asked to take a Likert-style survey containing 26 questions. These questions covered the most frequently mentioned types of identity-related microaggressions as identified in previous research (Howe, 2018; Nadal, 2014). For example: "It was suggested I use the changing room, restroom, or similar type of space of the gender clearly different from how I present my identity." Four evaluations of their reaction to that incident followed: First: "How often in a week do you feel something like this occurs to you?" with seven options from "0" to "6+". Second, they were given a Likert-style sliding scale, ranging from one to seven, on which they identified their intensity of negative emotion or apathy. Third: "How would you describe your reaction to when this happens to you?" with three possibilities: the microaggression causes either emotional pain, feeling worn down, or no sense of emotional compromise at all. Fourth, the respondent, as part of their articulation of emotional pain or feeling worn down, indicated if the identified microaggression caused them to be unwilling to engage with others, less willing to engage with others, still willing to engage with others, or that their emotions did not impact their willingness to engage with others.

Participants were asked five final questions. First: "Overall, on scale of 1 to 7, how would you describe the intensity of your emotions in regards to defending your identity within larger society." Next, they were given five questions regarding suicidal behaviors. As discussed earlier, research-based evidence on suicide shows that being asked about suicide in this way does not promote suicidal behaviors. Additionally, increasing numbers of people are asked these types of questions every day, including through the PHQ-9, a depression diagnostic and severity measure now in use in doctor's offices all over the country (Kroenke & Spitzer, 2002). A nine-item questionnaire that many patients take each time they check in at the doctor's office, its final question is: "Over the last 2 weeks, how often have you been bothered by… thoughts that you would be better off dead or of hurting yourself in some way?" (Kroenke & Spitzer, p. 8). The Oregon Department of Education polls high school juniors each year in the course of the Oregon Healthy Teens Survey, including questions about suicide (ODE 2017).

Finally, participants were asked if they wished to participate in the second portion of the study, an in-depth, one-on-one interview. If they were, they were asked to leave their email address. I also included, on the final survey page, contact information for national suicide hotlines, including those specifically for transgender and other LGBT people (Lakeman & Fitzgerald, 2009).

As the survey was a refined version of the survey used in the pilot study, I believed that these questions and demographic markers would allow for the widest possible breadth of answers, while keeping the survey short, requiring approximately five to 10 minutes.

Participants & Recruitment

Participants were recruited for a summer 2018 survey via email lists from Trans*ponder, the National Lesbian and Gay Journalist Association, University of Oregon LGBTQIA, and the Facebook groups of the Association of Transgender Professionals and the Transgender Support Circle. Numerous transgender-related activist groups and non-profits were also targeted via their Facebook pages. During the 2018 pilot study, more than 200 respondents interested in participating in follow-up studies left their email addresses. Special efforts were made to get survey results and contact information from people living in Albuquerque, Dallas, Louisville, New York, and Spokane in order to ensure a wide demographic cross section of participants. Each of the five cities ranked in the top 100 metropolitan areas in terms of size: 60th, fourth, 45th, first, and 98th, respectively. The states in which they are based were widely considered to be liberal (New York and Washington), conservative (Kentucky and Texas), or a swing state (New Mexico) based on data from the 2016 presidential election (Federal Election Commission, 2017). That said, only three of the cities – Albuquerque, Dallas and New York – voted similarly to the state as a whole. Spokane County voted for Donald Trump by a 5-to-4 margin. In Jefferson County, Kentucky, 54 percent of residents supported Hillary Clinton, and 40 percent supported Donald Trump. New York and Washington had equality laws highly supportive of transgender equality, New Mexico medium, Kentucky low, and Texas had or was seeking laws that actively denied transgender equality (Transgender Law Center, 2018).

For this study, 600 LGBTQ people were surveyed, approximately 250 of whom were transgender. Among these 250 respondents were at least 10 transgender people from

each of the five cities listed above. Snowball sampling, or referral sampling, from these groups of people was used to recruit more respondents in order to attain a sample size that assured accurate sampling of the population. That said, there was no set number for sample size; it needed simply to be "large enough" (Gay & Diehl,1992). Regardless of the population size – in this case there were some nine million LGBT Americans – sample size for any group need not exceed about 380 cases, as there is little benefit to statistical reliability and much energy and expense to be lost (Krejcie & Morgan,1970). Historically, these sample size guidelines have been used in other nationwide studies of transgender persons. The Williams Institute, one of the nation's leading sexual orientation and gender identity public policy institutions, recently completed a study of transgender people using a sample size of 113 people (Herman, Wilson, & Becker, 2017).

The snowball survey method allowed access to people from a wide variety of areas of the country, as well as of varying ages, education levels, and income levels. Including high-school aged students was important as transgender youth made up a large section of transgender-identifying persons in the United States and were considered at high-risk for suicide and self-harm. Participants needed to be fluent in English, as the survey was not translated. Survey results were used to identify 25 individuals from the five cities listed above for in-depth interviews.

When this process was completed, 400 people had answered 45 questions, and I had collected more than 18,000 pieces of data. This was an ample sample size with which to draw conclusions about the group in question. I used structural equation modeling, exploratory factor analysis, and item response theory to analyze the data.

Structural Equation Modeling, Exploratory Factor Anal. & Item Response

Interpretation of the quantitative survey results was done using structural equation modeling. SEM is an overarching term for variety of statistical techniques that allow the researcher to determine the relationship between one or multiple independent variables, as well as singular or multiple dependent variables. These can be directly observed or measured variables or latent, unobservable variables such as one's negative emotions regarding transgender identity defense-related emotions (Ullman, 2006). SEM has been used by communications researchers since the mid-1970s. Its ability to allow researchers to turn thousands of seemingly unlinked data points into structural models helps establish relationships between observable and unobservable items that might otherwise be impossible to see (Holbert & Stephenson, 2002).

I used both exploratory factor analysis (EFA) and Item Response Theory (IRT). EFA allows the researcher to take large sets of variables, and starting with hypotheses about how they might be linked, explore whether or not there is an underlying framework that ties them together. This framework may include how many of the factors are relevant, as well as understanding how the variables are associated with those factors. Some hypothesized relationships may be discovered as non-existent, while others may be verified by Cronbach's Alpha and other indicators of statistical reliability. This beginning in uncertainty with the possibility of failure is what makes it an exploratory technique (Ullman, 2006).

Item response theory is a holistic means of evaluating and examining the measurements and subsequent data involved in questionnaires like the ones in this dissertation. It was used to ensure an evaluation ideally suited to respondents' self-

reported scores of frequency and intensity of each microaggression (De Ayala, 2009). Unlike simpler means of establishing and evaluating a respondent's scores on a survey, IRT allows for individual evaluation of each item with its emphasis on the use of multiple statistical models within evaluation (van Alphen, Halfens, Hasman, & Imbos, 1994).

The use of SEM, EFA, and IRT is not without critics and cautions. Examinations of the use of EFA in communications research has shown numerous problems. First, the mathematics of EFA are complicated, and many researchers do not know how to use it properly. Next, researchers are often predisposed to make their exploratory choices based on tradition, rather than on proper technique, carrying past mistakes into their own analyses. Finally, researchers may too easily default to what the software programs that calculate the reliability statistics suggest they do, instead of individualizing their explorations to match their research (Park, Dailey, & Lemus, 2002). Often researchers choose certain traditional procedures – or let the software choose for them – when other procedures would have been more appropriate. IRT methods are also considered to be complex, lacking in the simplicity found in other models based in classical test theory. As IRT requires in-depth knowledge of computer programs, IRT can have numerous limitations and constraints for researchers (Singh, 2004).

Qualitative

The meanings of the information gathered on the survey will be made evident in the following section. The survey reached hundreds of people and provided answers regarding transgender identity defense-related emotions and subsequent emotional compromise. As such, the qualitative portion of this dissertation began with an explanation of case study and why – even though I used in-depth interviews with each

subject – it remained the ideal framework with which to conduct this part of if the study. Next, I outline the means by which I found participants and conducted the in-depth interviews used in the case study. Finally, I explain how both grounded theory and reflexivity played a role in the execution of both the research and data analysis phases of this dissertation.

Case Study

The case study, was the ideal organizing framework of the qualitative portion of this dissertation, as it allowed me to expand upon the quantitative survey. In-depth interviews were the means by which evidence was gathered from each individual interview subject, but using a case study was the best choice to isolating questions of "how" and "why," as well as making cross-connections between a large number of interviews/individual cases. The overarching framework of the case study was more explanatory in nature and allowed me to see the relevant links between interviews, to get beyond frequencies or incidence, and to examine them over a period of time (Yin, 2017).

Case study research can be defined as a method of inquiry that focuses on verifiable observation or experience of a contemporary phenomenon by examining it within the context of real life (Yin, 2017). It is often used when the boundaries between the phenomenon being examined is difficult to discern from the context surrounding it. Case studies are best used to understand both the uniqueness and commonalities of a system or phenomenon (Stake, 1995). The desire to understand the people who are part of what researchers are studying and to put aside the researcher's own feelings and biases are key. There are two types of case studies: intrinsic and instrumental. The first, intrinsic, is used to explore a particular case rather than to learn about a general problem.

Instrumental case studies begin with a research question, one that might be best understood by studying a particular case or cases (Stake, 1995). Instrumental case studies are conducted in order to understand something greater beyond the individual or individuals studied. In this dissertation, I used a case study to explore the feelings and experiences of transgender people as related to transgender identity defense-related emotions. Instrumental case studies also allow for cross-case synthesis, something made possible only when examining two or more cases.

Instrumental case studies are sometimes referred to as collective or multiple case studies (Creswell,1998). In the case of this dissertation, they were distinguished by interviews with the aforementioned 50 individuals, bounded by their scale scores on the Likert-style survey and demographics, particularly as residents of one of the five cities identified. I used the geopolitical location, the population of the larger community and demographic data relating to income, race and LGBTQ status to set the context of the research environment, because it was a collective study. By doing so, each subject was defined both by their commonalities to the group and their unique position within it (Creswell, 1998). The execution of a collective case study allowed for categorical aggregation and direct interpretation so as to take the incoming data apart and reassemble it in a way that is meaningful to me.

At this point it might be tempting to ask: Is it still a case study when 50 people are involved? And is this type of coverage even possible? Prior research and current literature support the conclusion they are. First, case studies are not limited in the number of people they include. Experienced qualitative researchers who use in-depth interviews and case studies have agreed, through long and varied opinions, that "if a case study

design is chosen for a study the case may include many persons" (Baker & Edwards, 2012, p. 16). This is because cases are selected not for the purposes of talking with one person, they are selected for the purposes of comparison, and it may be necessary to interview more people to support or fail to support a hypothesis. As transgender identity defense-related emotions as a construct and possible theory are both new, a large sample size was deemed especially critical. The most salient aspect of transgender people's stories as they relate to transgender identity defense-related emotions were unknown. Perhaps it was similar childhoods or coming out experiences, frequent participation in social media, or frequent viewing of television programs with identity-affirming messages that would most affect how transgender people responded to identity threat and denial; nothing was known, and therefore a large sample seemed prudent.

It could be argued that although a sample of 50 people may be theoretically possible and/or necessary, it was not needed in terms of criterion-based results and/or feasibility. Some have suggested that twelve to 60 people are necessary for dissertation studies, with about 30 interviews as a mean (Adler & Adler, 1987). Other researchers have reported that their own studies featuring qualitative, in-depth interviews included samples of 71, 42, and in one case up to 100 people – just to name a few – with one dissertation including 46 individual interviews and 23 follow-up interviews with couples from those 46 (Baker & Edwards, 2012).

I was aware that 50 people may not have been necessary to reach a saturation point in terms of acquired evidence. It was believed that in-depth interview accounts would be rich enough in detail that not every person interviewed would be part of the final analysis. I believed that a review of perhaps only half might reveal the full breadth

of transgender identity defense-related emotions; past researchers had found this to be the case (Baker & Edwards, 2012). Given that when it comes to how big a sample size is big enough, "there is a paucity of explicit discussion of this basic issue for qualitative researchers," (Baker & Edwards, 2012, p. 3) I preferred to be redundant than to be incomplete.

All this said about sample size, conducting a case studies is not the same as sampling (Stake,1995). Case studies are conducted to understand the cases being researched, not necessarily to understand everyone else. This would seem to make case studies a poor means of making generalizations. However, given the possibility of cross-synthesis and the length of time spent on each study, patterns will begin to distinguish themselves among the answers people give. This allows researchers to make certain generalizations about those people being studied, and with time, these generalizations may become more refined. This is possible because case study emphasizes interpretation. By going into the field and recording objectively what they are told and examining what it means, researchers can refine their questions and what meanings they take from what is observed (Stake, 1995). Indeed, even in the middle of a study, if early efforts are failing or other issues arise, researchers can change the design of the study.

Other qualitative methods that merited consideration when planning this dissertation. Ethnography, for instance, can be an ideal means to examine the way of life maintained by defined groups. With its great breadth of both practice and methods, it is frequently used by researchers (Ogbu, 1981), and there are ethnographic case studies. Ethnographic case studies, however, like all traditional ethnography, involve a great deal of participant time and observation in the field. Although this method would allow for a

greater understanding of the entirety of a few distinct individuals' lives, I decided that a traditional case study, focused on in-depth interviews with a greater number of varied subjects served as the ideal way to conduct this research (Yin, 2017).

There are limitations inherent in the case study, as there are in any research method. No single case study can serve as a representative sample of the population, no matter how many case studies are conducted. As a former ethnographic journalist, I understood the importance of recording and examining objectively what the researcher is being told, and the importance of putting aside the researcher's own feelings and biases (Stake, 1995). Such distance is not always easy to maintain as a reporter or researcher. When reporting on a drag queen with an affirming story or the local veterinarian, the possibility of and consequences of failure are not overwhelming. Given the topic of this dissertation, it felt anything but true.

Some see case study as overly subjective, producing multiple new questions even as it resolves on old one (Yin, 2017). It tends to be slow, ethically challenging, and often with no pay-off in terms of effective change or money invested. All of these are true – when the qualitative researcher fails. Fortunately, a great deal of research has been written about proper and improper ways of conducting a case study. The safeguards discussed earlier were both well-researched and extensively practiced. The same things can be said about in-depth interview, the next method of study in this dissertation.

In-depth Interview

The in-depth qualitative research interview is the ideal means for gaining knowledge about each of the research subjects within a case study; its proper execution allows the researcher to understand the worldview held by each subject (Brinkmann &

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Kvale, 2009). Using the semi-structured in-depth interview allows the researcher to bring reason and process to what might seem an amorphous process. By using the in-depth interview, it is possible to give respondents' experiences meaning beyond that of scientific explanations; the meaning is in actual lives being lived here and now.

Despite this higher purpose, the in-depth interview is not a nebulous thing devoid of structure. Early critiques of the method saw it as ineffective, immoral, and even dangerous. On the contrary, in-depth interview has structure and purpose, a means of asking questions and listening to answers in order to acquire knowledge that is tested and complete (Brinkmann & Kvale, 2009). One of the most used forms of in-depth interview in qualitative research – the semi-structured life world interview – was the method used here as a means to obtain descriptions of the subject's life and perceptions and give meaning to what they described.

The semi-structured in-depth interview is frequently used by researchers wishing to understand transgender people better. Sometimes it is used to help find and understand the internal logic that serves as the foundation of a conversation that seems to move from subject to subject (Hochdorn, Faleiros, Valerio, & Vitelli, 2017). In other instances it has been used in triangulation with quantitative research – as I proposed – to obtain richer data, establish concrete themes, and better understand the internal conflicts inherent to many transgender people (Ruvio & Belk, 2018). As these types of issues with interview subjects are likely to arise, my prior experience as an in-depth researcher and journalist suggested that this method was the ideal way to gain an understanding of these processes (Van Dijk, 1993).

As both a journalist and a PhD student, the researcher has had experience conducting in-depth interviews, and does acknowledge that the two forms are different. Journalistic interviews are for the purposes of recording and reporting the daily happenings of life, while research interviews are conducted for the purpose of generating new knowledge. That said, there are not set distinctions between these two forms of interview; both forms may in practice be similar to one another. Both are dependent on human interaction in order to produce information that is of value to those who consume it (Brinkmann & Kvale, 2009). This does not mean that the conduct of such an interview is simple. Although there are few standards or rules that govern such in-depth interviews, it is a craft that must be done well, and the only way to do it well is to practice (Brinkmann & Kvale, 2009). In the end, the benefits of the knowledge gained is the only determinant of success.

The interviewer – and the interview process – must start somewhere. In that respect the success of the in-depth interview is tied to the skills and assessments of the interviewer. The interviewer must be able to relate to the subjects they are interviewing and adjust quickly to discursive topics and concepts. They must be knowledgeable about the topic and – as much as possible – about the person they are interviewing. If this knowledge does not exist, the unstructured nature of the interview can result in a pile of unrelated data with little underlying logic (Brinkmann & Kvale, 2009). Instead of bringing back answers that feature clarity and extensions into new knowledge, the researcher has only recordings and transcripts of disconnected events in the subject's life. Returning to the justification for conducting the quantitative phase of this research first, it

was believed the data gained from my individual surveys of each subject would prove invaluable in this respect.

Experience as an in-depth interviewer aside, communication research history suggests that this method integrates well with researchers whose Positionality starts with a constructivist theoretical viewpoint. Like Piaget, who held that learners – and researchers – must consciously think about what meanings they derive from a situation, constructivists are likely to believe that the best interviews are ones in which the subject is allowed and encouraged to talk spontaneously about the issues in their lives, for in that manner they can see how their perceptions of their life unfold (Brinkmann & Kvale, 2009). This Positionality rejects the methodological positivism that insists that evidence must be confined to the quantifiable. Instead, researchers may describe, understand, and identify the concrete even before any theories or other more abstract knowledge is spelled out (Brinkmann & Kvale, 2009). This allows researchers to focus on what happens in everyday lives, and understand it in a way that has value to both researcher and subject.

This means of understanding has inherent structure. The researcher must seek out the qualitative meaning of central themes to the subjects life, with no need for quantification (Brinkmann & Kvale, 2009). The researcher must seek out and elicit specific and nuanced descriptions of incidents in the subject's life, not just general observations or opinions. The researcher, while being an expert on their subject, must be open to new ideas and concepts and not come across as close-minded. They must be a person who, while focused on certain themes, is not pre-programmed with exact questions or certitudes about what answers may be produced. The researcher must be aware that the subject may at times be ambiguous or contradictory, a person that may be

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developing new insights into themselves as a result of being interviewed and may therefore change their thoughts on a topic during the course of the interview (Brinkmann & Kvale, 2009). As a transgender person who has been interviewed for other research studies, often via in-depth interview, I am keenly aware that this can happen.

Though an effective in-depth interview may produce positive results for the subject, the conversation is still one where the relationship is asymmetrical; the researcher's quest for understanding and knowledge is paramount (Brinkmann & Kvale, 2009). As noted, I have been the frequent subject of interviews and have seen modeled the type of interviewer I wish to be – and that I do not with to be. Two types of interviewers have been described through metaphor: the miner and the traveler (Brinkmann & Kvale, 2014). With the miner, information is seen as buried treasure waiting to be found and taken in its purest form. I do not wish to be a miner, although I do find value in the approach. The idea of knowledge unspoiled by possibly leading questions is appealing (Brinkmann & Kvale, 2009). That said, I do not truly believe this state of knowledge is possible; if knowledge is constructed by the learner, then is impossible to remove the learner – the researcher – from knowledge.

Instead, I prefer the metaphor of the traveler, one who heads out into the field entering into conversations with those they meet (Brinkmann & Kvale, 2009). With numerous ideas and concepts to be explored, there is only the unknown. Knowledge is constructed jointly between the interviewer and the subject as I ask them to tell me their story for the purpose of constructing narrative that one day will be shared with others (Brinkmann & Kvale, 2009). In the case of the dissertation studies, the narrative sought to understand transgender identity denial as it relates to suicide attempts and ideation.

Critics of in-depth interviews, and often qualitative research, are often critical of what some see as the nebulous nature of research that has a predetermined starting point, but perhaps little else in terms of structure. As demonstrated, however, in-depth interviews do follow certain guidelines and ethical practices, even if those cannot always be pegged to certain moments ahead of time. It is this open-endedness that allows the researcher to follow the subject where the subject wants and needs their answers to go. It is their story, after all – and when someone is talking about possibly ending their own life, it is critical that the researcher goes where their subject needs them to be.

Transgender Identity Defense-related Emo. and Rethinking the ITS model

This joint construction of knowledge between researcher and subject is critical, as the course of this research sought to modify Joiner's Interpersonal Theory of Suicide. As established, the ITS held that thwarted belonging and perceived burdensomeness are both present in a person experiencing suicidal behaviors (See Diagram 2). The proposed research questions in my dissertation research limited one construct within the ITS model and gave far greater value to the other. A willingness to see the ITS in a different light may offer heretofore unrecognized opportunities to help transgender people.

What is hypothesized here are two different possibilities. First, that transgender identity defense-related emotions are so distinctly damaging they can overwhelm those for whom perceived burdensomeness may not be a major issue. And/or second, that while perceived burdensomeness remains a dominant construct, its manifestation is now so acutely associated with transgender identity defense-related emotions, that perceived burdensomeness almost becomes dependent on these emotions within the thwarted belonging construct. For instance, even though a transgender person may have reconciled

Diagram 2

Interpersonal Theory of Suicide[1]
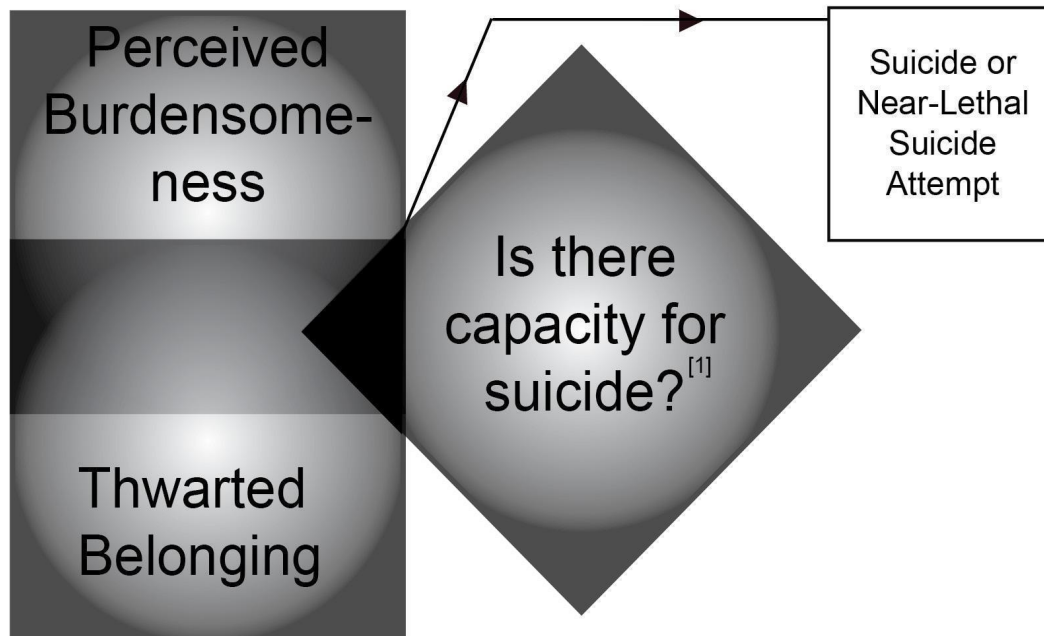
Perceived Burdensome-ness

Thwarted Belonging

Is there capacity for suicide?[1]

Suicide or Near-Lethal Suicide Attempt

[1] Joiner Jr, T. E., Van Orden, K. A., Witte, T. K., & Rudd, M. D. (2009). The interpersonal theory of suicide: Guidance for working with suicidal clients. American Psychological Association.

how to provide for themselves and their family, the painful transgender identity defense-related emotions-inducing microaggressions experienced within thwarted belonging can, by themselves, eventually result in a learned capacity to commit suicide. And/or that as a transgender person the subjects knows, like many people of LBGTQ identity, that their likelihood of getting a job, providing for themselves and their family, and so on is poor. Because of identity denial-inducing microaggressions, they now feel that even more acutely, so much so that the ensuing pain is eventually enough to result in a learned capacity to commit suicide.

In this model, (diagram 3) transgender identity defense-related emotions were hypothesized to be rooted in thwarted belonging, but its spin offs are so brutal that they

may be capable of triggering the capacity for suicide by themselves (within the thwarted belonging construct) or produce an imbalanced environment between the two constructs. Second, was that transgender identity defense-related emotions act as a catalyst for even more intense, directly-related feelings of perceived burdensomeness (See Diagram 3).

The possibility of variances within the negative impact of each construct is suggested by other research. One study of suicidal ideation found that transgender persons transitioning female to male demonstrated less thwarted belongingness and perceived burdensomeness than their male to female counterparts (Testa et al., 2017). That study also found support for the idea that there may be specific stressors that contribute to suicidal ideation within the ITS and attempted to explain the impact of minority stressors, both gender and external. Gender minority stressors – those of internalized transphobia and negative expectations – were responsible for nearly a quarter of the variance in thwarted belongingness and one-third of the variance in perceived burdensomeness. Although perceived burdensomeness and thwarted belongingness were strongly associated with suicidal ideation when it came to external minority stressors such as victimization and discrimination, the researchers could not fully explain the association. Is may be possible that both of these discrepancies are related to transgender identity defense-related emotions.

This type of psychology is not the typical wheelhouse of a mass media researcher. But transgender identity defense-related emotions were posited to be tied to media-based microaggressions and to negative emotions. In that respect, the research questions in this dissertation fell within the realm of psychosocial studies, which were at the root of the fifth and sixth hypotheses: that high scores on the scale would be associated with a sense

Diagram 3
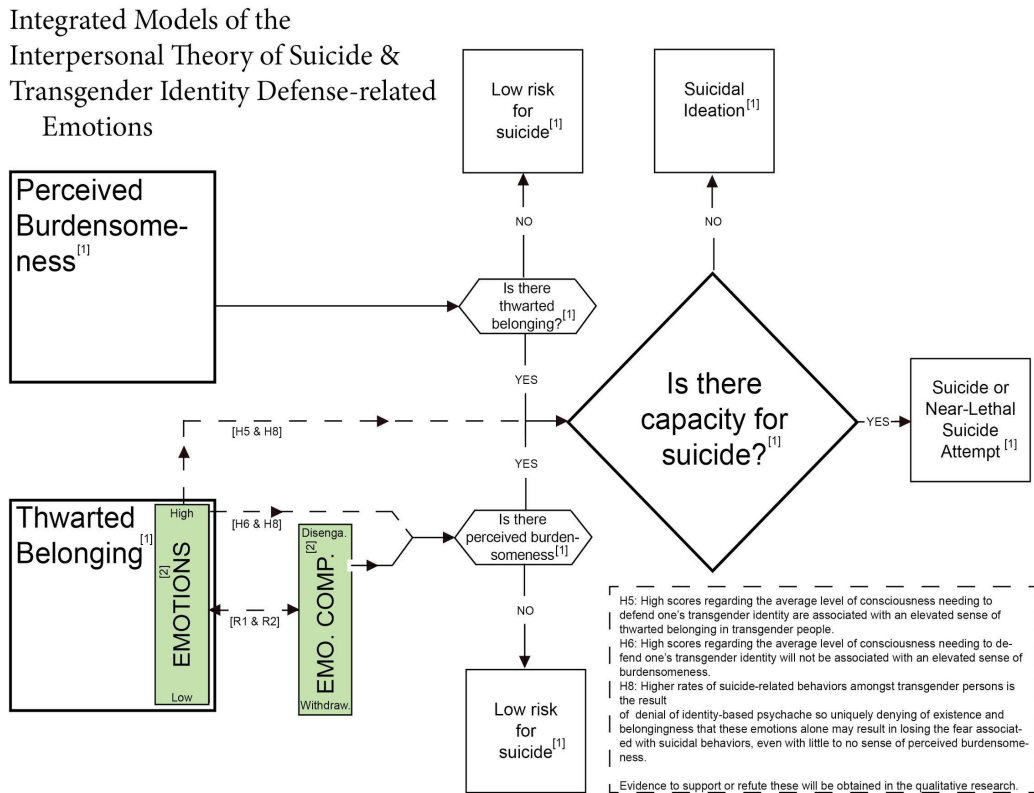
Integrated Models of the
Interpersonal Theory of Suicide &
Transgender Identity Defense-related
Emotions

[1] Joiner Jr, T. E., Van Orden, K. A., Witte, T. K., & Rudd, M. D. (2009). The interpersonal theory of suicide: Guidance for working with suicidal clients. American Psychological Association.
[2] Howe, B. (2018) Transgender Identity Defense-related Emotions and Their Development in Transgender Peoples, IAMCR 2018 conference "Reimagining Sustainability," Eugene, OR (June, 2018)

of thwarted belonging in transgender people and that those transgender persons who

ranked high on the scale would experience resulting psychache so uniquely denying of

existence that these emotions alone could result in losing the fear associated with suicidal

behaviors even with little to no sense

of perceived burdensomeness.

Beyond the hypotheses and theoretical possibilities one simple fact remains:

Transgender people take their own lives in far greater percentages than people with any

other marginalized identity, which differentiates them from society at large, the LGBTQ

community as a whole, and perhaps even within the ITS model. Their greater propensity

toward suicide could be because transgender people are viewed as nonexistent – not just unequal – a difference so profound it warps or violates ITS theory.

If such a discrepancy in the current models were to exist – and even if it were not to – gathering the evidence via in-depth interview would require great care, and subjects should have a say in how their statements are interpreted (Brinkmann & Kvale, 2009).. Information gathered in the dissertation study was kept confidential and secure. Additionally, I took seriously the responsibility to use knowledge gained to improve the lives of those being examined. The greatest ethical responsibility was to those at risk for suicide and involved the interview itself. The questions were created with consideration of the possible consequences for the subjects of study first and foremost. This included checking to see when they were in distress as the result of a possible change in self-understanding and having a set plan of action when it did. These matters, though part of ethical and internal review boards, are often where gaps between ethical principles and actual moral practice reveal themselves.

It is here that the integrity of the researcher is paramount; in the end, they are the person with the agency to gain knowledge and to do damage to those who provide it. It is the responsibility of the researcher to check and validate results and to be transparent with the public and the subjects themselves about how the conclusions were reached (Brinkmann & Kvale, 2009). This process has two main components. First, reflexivity: The researcher must be aware of their own personal and academic biases as they legitimize, validate, and question conclusions within the investigatory and analytical portions of the research. Second, constant comparison: the researcher must make constant adjustments to their original thoughts and interview plans so that they can see where

information gained during the interviews adheres and does not adhere to any pre-supposed concepts they may have held via their hypotheses and research questions.

The ability to be reflexive about one's interactions and execute constant comparison in the course of interviews is among of the primary benefits of in-depth interviews. They are an ideal way to allow interviewees to relate their interpretations of their lives and feel they are a key part of the process, and they allows the researcher to reflect on the thoughts and ideas that may be serving to modify any conclusions the researcher may draw. When both reflexivity and constant comparison are manifest within the interview phase, the respondent becomes a critical part of the execution and evaluation of the interview process and not just a means by which the researcher attains data (Kajornboon, 2005).

Method of Analysis

Numerous methods of qualitative analysis were used in the execution of this dissertation, including reflexivity – particularly as it relates to researching suicide – constant comparison, Grounded Theory, and coding. Although explained as independent processes, all four work concurrently with one another. Also discussed will be why in-person interviews are the preferred method for conducting this type of research.

Reflexivity

As discussed previously, reflexivity is a critical part of the research process, as it allows an understanding of what the researcher should and must do. As a method of self-critique, it is unique among qualitative researchers (Pillow, 2003). A means to legitimize, validate, and question research practices and representations, it is a methodological tool increasingly accepted as a means of examining the debates and

legitimization inherent in qualitative research. Reflexivity is also seen as especially key for microaggression researchers, where subjectivity can be a problem. Although subjectivity can compromise the trustworthiness of the researcher and their data, researchers who use "an outlined reflexivity approach throughout the study to aid in continual cultural self-exploration," are better able to "explore bias and the potential for subjectivity" (Shelton & Delgado-Romero, 2011, p. 213).

There are four necessary concepts to be included in research designs to engage reflexivity. The first is self; attention needs to be paid to the researcher's own individuality while engaging in the research process. The second is recognition of the other; the researcher needs to consider how successful they are in capturing the "quintessential soul" of their subjects Third is truth; the research must remain reflective of the essential truth of the subject in order for it to be sound. The third is transcendence; the ability of the researcher to move beyond their personal biases so as to avoid misrepresentation of themselves, others, and the truth. All of these types of reflexivity may prove uncomfortable – in fact they should (Pillow, year). Being accountable to subjects' struggles towards their own representation should supersede the academic aims of research. This is critical to me, given my interest in understanding diverse and possibly suicidal populations.

A process of reflexivity has been delineated can be used throughout the research process (Finlay, 2002). During the pre-research stage, reflexivity calls for the researcher to truly understand their own relationship to the topic. What do they know from reading literature and engaging in the world? What do they not know? What are their true motivations for the work they have undertaken, and how could those motivations skew

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their research? During data collection, how do biases result in things a subject says being left out of the data, or worse, fabrications to supplement what they did not say? During data analysis, understand what produces ambivalence; why is something that was important to subjects not important to the researcher? The personal insights that arise from answering these questions are where things can get uncomfortable or even painful.

Of particular discomfort to researchers engaged in reflexivity are ethical concerns that may arise while conducting research. Reflexivity is not required to find ethical quandaries, but the process can make it more likely that one will find them. Reflexivity is research ethics in practice, beyond the procedural issues that concern ethics groups such as Internal Review Boards (Guillemin & Gillam, 2004). Using reflexivity, the researcher is constantly looking at procedures such as data collection and at their personal actions, giving them the same scrutiny they would their data. The researcher, the participants, and the research itself are constantly viewed through an ethical lens, not just a research-based one, enabling the researcher to make discoveries that honor the data and the participants involved in data collection with complexity and richness. This process is important no matter the topic in which the researcher is engaged. Some topics, like that of suicide, require special care beyond the norms of reflexivity.

Researching Suicide

Researching suicide would appear to be caught in the worst chicken-and-egg situation imaginable when mythology permeates the discussion. The narrative that researchers inquiring about suicide increase the likelihood of suicide (Dazzi, Gribble, Wessely, & Fear, 2014) has often resulted in people manifesting suicidal behaviors being excluded from research. This exclusion has resulted in a lack of understanding of

the problem and has virtually ensured that real-life people will continue to engage in a misunderstood behavior (Rudd, Joiner, & Rajab, 2004). This cycle is tragic because people are dying, and because it is ill-informed and unnecessary.

A review of more than a dozen pieces of suicide-related research reported that "None found a statistically significant increase in suicidal ideation among participants asked about suicidal thoughts. Our findings suggest acknowledging and talking about suicide may in fact reduce, rather than increase suicidal ideation, and may lead to improvements in mental health in treatment-seeking populations" (Dazzi, Gribble, Wessely, & Fear, 2014, p. 3361). It is not true that asking people about their suicidal behaviors makes it more likely that they will engage in those behaviors. Researchers need not be beholden to fears of the myths regarding suicide research; letting those fears go may improve the scholarship and understanding of suicidal behaviors (Dazzi, Gribble, Wessely, & Fear, 2014).

Research must take ethical precautions so that it remains of benefit to the population it aims to serve (Emanuel, Wendler, & Grady, 2000). Just because suicidal-behaviors research is necessary and of great value does not mean it comes without risk to the subjects being studied. "Informed consent, assessment of risk, and access to competent support and assistance for the researcher and participants" must always be taken into account, both during the IRB proposal phase and during execution of the study (Lakeman & Fitzgerald, 2009, p. 16). This includes considerations for special populations that the researcher – myself included – may encounter, such as children (Mishara & Weisstub, 2005; Rubenstein, 2004). These special considerations need not dissuade the researcher from their investigations; for example, adolescent children,

especially among those with diverse backgrounds, are a group for whom suicide is an acute problem (Cha et al., 2018).

Reflexivity as it pertains to the researcher and their care for their subjects extends beyond research. Precautions must also be taken in publishing information about suicide; it is no myth that publicity about suicide can have the unintended result of increasing suicides among those already considering suicide (Stack, 2000; 2002). Precautions can be taken by writers and publishers to mitigate these impacts (Fu & Yip, 2008), and it could be argued that the impacts of publicity about suicide are less likely in academic research. Indeed, the aforementioned studies and guidelines that I will discuss later do pertain more to popular media and less to scholarly publications. However, as I wished this research to be disseminated beyond the academic press and into the hands of the myriad of stakeholders involved in the empowerment of transgender identities, the guidelines from World Health Organization (WHO) seemed a responsible means by which to reflect on not just what is being written from this research and how it is being written.

All stories regarding suicide should include information about where those persons experiencing suicide-related behaviors can get help. The story should reinforce facts and not myths or commonly held beliefs that have no basis in evidence. Stories should emphasize coping mechanisms to deal with suicide, particularly as it may relate to the group in question. Finally, extreme caution should be involved when the story involves a celebrity or family and/or friends of the person who has committed suicide (WHO, 2017). These guidelines do not necessarily reduce the risks of writing and publishing stories about suicide; the situation is too complex. Nevertheless, the effect

that media coverage can have on suicidal behaviors in media consumers is real and the most important questions is will media make the problem worse or better (WHO, 2017)?

These parameters are not so different from those that might be followed in other kinds of research, even if the stakes are higher – literally life and death. The important thing in research about suicide or anything else is respect and trust between researcher and subject. Reflexive integrity is at the foundation of it all (Lakeman & Fitzgerald, 2009).

The most damaging aspect of suicide research is not conducting it. Whether in quantitative or qualitative work, studies have found no link between researchers talking to people about suicide-related behaviors and an increased likelihood that people will commit those behaviors. Precautions should be taken, both in the research and publication, but conducting suicide research does not pose an existential threat to the people being researched.

Reflexivity is not so much a series of steps as it is a state-of-mind. Who is the researcher putting first and are they willing to pay the price of doing so – particularly if it means not getting the information they thought they might? These are questions that need to be asked repeatedly, both during the research and afterwards as the researcher turns the lives of their subjects into evidence. These are questions that I planned to answer 25 times – and then hundreds of times – over the course of my research.

Constant Comparison

Constant comparison is a key part of the interview and data analysis process and is an apt descriptor of the process. It allows a researcher to be in constant and recursive

evaluation of what is being heard, even as it is being heard. It is only through constant adjustments to the researcher's original path that the researcher can see where their information, and their evidence, adhere to pre-supposed concepts and where they deviate. That flexibility was critical for me given the 66 people across the United States who were part of this study. Constant comparison, a key concept in and of itself, is also a component of a larger analytical framework: Grounded Theory.

Grounded Theory

Every idea and process – from the exacting specifications of exploratory factor analysis, to the intricacies of survey and scale design, to how to properly execute an in-depth interview – delineated in this dissertation has defined criteria and guidelines to assist the researcher wishing to make use of them. Given the ubiquity of these processes and the proper means by which to execute them, it might seem they have been written in stone for profoundly long periods of time. In some cases this is true; the use of statistics can be traced back to the 5th century B.C. (Finley, 1974), though much of the most critical scholarship regarding qualitative research less than a half-century old. That relative newness does not make this scholarship – known as grounded theory – less viable or valuable than the older principles of research and investigation.

In-depth interviews are a regular part of qualitative research (Brinkmann & Kvale, 2009), but this was not always the case. A new era in qualitative research was ushered in with the publication of *Glaser and Strauss's Discovery of Grounded Theory: Strategies for Qualitative Research* (1967). It was the that in-depth interviews began to take the place they have today in qualitative methodology (Brinkmann & Kvale, 2009).

This research was based in grounded theory (GT), a broad methodology that encourages the development of theory via the systematic gathering and analyzing of data. Evolving as a result of tangible research, it is the result of a continuous interaction between the data collected and the analysis of those data. This research started with firm hypotheses as well as strict research questions (Martin, 2018).

GT is a constant comparative method, (Glaser & Strauss, 1967; author, 1994). Despite a half-century of use, grounded theory is still evolving, largely because its founders have evolved the theory in different ways (Walker & Myrick, 2006). The current dichotomy can be explained by understanding coding in general.

I discussed coding in the execution section, but it is prudent to define it again in the context of GT. Coding is how GT scholars refer to the process of analyzing data and is where its founders began to diverge. Glaser and Strauss (1967) criticized qualitative research for verifying theory to the detriment of developing it (Cooney, 2010). They posited that grounded theory should be inductive, with only two types of data analysis: substantive and theoretical. Everything should have a firm basis in reality, with solid underpinnings in theory.

Near the end of the 1990s, Strauss evolved grounded theory, abandoning the rigidity of earlier thinking about it, interpreting the theory more as guidelines than rules (Strauss & Corbin, year). He expanded the coding procedures to three – open, axial, and selective – in recognition that reality is constructed via links to the time and place in which it is used and can never be entirely known. In this dissertation, I used the newer Strauss interpretation of grounded theory, as it acknowledges the effect of societal context on the phenomena in question.

Two decades later, the grounded theory debate has shown no signs of abating (Martin & Scott, 2018). I remain with Scott – and therefore Strauss and Corbin. The original version of GT, while invaluable in creating the discipline, needed the flexibility of multiple methods if it was to continue to serve as a valued and widely used approach to research. The idea of GT as grounded concurrently with quantitative research and deductive analysis makes sense (Martin et al., 2018); the value of this dissertation was predicated on it. To discard anything that does not adhere to Glaser and Strauss's original view would be limiting.

Coding

As noted, those interviewed were asked questions that reflected a broad, exploratory look at transgender lives as they relate to transgender identity defense-related emotions. Once the interview was completed and the recording transcribed, coding was done in two phases: open and axial. Axial coding was used to separate the interview data into its more specific core ideas during qualitative data analysis for the purposes of making "connections… in new ways between categories and subcategories" (Priest, Roberts, & Woods, 2002, p. 34). These core ideas included discerning the types of emotions generated by both real-life and media-based microaggressions (as well as possible different effects depending on the status of the messenger) and how those cumulatively impacted suicidal attempts and ideation.

As noted above, Strauss's interpretation of coding allows for three types: open coding, axial coding, and selective coding (Moghaddam, 2006). Open coding involves parsing the data into individual units of meaning. This occurs at the beginning of the study for the purposes of understanding and labeling the data, allowing for different

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categories even within singular phenomena. This is an open and unfocused process; it is possible that hundreds categories might make themselves apparent. Next is axial coding, the process of reducing those hundreds of codes to a smaller number by finding the relationships among them. Finally is selective coding, in which the smaller categories are tied back to a larger, core category. Developing relationships among initially seemingly disparate data points is the key to coding and developing theory. It is a way of taking data without inherent meaning and turning it into something dynamic.

Grounded theory is commonly referred to as constant comparative theory, a term which makes sense for identifying how it works. Whichever branch of grounded theory one chooses to use, constantly comparing the collected data is vital (Hewitt-Taylor, 2001). In practice this means constantly putting new information into the emerging coding and returning to the initial coding to see if it needs revision. When multiple data sources are used, as I planned to do in this dissertation, constant comparison is especially valuable. As the research proceeds in real-life environments, new meanings and values can be applied to the coding, along with the identification of broad themes within the data.

The Case for In-Person Interviews

Why interview people in person when interviewing them by phone would be less expensive? Multiple studies of telephone versus in-person interviews, whether the topic was post-traumatic stress disorder, depression, or myriad other subjects, showed no difference in results when conducting in-person versus telephone interviews. (Aneshensel, Frerichs, Clark, & Yokopenic, 1982; Aziz & Kenford, 2004). My reasons for conducting in-person interviews were as follows:

First, telephone interviews are often perceived as less effective (Novick, 2008). Although I did not believe this perception was as important as reality, I believed the idea would hold true for many people. I wanted this research to have wide social impact outside of the academic world, and I felt it valuable to consider how everyday people perceive telephone versus in-person interviews in terms of how it might affect their perception of the validity of my research.

There are some relevant identified differences between in-person and telephone interviews as a methodology beyond perception. First, telephone-based interviews need to be short; numerous questions tend not to work well in in-person interviews (Colombotos, 1969). I decided that telephone interviews would be better for follow-up questions if needed, after in-person contact had already been made (Carr & Worth, 2001). I also felt that 30 to 60 minutes, the average of each interview, was too long to keep someone meaningfully engaged on the phone. According to one study "in-depth face-to-face interviews are needed to capture richer and more complete narratives" (Mellman, 2017, p. 137).

Beyond practical considerations, I was concerned about the collected data and the safety of study participants. There is some evidence that certain groups respond differently to in-person interviews. In one study, women were more likely to make self-references – particularly affective ones – in in-person interviews (Jafonsky, 1971). I was interested in respondents' self-understanding of their moods, feelings, and attitudes and was concerned that I would miss something in these areas because of a telephone interview. Additionally, in-person interviews allow the interviewer to see how the respondent is reacting to questions (Aneshensel, Frerichs, Clark, & Yokopenic, 1982). I

needed to know how respondents reacted to my questions, especially those related to suicidal ideation and suicide-related behaviors. The IRB required that protocols were in place to secure immediate help if research subjects were in distress, something difficult to determine or mitigate if they were thousands of miles away. The safety of the people who volunteered to help in this study was important to me.

In summary, reflexivity was ingrained in every step of this process: in the nature of the questions asked, in my willing to respond to the distress of respondents, and in knowing what to do when they were. These were defined by IRB protocols, which I wrote before I went into the field. It was how I related to my subjects that determined the quality of the research and my qualities as a researcher.

Participants & Recruitment

Participants were recruited from the summer 2018 survey. Ten people in five different geographic locations were contacted for the purposes of setting up interview times in the fall of 2018. I believed this would represent a demographically balanced number of persons in each location, as well as a cross-section of people who had achieved different scores on the scale. This proved challenging, especially when it came to racial representation..

A Likert-style survey was used to create the transgender identity defense-related emotion scale and the measure of emotional compromise. I used structural equation modeling, exploratory factor analysis, and item response theory to bring meaning to the data collected. The means of execution of the survey, as well as a discussion of participants and recruitment methods follows. Next I discuss the qualitative section of the research, including reviews of case study and in-depth interview methodology and how

reflexivity was part of the research process. Discussion of the quantitative portion includes the means of execution as well as the types of participants included and how they were recruited. Finally, how I used grounded theory in this research is reviewed.

Execution of Case Study and In-Depth Interviews

The semi-structured interview protocol was used to gather information from the interview participants in regards to their identity-related experiences. Prior to each interview, I reviewed the respondent's answers to the 33 questions asked on the survey. This resulted in an individualized questionnaire with five to ten questions relating to the respondent's emotional reactions and long-term emotional disposition as they related to certain types of denial of their transgender identity. These questions, asked in a 30 to 60 minute recorded interview, were individually tailored to their responses on the quantitative survey completed in the summer of 2018. Each set of questions was different depending on responses to the survey questions. Additionally, questions were written so as to remind the person how they had responded on the survey, as in some cases up to five-and-a-half months had elapsed between the survey and their interview.

Each of the survey question responses were evaluated in terms of their relationship to all eight of the hypotheses and research questions, although no one question from the survey addressed all 10 at once. For instance, the first set of questions as related to microaggressions allowed the respondent to consider a multitude of factors: whether or not the incident occurred, the corresponding frequency and intensity of the resulting negative emotions, and whether or not the microaggression resulted in emotional pain or a feeling of being worn down, and whether or not they had an increased willingness to disengage from societal interaction. An interview subject might

have responded on their survey that, first: "I have been stared at in public because of my identity"; second: that it happened on average only one time a week; third: that their response to such an occurrence was "I feel some level of negative emotion"; fourth: that their level of negative emotion was, for instance, a five on the Likert-style sliding scale ranging from one to seven; and fifth: that the microaggression left them feeling pained and less willing to engage with others. Such a survey response to this one set of microaggression-related questions was qualitatively evaluated using two different questions. The first evaluated their survey response in terms of the first hypothesis, "Those who experience higher levels of negative transgender identity-based emotions as reported on the new scale will also report a higher level of consciousness of needing to defend their identity as measured on the new scale." This produced a resultant question: "I see that you feel like you're stared at in public maybe one time a week. I also see that it leaves you with high intensity negative emotions. Can you explain to me why that happens?" The second question evaluated their survey response in terms of the two research questions: "How and to what extent do negative emotions link to a desire to disengage with others?" and "How do transgender people understand and/or navigate shifts in emotions on a daily basis both independently and interpersonally?" The resultant question was "I see also that being stared at leaves you feeling pained, as well as less willing to engage with others. Can you explain to me why this happens?" Follow-up questions, depending on responses, followed. For example, if they said that being stared at on the street in public did not affect them as much as being stared at during work, the follow-up question was: "What do you suppose makes being stared at in public more emotionally damaging than being stared at in your place of work?"

Next, their survey response to microaggression-related questions was examined in relation to their answers on the questions regarding suicide-related behaviors. These questions involved the seventh and eighth hypotheses: "Those transgender persons with more frequent and/or intense emotions related to the defense of one's existence as a transgender person have higher rates of suicidal ideation," and "Higher rates of suicide-related behaviors amongst transgender persons is the result of psychache so uniquely denying of existence and belongingness that these emotions alone may result in losing the fear associated with suicidal behaviors, even with little to no sense of perceived burdensomeness." This question was most often a multi-part question. First, "When you're stared at, does that make you feel like you don't belong? And if so, to what group do you feel like you don't belong to?" Second, the emotional pain related to suicide-related behaviors: "I see you thought about killing yourself in the past year. Would you say that incidents such as these are related to your suicidal ideation in the past year? Why or why not?"

Finally, if there were non-sequiturs in a participants survey responses, follow-up questions were asked. This occurred most often in one of two different ways. First, non-sequiturs tended to occur when responses to the demographic questions were discordant with other responses on the survey. For instance, if the respondent in the previous example indicated that "I believe I pass" in response to how well they believed their appearance corresponded with their identity, it was taken as discordant with the idea of being stared at and produced a follow-up question: "I see that you feel like you pass visually. Why, then, do you feel like people are staring at you?"[2]

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[2] The responses to this question, in the context of a discussion of microaggressions, were varied among the half-dozen or so respondents who had this kind of discordant response between how

Second – and the most typical – was when their average level of consciousness regarding the defense of their identity exceeded the overall level of negative emotion they felt in response to daily incidents. For instance, this happened when someone said that most incidents bothered them only a moderate amount if at all, but also responded, with an extreme need to defend their identity in terms of their overall consciousness. (The intensity of emotions is not the same as being conscious of needing to defend one's identity. However, as both were negative conditions being measured on the same seven-point Likert-type scale, I felt the difference in these numbers were intriguing enough to merit further inquiry.) This produced a follow-up question: "I see that, on average, when real-life incidents occur to you, that they produce about a five on a seven-point scale. Yet, when it comes to your overall consciousness of needing to defend your identity, that you responded that you are extremely conscious of needing to do so, having marked a seven. Can you explain to me why you viewed those things differently?"

As I listened, I typed the time cue in my notes, as well the first five to ten words of the respondent's response when answers directly pertained to any of the eight hypotheses and/or two research questions. This type of record keeping was used when

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they thought they presented and how they felt when they were in public. A frequent answer was that this occurred when they were around people who had known them prior to transitioning. Some, however, admitted they were perhaps being unnecessarily self-conscious or said they knew their feelings of being stared at came from internal sources of emotional discord. As Janine, a 35 - 49 year-old transgender woman put it, "I'm trying to unlearn some of that defensiveness… But I wonder how much is that I'm so beaten up by it that it never goes away?" Indeed, of approximately three-dozen respondents who addressed the origin of their dysphoria, under a third said it was a direct, immediate result of current happenings, a quarter said they saw it as more of a long-term consequence of living in a cisgender dominated society, and the rest said they suspected it was a mixture of the two. This is an excellent topic for a follow-up study.

certain words, phrases, or concepts were used by the participant in responses they gave. This way, easy access and location information within the transcribed text was possible during the coding phase.

In summary, prior to conducting the interview, I examined each respondent's survey responses, which allowed me to construct a unique questionnaire of 5 to ten open-ended questions for each participant. Each initial set of questions related to microaggressions, which allowed the respondent to comment on a multitude of factors: whether or not the incident occurred, the corresponding frequency and intensity of the resulting negative emotions, and whether or not the microaggression resulted in emotional pain or a feeling of being worn down, and an increased willingness to disengage from societal interaction. Next, each was asked a set of questions that allowed triangulation between microaggressions and possible suicide-related behaviors. Finally, when made necessary by my constant comparison of the overall context of the interview as well as responses to individual questions, follow-up questions were asked to clarify possible ambiguous or discordant results between the microaggression-related survey responses and other responses within the survey. I noted those keywords, phrases and overall concepts which pertained most directly to the eight hypotheses and two research questions with both time cues from the recording, as well as the first five to 10 words of the response to assure easier retrieval during the evaluation and coding process.

Follow-up questions often included inquiries about suicide. Like the precautions taken during the quantitative survey, I had immediate access to local suicide-related support services. I was also reflexive in my treatment of each respondent. I made sure that each of them understood – beyond that required by the IRB – the purposes of the

interview and that discussion of suicide-related topics was part of the interview. I also provided full and clear information about the implications of involvement in the study, including circumstances in which confidentiality might be breached – and the extensive means I took to make sure that did not happen (Lakeman & Fitzgerald, 2009). Reflexivity prompted me to let respondents know that they could withdraw consent at any time. Finally, manifesting both concepts of reflexivity and common decency, I conducted the interviews with kindness, which included protocols refusing to leave a subject if they were be upset, discussing the interview itself with the respondent after completion of the interview, and giving respondents access to me after the interview was over (Lakeman & Fitzgerald, 2009). It should be noted that I did not have a professional duty to provide care and help (e.g., as a health professional would), and that I was not trained to do so. There are differing views about whether or not researchers should intervene at all in the emotional and mental processes of the persons being interviewed; some believe subjects have a right to commit suicide (Lakeman & Fitzgerald, 2009). Although I understood that my role was limited to that of researcher and not health care provider, I did not adhere to the ethical view of non-intervention. If there was a clear and present danger to the interview subject, I would have intervened regardless of the effects on the evidence gained from that person as a research subject..

Sixteen questions, with multiple responses to each question as they related to emotions, societal disengagement, and suicide-related behaviors, resulted in hundreds of different questions. Each questionnaire was designed for each individual, as I believed the responses were more specific and more valuable to understanding each person's experience, as opposed to the answers they might have given had they been responding to

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a generic set of questions. All respondents were promised anonymity within this dissertation and any other publications. All names associated with quotes in this text are aliases.[3]

These 66 people provided enough evidence to draw effective conclusions about the meaning of the quantitative survey and how those data related to suicidal attempts and ideation. First, given the wide range of ages, income levels, geographic location, and survey scores of those 66 people who responded, they represented a suitable cross-sample of LGBTQ people. Although each of these 66 people had their own story, many respondents repeated stories of interactions and feelings similar to those heard at the beginning. It could be argued it was not necessary to interview 66 people for this study, that data saturation would occur with as few as half this number of people. However, given the time and financial resources it took to travel to these five different places, I wanted to talk to as many people I could. Even if I did not use all of the evidence gathered in this study, it could be of value in future studies.

Concurrent with the Interviews

Prior to completing the interviews, a number of concepts and overall propositions manifested themselves in my mind. Guided reflexively by my own relationship to the topic and an understanding of the attendant literature, it was clear during the early phases of data collection that there were obvious patterns and repetitions in respondents' answers. Via constant comparison of individual interviews conducted in completely

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[3] On a humorous note, in the first few interviews I asked participants if they had an alias they preferred the researcher to use in the text of this and further documents. The first response – and generally equivalent one: "I have no idea. When I transitioned, I used the only name I ever thought about wanting." The researcher subsequently stopped asking the question by the fifth interview.

different places, as well evaluating one respondent's answers against dozens of others, I constantly and recursively evaluated what I heard. I found basic themes present time and time again across 54 days of data collection. Through a process called "conceptualization…where concepts of sets of propositions are formed" (Metzler, 1990, p. 168), four basic themes – which will be addressed in greater depth below – manifested themselves. The first theme was that self-management of one's reactions to the microaggressions from others was continuous and usually stressful, with emotional reactions that were often anything but small. The second theme was that media matter; repeatedly, respondents expressed that those microaggressions emanating from media were not only every bit as damaging as interpersonal microaggressions, but in fact they were more often worse. The third theme was that embedded within the microaggressions from others were microaggressions that were unique to the transgender community: those that categorically deny existence for transgender people. The fourth theme was that respondents' empathy for other, less privileged members of the transgender community, despite the profound emotional stress felt by themselves, has a discernable impact on their behavior. These themes were already on my mind as I began processing the data.

Post-Interview Coding

Resultantly, and as noted earlier, four broader themes began to manifest themselves within the spoken and expressed ideas of the respondents during the in-depth interviews: microaggressions management, media matter, too, the continual need to defend one's existence, and empathy as part of the community. The researcher transcribed, evaluated, and coded the transcribed text with these four themes, as well as the eight hypotheses and two research questions, in mind.

Analyzing the answers, conversations and stories of 66 different people spread across 46 hours of interviews was done methodically. Without the use of proper procedure, the labor expounded would have resulted in little else than a undefined, unanalyzable mess (Metzler, 1990). This is a recursive process; it can difficult to know where to begin. For the analysis of the data collected for this dissertation, the process began informally even before I had completed my last interview. That said, the formal process must begin somewhere. In terms of a methodological approach to analyzing the data, this began with having the transcripts created via a web application called "Trint," an automated transcription program that can turn audio recordings into transcripts. These transcripts can be read and listened to simultaneously, with the text of the transcription appearing bolder on the screen as those particular words are spoken by the interviewee or researcher. (Much in the same way a karaoke machine works.) This process allowed me to both see and hear the words being spoken as I listened again to all 66 participants across the 46 hours of recordings.

As the I listened, I noted via highlighting which sections pertained to any of the eight hypotheses and/or two research questions. These highlights were used when certain words, phrases, or concepts were used by the participant in the responses participants gave to individual questions regarding all eight hypotheses and both research questions. (This process of questioning will also be discussed in greater depth below.) The words, phrases, and concepts I was looking for came from two different sources. The first was myself as the researcher; as a transgender woman and researcher, much of what the respondents said resonated with my personal experiences and prior research.

More formally, I examined how these themes now manifested themselves within the transcripted text via operationalization of terms, a process which served to both complement and enrich the process of conceptualization. It was in this process of operationalization that the text of the audio recordings was subject to a process of applicable rules that allowed for a relational comparison between the text on the page and the theoretical concepts being addressed and for the logical underpinnings of the text to be revealed (Metzler, 1990). Although the words contained within the data were entirely original and unique in their individual constructions, they were similar to the words used in the text heretofore compiled by other researchers. That is, these researchers, through a similar processes of conceptualizing, transcribing, and coding, operationalized similar thematic texts in earlier scholarship (Metzler, 1990). (Much as the transgender identity denial-related text contained within the interviews done during the pilot could be compared to earlier research by Nadal et al., 2010.) This allowed me to process, examine, and more easily compare my new texts to older work on the same subject, as well as gave me a more stable and historically tested theoretical, as well as practical, platform by which to analyze the data (Glesne, 2015). These operationalized terms were used as the next phase, coding of the data, began.

As noted earlier in the methodology section discussion of grounded theory, coding of the text was a progressive and successive process of "sorting and defining and defining and sorting those scraps of collected data, observation notes, interview transcripts, memos, documents and notes" which were relevant to the research at hand (Glasne, 2015, p. 194). Like the larger process of conceptualization and operationalization, this process required a constant reevaluation of how the words within

the text applied to the themes, hypotheses, and research questions. Careful examination

of the data may have required adjustments, refinements, changes, and even discarding

previously conceptualized ideas (Glesne, 2015). [4]

As noted, the transcripted text was read and listened to simultaneously; this was

the open coding phase that parsed the data into individual units of meaning. I highlighted

sections pertaining to any of the eight hypotheses or two research questions. Although I

was attuned to the hypotheses and research questions, it was an open and unfocused

process; in the early stages, dozens of different categories were apparent. Beyond a

means of understanding and labeling the data, this open coding allowed initial

recognition of the different categories – or in this case, themes – present even within

singular phenomena. In the axial coding phase, those dozens of codes gradually reduced

themselves to four themes as I began to understand the relationships among them.

Finally, during selective coding, I targeted specific quotes within the smaller categories.

This tied the quotes back to the larger, core themes, each one articulating not just an

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[4] For instance, during the data collection phase, I interviewed five different teachers who work with elementary and secondary students. The first of these teachers, asked to define their emotional response to hearing themselves labeled a "predator" or a "danger to others," explained how as an educator this was particularly emotionally damaging. "It bothers me because I'm really being misrepresented and it could eventually lead, not necessarily to my termination. But it could make my job and my life or my livelihood very so much more difficult," she said. As a former teacher, I immediately saw how this could be true and especially troubling for a teacher and in the course of interviewing the other four teachers began to conceptualize that "predator"-based microaggressions would be particularly damaging to teachers. During the course of the interviews, I made sure to listen for discussion about the impacts of "predator"-based microaggressions and made a point to find those particular portions when reviewing the transcripts of the interviews. Doing so, however, revealed that not one of the other four teachers directly addressed the topic of "predator"-based microaggressions. Three did not report even encountering them, and one found them to be minimally troubling compared to the very macro aggressions of being fired from a job and having their home vandalized as a result of being transgender. This needs further examination. This first teacher's experience, as tied to their personal livelihood, should not be dismissed as an aberration; it seems logical that it would be emotionally traumatizing for most teachers, if they encountered it, or if they were not subject to larger macro aggressions. However, in the context of this research and dissertation, this particular concept needed to be discarded.

individual experience, but the expression of a concept or belief shared by many respondents. Quotes that were almost stereotypical in their expression of a larger concept were labeled "KEY" for easier location and retrieval during the writing phase.

These sections were then proofread for accuracy – to make sure the transcript matched the words being spoken. When the recording was conducted in a quiet environment and/or with someone with a deep, well-enunciated voice, the transcripts were largely accurate. Only punctuation were required later. When the interviews were conducted in loud environments and/or with people with quieter voices, more word-by-word transcription was necessary. These highlighted sections were then copied and pasted into a spreadsheet, each one coded on the vertical axis by participant name, and on the horizontal axis by one of 56 different codes. Each code reflected larger, more simple coding schemes corresponding to the hypotheses and research questions, as well as more specific and complex coding schemes that reflected the four themes and sub-categories within those larger schemes (Glesne, 2015). Finally, those quotes that were evaluated as being representative of the larger themes, as well as addressing each individual hypothesis, were selected and pasted into a word processing file for easy retrieval. The label "KEY," when relevant, was carried over to the spreadsheet.

To review, prior to beginning the formal process of coding the transcripts, certain themes of the research were beginning to manifest themselves in my the mind. These expressed concepts – or themes – as well as actual phrases and words, were compared to the prior research in the relevant subjects where the terms had already been operationalized. These operationalized phrases, and words, as they addressed either the themes, hypotheses, and/or research questions, were then sought in the text of the

transcripts as I reviewed all 66 interviews. These words and phrases, as they revealed

themselves in the words used by participants, were subject to open, axial, and selective

coding, whereupon representative and key quotes were highlighted. After this, according

to their coding, the quotes were copied into a spreadsheet as they corresponded to dozens

of different simple and more complex coding schemes. Finally, direct quotes that best

represented collective responses to the themes, hypotheses, and research questions were

removed from the spreadsheet and pasted into a word processing document for easy

retrieval.

PART V: POSITIONALITY

Reflexivity

The first of Pillow's four steps of reflexivity is to acknowledge one's self. The researcher must pay attention to their own individuality while engaging in the research process (Pillow, 2003). This statement of Positionality fulfills that requirement. But more than my own individuality, my reflexivity must acknowledge who and what I am as a whole: a transgender woman who has spent every waking moment of her lived transgender life as a PhD student. Like the double helix of a DNA, they are my life entwined and that has changed everything.

Believe me: I'm transgender

The media, the mental health establishment, and the academy all demand that we as transgender people prove to them we exist; our word is not good enough. We are questioned by each, and we must justify to them why we feel the way we do. Transgender people are the only diverse people – those of a race, ethnicity, or LGBTQ status that runs contrary to the demographic majority – on whose sole "official" method of confirming their existence is to convince someone else, be it friends and acquaintances, the community at large, and even the medical establishment. Cisgender people are assigned at birth, race can be determined by a blood test, lesbian, gay and bisexual people are usually now taken at their word; why would they lie? People choose and switch religions and it is accepted on faith. In this "need" among diverse peoples we are distinct, even among LGBTQ people.

For none of us are all of us; each transgender person's story or actions are ultimately theirs alone. Not every transgender person defines themselves in terms of the

wrong-body discourse. Do many transgender people struggle with what medical procedures they wish to have? Certainly; but it is not that struggle that defines the transgender person. Like everyone, transgender people struggle with things, but they do not struggle to *be* transgender.

This is not a repudiation of those who call for transgender people, as part of the LGBTQ community, to embrace the struggle (Warner, 2000). If individual transgender people wish to be defined by their struggle to be who they are, so be it. If "highly visible" people wish to be highly visible, so be it. Speaking as one who has lived a life of economic, racial, and academic privilege, I have come to accept that for me to do otherwise would be morally wrong. Even if I believe a transgender person's understanding of themselves as the perpetually struggling self is the manifestation of a self-fulfilling prophecy, I will argue forever that it is their right to embrace it. Whatever the case, transgender people should no longer feel bound by someone else's discourse, whether that of the medical, media, academic, and/or political world. Transgender people should not be bound to the ideas that we shouldn't even want to be part of a world that rejects us (Bersani, 2009). Yes, perhaps as a point of pride we should not. But I would argue we never asked to be labeled as mentally ill by society, to be kicked out of a world where equality is law. If we want to return to that world it is our right. Indeed, I believe it is long past time that we take back our right as transgender individuals to choose our own narrative, for we owe society no explanations about who we are and the choices we make – and we never have.

We no longer should have to prove – to anyone – that we exist, nor how we should define that existence. Janet Mock called these narratives that are demanded of

us – by media, by doctors, by scholars – the most damaging of all: those that would demand we prove our realness. The fact that each transgender person's right to control and determine the nature of their own body – their right to actually be recognized as existing – remains in the power of another: What does *that* do to a person, a culture, a discourse? This is where my research lies.

I've Nothing to Prove

As a transgender stand-up comedienne at times in my personal life, I have learned there is a lot to poke fun at in terms of my own existence. Comfortable with myself, it allows me to be me when I am on stage – and make people laugh with me at the same time. I usually leave one of my favorite jokes until the end: "You know, as a transgender person, I am the only person on earth who actually has to prove I exist. I have to convince you with proof that I've had surgery, I have to convince my counselor I'm miserable. I have to convince the governor of Texas I'm not a predator lurking in the bathroom. It's crazy! I mean, if you tell me you're Catholic, I don't demand to see your rosary beads and then tell you there's not enough!" This line always brings down the house – assuming I'm not in Texas – which is one reason it is my favorite. I tell them that unlike the mythology of early transgender stories, I did not do anything "special" prior to my vulvaplasty in the spring of 2018. Personally, I viewed the act of removal of my penis like getting rid of the moped I bought in college: A small, underpowered thing that I haven't used in years, and it was time for it to go – and good riddance.

That gets a laugh, too. But it also gets the audience thinking – and once they do it is not very funny. Because here is the truth: my status as a transgender woman was exactly the same after my surgery as before. I am a transgender woman, and I do not need to prove it to media producers or anyone else by virtue of what I choose to do with my

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body. Like this experience and the other one-liners that dot my stand-up routines, my experiences with similar insinuations that I am not a real woman, these demands that I "prove" my gender, infuse themselves into my life's experiences and this work. My writing and research prove to be a method of both academic and personal inquiry (Richardson, 1994). Although I would not consider my life a case study in what it means to be transgender, it would be dishonest to say that examination of my life as a transgender woman has not informed this work. Though every assertion I make in this work is infused and supported by the work of other scholars, it is equally true that my own life has led my intellectual pursuits in certain directions – and that just as often those pursuits have taught me much that I did not know when I began.

What my life has taught me more than anything is this: transgender people face denial of our identity everyday. Not just denial that we are the gender we know ourselves to be, but denial that it is even possible for people like us to exist. It is the lens through which I see the world, and as a transgender woman and scholar I see it and feel it often, especially as transgender lives become more enmeshed in the culture wars. What I also see is that there are those who will never understand this, and I suppose at some level I understand that. There are so many things I understand now that I did not before I transitioned. What I do not remember, however, is being dismissive of the concerns of others, and very often I feel I see that in academia. There are many examples, but one is crystal-clear in my mind.

As I cited earlier, Kenneth R. Thomas wondered how valid microaggression research could be when it included, for example, a liberal's failing to remove their Kerry/Edwards bumper sticker from their car. And then, dismissing microaggressions, he

proffered that the world would be better off "focusing on potential solutions," instead of just getting caught up in the problems (Thomas, 2007, p. 275). Thomas can go to hell. Someone telling me I do not merit recognition in terms of equality or existence is not a bumper-sticker. He wants to focus on potential solutions? Maybe getting transphobic people to stop degrading people like myself is the solution, no matter how dismissive of the problem. Indeed, it is attitudes born of cisgender, white male privilege like Thomas's that are the problem – and I believe that denial is killing people.

Not just people – me.

Death, Life, and the Privilege to Understand Them Both

Some 40 percent of transgender people attempt suicide, and 90 percent of transgender people report experiencing some type of suicidal ideation. I was happily – arrogantly – in that 10 percent free from suicidal ideation until fall of 2017. I call it the Black Rabbit Hole, but let us be candid here about what I am saying: I wanted to kill myself. What was an abstract problem that was not mine is now one more thing woven into my soul. I realize now that I was not capable of committing suicide; my daughter will ensure that I endure. To put it in Joiner's terms: Her existence and my role as her father ensures that I will always seek to preserve my life. Very simply, I love her too much to die.

Here is evidence of what I spoke of earlier: privilege, this time in my own life. The University of Oregon has given me the privilege to understand who I am, why I live, and why all of this matters. In what could only be described as three-plus years of enlightened navel-gazing, I have been blessed with knowledge, insight, and time to

appreciate them both. It will always be in the back of mind that had I not had those, that perhaps even the love of my daughter might not have been enough. It is a terrifying and profound realization that you not only owe your career and identity to a school, but perhaps your actual life. What it is also is empowering.

Suicide, and everything that comes with it, scares the hell out of me. It is still not something I fully understand within myself. Having lived and breathed ITS for months now, I feel I have a better grip on it than I ever have. And yet there will come a day when that intellectual veneer slides away and I am as confounded and scared as I have ever been. There is a reason I keep a teddy bear at my desk. And when I ponder the research I must do, the places I must go in my mind, it is not something I want nor am eager to do.

But when one is given everything, when one understands the platform they have been given, and the power that comes with it – and this school has given me power – the choice is not terribly difficult. I do not have the moral right not walk away from this. Just as I did not have the right nearly three years ago when my advisor made it clear I had no obligation to anyone other than myself as I pursued my studies. But I knew then I did not have that right – and I still do. In the Bible, Luke 12:48 offers it one way: "For unto whomsoever much is given, of him shall be much required" (Bible, 19). Stan Lee put it another, via Uncle Ben's dying advice to Peter Parker: "With great power there must also come great responsibility" (Ditko & Lee, 1962). Depending the on the day, I am likely to ponder either quote – and Luke more than Lee these days – but on of them is always there. Always.

So I Try

It goes without saying that I am passionate and invested in the outcome of this research. Some might be concerned that my biases could skew what evidence I find, subconsciously or otherwise. But as I began with Pillow I shall end there, with her fourth step: transcendence. The ability of the researcher to move beyond their personal biases so as to avoid misrepresentation of themselves, others, and the truth. This might seem to some a curious place to end; my personal biases would seem to make me the ideal candidate for misrepresenting the truth. Very simply I cannot.

As a transgender person and scholar, I have seen the devastating impact suicide and suicidal ideation have had on my community – and myself. I need to understand it better, and it is my belief that when it comes to identifying those transgender people most at risk and getting them help before it is too late, my work will be a valuable tool. Eventually, I believe it will lead to a reliable means of predicting which transgender people are at higher risk for suicide. Even if it does not – even if my dissertation reaches no solid conclusions on transgender identity defense-related emotions and suicide – this research will teach me something about transgender people and suicide. And it will be more than I and the world at large know now.

I believe, no matter the results of this dissertation, in my heart and soul that lives can be saved, and as both a scholar and transgender person, I cannot imagine any purpose more critical. I also know that if I let personal biases and misrepresentations of myself, others, and the truth cloud that purpose, I will have failed. Failed myself, failed transgender people, and some of those people will die.

People will die. They will die not because I failed in my research, but because I failed in my humanity, my ethics, and my purpose. I think about that every day. The weight of it on some days is crushing, and every day humbling. There is something else, however; it is liberating. A transgender woman, a scholar, an empowered voice: I have the ability and power to possibly save people's lives.

And so I shall try. I am not capable of anything else.

PART VI: QUANTITATIVE RESULTS

The Participants

The researcher surveyed 225 transgender individuals between July 24, 2019 and December 20, 2019, all of whom identified as transgender. This included people from six different age groups, six different race/ethnic designations, and 10 different religious designations, and 35 states. (See demographic tables 1 - 8 & Map 1)

The Transgender Lived Experience in a Cisnormative Society

Affirming evidence was found to support that the increased frequency with which one experiences transgender identity-based microaggressions is linked to both higher levels of negative emotions, as well as with suicide-related behaviors. Affirming evidence was also found to support that media-based microaggressions will result in similar or higher scores on the new scales than those microaggressions which are based in real-life. As identified, respondents' scale scores were the product of a Likert-style sliding scale, ranging from one to seven, on which they could identify the intensity of their negative emotions in response to an individual identity denial-based microaggression.

Frequency and Intensity

First, the frequency of transgender identity defense microaggression incidents was found to be both significantly and moderately positively correlated with survey respondents'
 self-rated emotional intensity of those incidents. This correlation, as expressed as a Pearson's r, was r =.68. Pearson correlates can be used when there are two interval-level

Demographic Table 1[5]

	Transgender women	Transgender men
Gender Identity	137 (60.9%)	88 (39.1%)

Demographic Table 2

	14 - 17	18 - 24	25 - 34	35 - 49	50 - 64	65+
Age	16 (7.1%)	37 (16.5%)	47 (21%)	53 (23.7%)	51 (22.8%)	20 (8.9%)

Demographic Table 3

	African-American	American Indian	Asian/ Pacific Islander	Hispanic or Latino	White	Mixed race or ethnicity	Other
Race	9 (4%)	2 (0.9%)	4 (1.8%)	14 (6.3%)	177 (79%)	15 (6.7%)	3 (1.3%)

Demographic Table 4

	Gay or lesbian	Bisexual	Straight	Other
Sexual Orientation	68 (30.5%)	57 (25.6%)	42 (18.8%)	56 (25.1%)

Demographic Table 5

	Still in hi sc.	Hi sch. grad.	Some college	Bachelors	MA or PhD
Highest edu. level	15 (16.8%)	19 (8.6%)	92 (41.4%)	47 (21.2%)	49 (22.1%)

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[5] *Note.* Percentages reflect missingness ranging from 1–21 participants on some demographic variables. Gender identity and sex assigned at birth variables were complete. [a] Self-described.

Demographic Table 6

|	Under $20,000	$20,000 - $34,999	$35,000 - $49,999	$50,000 - $74,999	$75,000 - $99,000	$100,000 +
Annual Income	51 (25%)	34 (16.7%)	28 (13.7%)	42 (20.6%)	22 (10.8%)	27 (13.2%)

Demographic Table 7

	Bud-hist	Christ. Cath.	Evan. Prot.	Main. Protest	Mor-mon	Christ. Other	Jew-ish	Unaf-filiated	Other	Ath. Agn.
Religion	8 (3.6%)	11 (5.0%)	3 (1.3%)	18 (18.1%)	2 (.1%)	27 (12.2%)	4 (1.8%)	47 (21.2%)	20 (9%)	81 (36.7%)

Map 1: Location of survey participants

Graph 1:

Frequency as related to intensity

(y-axis) Frequency: microagg. incidents per week

(x-axis) Intensity of emotions in regards to microaggressive incidents
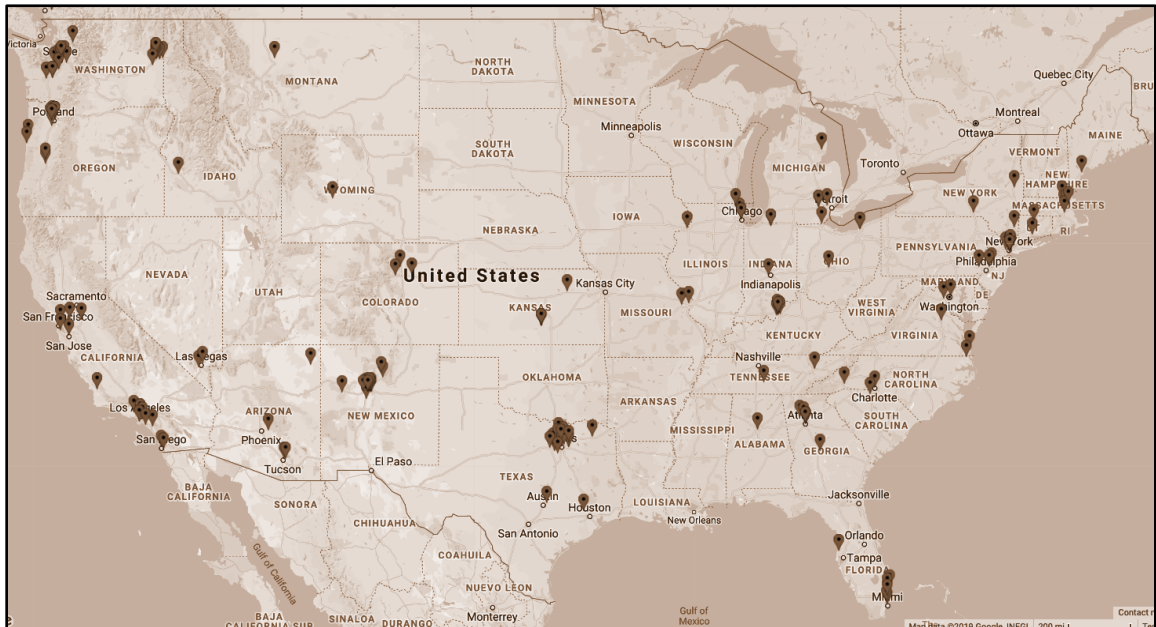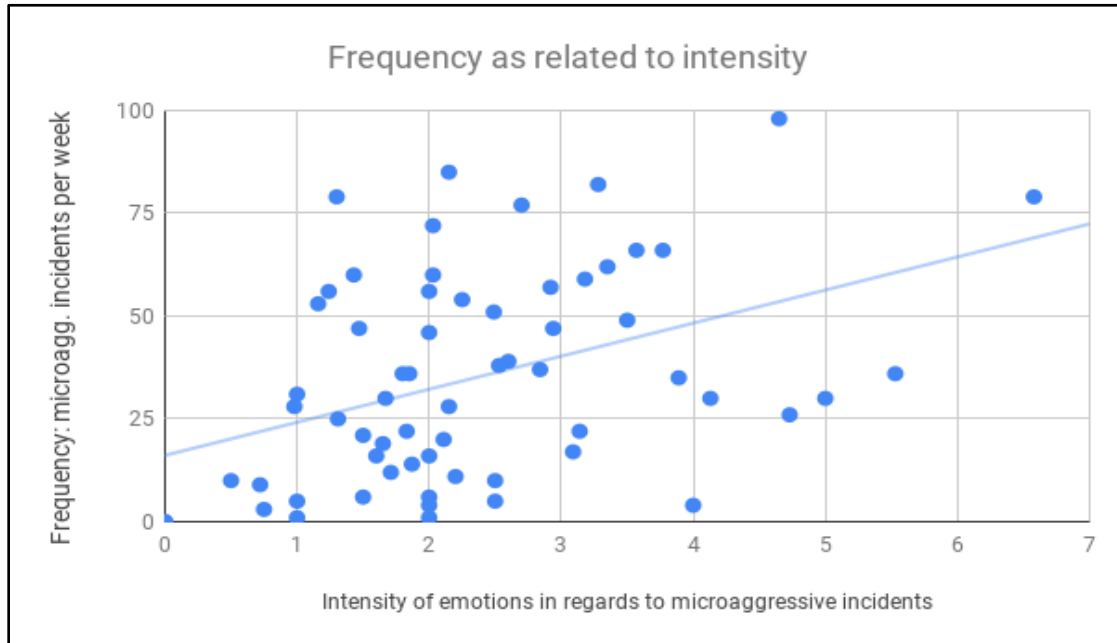
variables, such as those found on Likert-type scales. Pearson correlates can be expressed

as both a negative and positive number, with positive numbers representing a positive

relationship between the two variables – as is the case here (Lee & Nicewander, 1988).

The .68 indicated here is considered to have a large strength of association (Larson-Hall

& Plonsky, 2015). Finally, the significance of the results was .001. Significance refers to

the statistical test which indicates how likely the observed phenomenon occurred by pure

chance. A 0.001 level of significance indicates there is only a .1% chance this has

occurred (Larson-Hall & Plonsky, 2015). (For in-depth quantitative results, see

Quantitative Results Table 1)

Within the quantitative survey data of the 66 respondents, similar quantitative

evidence was present, with evidence showing that, on average, for each additional 7.7

microaggressive incidents per week, the intensity of emotions in regards to

microaggressive incidents increases one point on the seven-point scale. (See Graph 1)

Also, the overall consciousness of needing to defend one's identity is significantly and moderately positively correlated with frequency with which the transgender respondents experienced identity defense microaggression incidents, with r = .54. This was also true of the perception of the emotional intensity of those incidents, with r = .57.

Sadness and Hopelessness

The average number of identity non-affirmation incidents per week, as expressed in a weekly number from 1 to 6 or more, showed the odds – or odds ratio (OR) – of experiencing sadness or hopelessness in the last year increased by 3.26 times, with a 95% confidence interval, (CI), 2.19, 5.11. Confidence interval reflects a value range within there is a specified probability – 95% – that the criterion in question lies within it. It means that if the same sampling methods were to be used, even with a different sample, that the population in question would fall within the interval estimates 95% of the time, in this case between 2.19 and 5.11 (Larson-Hall & Plonsky, 2015). Expressed efficiently, this would be as follows: OR = 3.26, 95% CI = [2.19, 5.11]. Similarly expressed, the odds of experiencing withdrawal from regular activities was OR = 3.45, 95% CI = [2.21, 5.78] meaning the odds ratio increased by 3.45 times. When examined within the context of each respondents' self-reported number of identity non-affirmation events per week, the chances that the respondent felt sadness or hopelessness in the last year, and/or withdrew from regular activities, and/or ideated suicide in the past year, increased 95% with each point-value increase, as measured from one to seven. Here, too, the significance of the results was .001

Quantitative Results Table 1

Table #

Results of Logistic and Latent Logistic Regression Analyses of Bivariate Associations Between Transgender Identity Nonaffirmation or Denial Events and Mental Health Outcomes for Transgender Participants (n = 225)

Outcome	Bivariate Logistic Regression Models					Latent Bivariate Logistic Regression Models [a]				
	ß	SE	p	OR	OR 95% CI	ß	SE	p	OR	OR 95% CI
Past-year sadness or hopelessness										
Event frequency [b]	1.18	0.22	**< .001**	3.26	[2.19, 5.11]					
Plausible values [c]						1.71	0.34	**< .001**	5.54	[2.85, 10.77]
Pseudo-R^2				.31						
MHL test F-statistic				0.29 (p = .97)						
AUC [d]				.76						
Past-year withdrawal from regular activities										
Event frequency	1.24	0.24	**< .001**	3.45	[2.21, 5.78]					
Plausible values						1.54	0.31	**< .001**	4.66	[2.52, 8.63]
Pseudo-R^2				.33						
MHL test F-statistic				0.44 (p = .90)						
AUC				.74						
Past-year suicide ideation										
Event frequency	0.79	0.19	**< .001**	2.21	[1.56, 3.30]					
Plausible values						1.17	0.27	**< .001**	3.21	[1.89, 5.45]
Pseudo-R^2				.17						
MHL test F-statistic				0.67 (p = .73)						

AUC			.69						
Lifetime suicide ideation or attempt									
Event frequency	0.95	.32	**.003**	2.60	[1.47, 5.23]				
Plausible values						1.17	0.32	**< .001**	3.22	[1.70, 6.08]
Pseudo-R^2			.23						
MHL test F-statistic			1.10 (p = .38)						
AUC			.69						

Note. Two participants indicated experiencing no transgender identity nonaffirmation or denial events and therefore did not contribute to the estimation of item response models for latent regression analyses. OR = Odds Ratio. MHL test = Modified Hosmer-Lemeshow goodness-of-fit test. AUC = Area Under Receiver Operating Characteristic Curve. [a] Standard model fit indices are not available for latent regression. [b] Frequency variable calculated as the mean number of transgender identity defense events per week. [c] Plausible values represent the combined effect of frequency and intensity of transgender identity nonaffirmation or denial events (i.e., the latent variable of transgender identity defense stress), as estimated from a multidimensional item response model fitted to transgender participants' empirical response data. [d] AUC provides an estimate of a model's predictive ability to discriminate between dichotomous outcomes.

Table #

Results of Logistic Regression Analyses of Associations Between Social Engagement and Emotional Responses to Transgender Identity Nonaffirmation or Denial Events and Mental Health Outcomes for Transgender Participants (n = 225)

Outcome	Engagement with Others in Response to Identity Defense Events Models					Emotional Response to Identity Defense Events Models				
	®	SE	*p*	AOR	AOR 95% CI	®	SE	*p*	AOR	AOR 95% CI
Past-year sadness or hopelessness										
Engagement-reducing events [a]	0.30	0.08	**< .001**	1.35	[1.17, 1.62]					
Engagement-maintaining events [b]	-0.06	0.04	.10	0.94	[0.87, 1.01]					
Paining events [c]						0.17	0.05	**< .001**	1.18	[1.08, 1.31]
Wearying events [d]						0.20	0.05	**< .001**	1.22	[1.12, 1.34]
Pseudo-R^2			.19					.20		
MHL test *F*-statistic			1.89 (*p* = .08)					2.27 (*p* = .02)		
AUC [e]			.73					.74		
Past-year withdrawal from regular activities										
Engagement-reducing events	0.37	0.11	**< .001**	1.45	[1.21, 1.83]					
Engagement-maintaining events	-0.07	0.04	.07	0.93	[0.86, 1.00]					
Paining events						0.12	0.05	.01	1.13	[1.03, 1.25]
Wearying events						0.22	0.05	**< .001**	1.25	[1.13, 1.40]

	B	SE	p	AOR	CI	B	SE	p	AOR	CI
Pseudo-R^2				.26					.20	
MHL test F-statistic			1.73 (p = .12)					1.32 (p = .24)		
AUC				.73					.73	
Past-year suicide ideation										
Engagement-reducing events	0.28	0.09	**.001**	1.32	[1.13, 1.60]					
Engagement-maintaining events	-0.09	0.04	.02	0.92	[0.85, 0.99]					
Paining events						0.19	0.05	**< .001**	1.21	[1.10, 1.34]
Wearying events						0.19	0.05	**< .001**	1.21	[1.11, 1.34]
Pseudo-R^2				.18					.21	
MHL test F-statistic			2.67 (p = .01)					1.39 (p = .21)		
AUC				.74					.73	

Note. Because there were no a priori hypotheses regarding these models, a Bonferonni-adjusted significance level of $\langle$ = .004 (.05 / 12) was employed. AOR = Adjusted Odds Ratio. MHL test = Modified Hosmer-Lemeshow goodness-of-fit test. AUC = Area Under Receiver Operating Characteristic Curve. [a] Engagement-reducing event variable defined as the sum of events each participant endorsed as reducing their willingness to engage with others. [b] Engagement-maintaining event variable defined as the sum of events each participant endorsed as not affecting their willingness to engage with others. [c] Paining events variable reflects the sum of events each participant endorsed as causing emotional pain. [d] Wearing events variable reflects the sum of events each participant endorsed as causing emotional weariness. [e] AUC provides an estimate of a model's predictive ability to discriminate between dichotomous outcomes.

The preceding tables were created by Nicholas J. Parr.

Suicidal Ideation

In regards to the frequency of transgender identity non-affirmation or denial microaggression incidents and their links to suicidal ideation, odds of past year suicide ideation increased by 2.21 times, OR = 2.21, 95% CI = [1.56, 3.30]. Odds of lifetime suicide ideation or attempt increased by 2.60 times – OR = 2.60, 95% CI = [1.47, 5.23] – with each increase in unit frequency of identity non-affirmation incidents. When the level of the transgender identity defense stress was identified as comprising both frequency and intensity of identity non-affirmation or denial incidents, odds of engagement in depression-related symptomatology also significantly increased. Each unit increase in point value was associated with a 5.54-fold increase in odds of past year sadness or hopelessness, OR = 5.54, 95% CI = [2.85, 10.77],
and a 4.66-fold increase in odds of past-year withdrawal from regular activities, OR = 4.66, 95% CI = [2.52, 8.63]. For suicidality outcomes, with the same increase in point values the odds of past-year suicide ideation increased by 3.21 times, OR = 3.21, 95% CI = [1.89, 5.45]. With that same increase in point values the odds of lifetime suicide ideation or attempt increased by 3.22 times, OR = 3.22, 95% CI = [1.70, 6.08].

Impacts on Social Engagement

Among the other significant findings, was that with each increase in the number of identity non-affirmation or denial microaggression incidents that transgender individuals reported as reducing their interest in engaging socially, three key outcomes were evident. First, that odds of past-year sadness or hopelessness increased by 1.35 times, OR = 1.35, 95% CI = [1.17, 1.62]. Second was that odds of past-year withdrawal from regular activities increased by 1.45 times, OR = 1.45, 95% CI = [1.21, 1.83]. Third,

that odds of past-year suicide ideation increased by 1.32 times, OR = 1.32, 95% CI = [1.13, 1.60]. (All all three outcomes involved controlling for increases in incidents which did not impact social engagement.) Also, each increase in the number of non-affirmation incidents which led to a transgender person feeling emotionally wearied or apathetic, was associated with three outcomes, as well. First, there was a 22% increase in the odds of past-year sadness or hopelessness, 95% CI [1.12, 1.34], . Second, that there was a 25% increase in the odds of past-year withdrawal from regular activities, 95% CI [1.13, 1.40]. Third, a 21% increase in the odds of past-year suicide ideation was also in evidence 95% CI [1.11, 1.34]. (All three outcomes involved controlling for increases in incidents which produced emotional pain.) Increases in the number of paining incidents (controlling for wearying incidents) was also associated with an 18% increase in the odds of past-year sadness or hopelessness, 95% CI [1.08, 1.31], as well as a 21% increase in the odds of past-year suicide ideation 95% CI [1.10, 1.34].

Interpersonal versus Media Microaggressions

The final item of examination in regards to quantitative data was an examination of interpersonal vs. media microaggression incidents. This data showed that media-based microaggressions will result in a higher perceived emotional intensity of identity defense microaggression incidents as compared with those microaggression incidents which are interpersonal in nature. On a scale from mild intensity (1) to high intensity (7), media-based incidents were on average rated at an intensity of 3.37, in contrast to 2.37 for interpersonal incidents.

Across all of the quantitative-related hypotheses, affirming evidence was found to support the hypotheses. This included support that the increased frequency with which

one experiences transgender identity-based microaggressions is linked to both higher

levels of negative emotions, as well as with suicide-related behaviors. Affirming

evidence was also found to support that media-based microaggressions will result in

similar or higher scores on the new scales than those microaggressions which are based in

real-life.

PART VII: QUALITATIVE RESULTS

The Participants

I interviewed 66 individuals between September 14, 2019 and December 21, 2019, all of whom identified on the Summer 2018 survey as transgender. This included 17 people from Dallas, 14 from Albuquerque, 10 from Spokane, 14 from Louisville, and 10 from New York. (See demographic tables 8 - 13)

Although no information regarding occupation or other questions regarding personal or professional identities was collected on the survey, nor formally collected during the interviews, in the course of the interviews many disclosed their occupations and other aspects of their identity. Among the interviewees were a fireman, rocket scientist, TV producer, private investigator and security specialist; a business leader profiled in Forbes magazine as a young visionary, a couple profiled on "20/20," a prison guard, someone profiled in Time magazine, a survivor of Hurricane Maria, several IT specialists, four people who work formally within the transgender advocacy community, approximately a dozen who do formal volunteer advocacy work within the transgender community, an EMT who works at major automobile races, someone whose parent works for the Trump Administration, a grocery store manager, a half-dozen or so teachers, and approximately a dozen high school and/ or college students. Interviews were conducted in whatever location the respondent felt most comfortable. They choose to meet on a Brooklyn sidewalk in the pouring rain; a countless number of coffee shops, about half of them named "Starbucks;" The Frontier in Albuquerque – easily a half-dozen times; their homes, work spaces, and offices; university campuses; a lot of bars and/or restaurants; outside under the fall foliage; and one at The Stonewall Inn – with someone who lived in

Greenwich Village in 1969 – though she "can't be sure" if she was there during the

uprising.

Demographic Table 8

	Transgender women	Transgender men	Also identify as gender queer
Gender Identity	40	23	3

Demographic Table 9

	14 - 17	18 - 24	25 - 34	35 - 49	50 - 64	65+	No age
Age	4	7	20	13	12	6	3

Demographic Table 10

	African-American	American Indian	Asian/ Pacific Islander	Hispanic or Latino	White	Mixed race or ethnicity	No race given
Race	5	1	3	4	43	6	3

Demographic Table 11

	Still attending high school	High school graduate	Some college	Bachelor's degree	Master's or doctoral degree	No response
Education	4	4	29	16	10	3

Demographic Table 12

	Under $20,000	$20,000 - $34,999	$35,000 - $49,999	$50,000 - $74,999	$75,000 - $99,000	$100, 000 +	No inc. given
Annual Income	13	13	9	13	6	4	5

Demographic Table 13

	Bud-hist	Christ. Catholic	Christ. Protest.	Christ. Other	Jewish	Unaf-filiated	Other	Atheist Agnostic
Religion	3	3	5	16	2	13	4	17

The Transgender Lived Experience in a Cisnormative Society

Each of the 66 people interviewed reported that their lives as transgender people were regularly – daily for most – impacted by their status as a member of small group whose existence presents itself in contrast to the majority of society. Four main themes manifested themselves in the transcribed text of the interviews. The first theme was that self-management of one's reactions to the microaggressions from others was continuous and usually stressful, with accompanying emotional reactions that were often anything but small. The second theme was that media matter; repeatedly, respondents expressed that those microaggressions emanating from media were not only every bit as damaging as interpersonal microaggressions, but were more often worse. The third theme was that embedded within the microaggressions from others were microaggressions that were unique to the transgender community: those which categorically deny a person's existence as a transgender person. The fourth theme was that despite the profound emotional stress felt by most members of the transgender community, their empathy for other, less privileged members of the transgender community, had a discernable impact on their behavior. All four will be discussed in this section, highlighted where appropriate with transcribed text from the interviews.

"There was a microaggression the moment I came out...I'll never forget it."

Managing microaggressions[6] from others was a frequent and critical aspect of self-regulatory behavior among the transgender people interviewed. Although the word "micro" implies smallness, the impacts are often anything but small. Emotional pain

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[6] Participants used the term "microaggressions" without prompting. In the course of my research, numerous respondents used the term without my having introduced it into the interviews. From PhD-holders, down to high school graduates, from Albuquerque to The Bronx, this was a term respondents used on their own.

often arose in transgender people as a result of their fear of the unknown ways cisgender people might react to them. Pain also resulted when a microaggression came from a surprising source. Close personal relationships, the micro-aggressor, and the intentionality of the aggressor also mattered when it came to the level of emotional pain, as did "hot-button" issues that might not be understood entirely by the transgender person themselves. Sometimes pain progressed to something else, like just being worn down by the sheer repetition of one particular microaggression, even to the point of societal disengagement. Again, these acts may or may not have been something the transgender person as aware they are even doing as they deal with microaggressions that deny them their identity.

Even prior to conducting interviews, some of these emotional and behavioral patterns became clear. It was clear from the researcher's initial examination of survey results – for the purpose of writing questions – that for most respondents there was no consistent relationship between how often microaggressive incidents might occur to them and how that impacted their consciousness regarding the need to defend their identity as measured on the new scale. For people like Phillipa, quoted above, it was seeing the instant reaction on someone's face, and them slamming a door behind them after Phillipa came out. (See table 1)

When a respondent's average level of negative emotion in response to daily incidents (assessed via questions one through 11) was lower than their average level of consciousness regarding the defense of their identity (assessed via survey question 14), I inquired as to why this might be. (As the interviews progressed, this became the norm.) Their responses to the ensuing open-ended question – which made no

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assumptions that the two were linked – always included reference on the part of the respondent to the microaggressive incidents they had been discussing. This was not surprising, as this was the topic of discussion. There were other components that came into play in regards to how consciously they felt they needed Qualitative Results Table to defend their identity; these will be discussed in the context of psychache. Even after considering these factors and despite the open-ended nature of the questioning, the resultant anecdotes and stories were always about communication-based microaggressions and the cumulative impact they had on their consciousness of needing to defend their identity.

Of the 60 people who were interviewed regarding this topic, 39 said their average level of consciousness – on the 1 to 7 the scale (measuring intensity of emotional reactions) – of needing to defend their identity exceeded the negative intensity of their regular emotions as measured on the scale when confronted with identity-denying microaggressions. Of the remaining 21 respondents, four expressed that their average level of consciousness of needing to defend their identity was the opposite: Their scores on the scale in response to individual incidents were were higher than their overall average scores on the scale, in terms of their consciousness of needing to define their identity. Eight respondents found these to be equal, and nine said they had no expressions of negative emotions nor had any notable perception of needing to defend their identity.

Within the text of the interviews these concepts were expressed by respondents, in terms of emotions, with words and phrases such as "frustration," "hardship," "struggling," "self-conscious," and "shame." More intense emotions such as "anger,"

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Table 1: Conscious level of needing to defend one's identity

Conscious level of needing to defend one's identity is less than the intensity of emotions generated by individual incidents of identity denial	Conscious level of needing to defend one's identity is roughly equal to the intensity of emotions generated by individual incidents of identity denial	Conscious level of needing to defend one's identity is roughly exceeds the intensity of emotions generated by individual incidents of identity denial	For the most part, respondent does not have a conscious level of needing to defend their identity.
4	8	39	9

"pain," "spike," "trigger," "upset," and "violence" were also reported. They also articulated concepts relating to disconnecting with others, using terms like "apart" and "invalidated." Respondents often felt a lack of control in their lives, expressed in the transcript texts as "always on my mind," "exhausted," "helpless," "no control" or "uncontrolled," "overwhelmed," "taps into," and "vulnerable." Finally, concepts relating to emotional turmoil were expressed in the transcripted texts with words and phrases such as "anxiety," "fight or flight," "head on a swivel," "on guard," "never forget," "paranoia," "ready to jump," "something wrong," and "worry."

Aurora, a transgender woman, said she believed her scaled emotional scores remained high independent of actual microaggressions because of "the fear of ever people knowing. I'm always on edge – even if it happens once in a year, it'll still be what I'm always worried about. I don't know; it's just always on my mind." Maya, another transgender woman, said:

"I grew up in a very repressive family and my family was like violently, incredibly, opposed to queer expression. And so even though those microaggressions aren't a part of my existence now, it is hard for me to go through a day and not think about the ways that being trans has affected

where I am in the world and the things that I have an opportunity to do."

Amy looked at the cause of her elevated scale scores as less related to her actual experiences with family and the people around her and more as a societal construct:

"We live in a very gendered world; everything is gendered. So it's something I think about all the time. Even if it's not happening, I'm thinking about it happening. So even if it doesn't happen much, it taps into something."

Among the 39 people who said the average level of their consciousness exceeded the negative intensity of their regular expressions, as measured on the scale, when confronted with identity-denying microaggressions, three concepts emerged: 12 people discussed a fear of the unknown, 22 people discussed how an element of surprise was involved, and 15 people said that their feelings represented less concern for themselves and more an empathy for the larger transgender population. Some participants elicited that more than one concept was at play in their responses. These three concepts manifested themselves throughout the 39 different respondents, regardless of how long it had been since they transitioned, their ability to pass, or the last time a particular type of microaggressive incident may have occurred. The third of these concepts – empathy – merits an independent discussion later in this dissertation.

The first of these, the fear of the unknown, was expressed in words and phrases like "I don't know what's going on," "I haven't done it/ been there before," "inconsistent," "it's new for me," "out of my control." "uncertain," "uncontrolled environment," "unpredictability," and "unstable." According to Stephanie, a transgender woman who feels like most things do not get to her anymore:

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"One of the things being a woman I know has done for me, is that it's

given me a new level of, 'Well, I can endure that.' So I endure a lot. I

don't think it's anything other than the unpredictability that makes me

dislike those experiences that we're referring to."

The second concept appeared when respondents spoke of the element of

surprise being a key aspect of their emotional reactions and was expressed via words

and terms like "amazed," "blow it all up," "expectations," "it's been a long time,"

"shaken," "shock," "surprise," and "thought I'd left it behind." Charles, a transgender

man, mentioned how upset he was at being misgendered just before the interview that

morning:

"I thought I was like past all of that, I thought I was beyond that; it's been

a long time since I've felt as angry. It was it was almost like a reflexive

reaction: I felt my blood pressure go up, I felt my stomach get all tight,

like I was suddenly thrown back 20 years ago to when people used to be

like that… I could not believe that the same thing happened this morning.

My body had the same reaction. Yeah… I guess it's just I thought I left all

that behind, you know I mean?"

One final note on surprise microaggressions: Of the six people who

referenced a surprise transgender identity-denying experience being similar to an

older one, only one likened it to PTSD.[7] When the other five people – including

Charles – were asked by the researcher if it was a PTSD-like reminder of a

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[7] The American Psychology Association defines PTSD – post traumatic stress disorder – as a condition that results in upsetting memories, flashbacks, or reminders of a previous and more traumatic time (APA, 2013).

previous threat condition where none existed now, each said it was not. Based on

their understanding of PTSD, each said this was a completely new reaction, one

they were surprised they were still capable of.

Not all respondents reported emotional pain in response to a transgender identity-

denial based microaggression; only a half-dozen of the respondents reported this was

their only emotional response. Most reported that pain or a sense of feeling worn down

may result, depending on the nature of the microaggression. Accordingly, how

transgender people understand their shifts in state of mind, in regards to pain versus a

sense of withdrawal as a result of regular exposure to identity denial-related

microaggressions was a topic of inquiry during the interview phase. This line of inquiry

revealed four factors regarding how respondents recognized a microaggression as one

that put them in a state of mind of emotional pain or a state of being worn down: the

source of the pain (in terms of the person delivering the microaggression), the

intentionality of it, whether or not the topic of the microaggression was a "hot-button"

issue for the respondent, and finally, how repetition of the microaggression may mitigate

any one of those factors.

In regards to the source of the pain – that is, the person delivering the

microaggression – it was clear in the text of the interviews that respondents reacted more

painfully to microaggressions originating with those with whom they had strong personal

relationships. "Expect better," "closer to home," "family," "I was there for you,"

"longevity," "more painful," "trigger," "see them tomorrow," "they know you,"

"unnecessary," and "you're supposed to have my back" were among the phrases and

words found in the transcribed text of the interviews, in addition to earlier noted terms

indicating emotional pain. Terms like "ghastly," "hypocrisy," and "unnecessary," while not exclusive in their operant definitions to relationships, were notable because they arose only in regards to people's expressions about those with whom they thought they had an emotional relationship of reciprocity. For respondents such as Clint, these are the most painful types of emotional betrayals: "Random guys over there? I don't care about them. But with family…" Of the 49 respondents who discussed their microaggressions in terms of pain and withdrawal, 39 said the most painful microaggressions originated with family or friends. The other 10 who responded gave examples of other close personal relationships in the workplace or school environment as particularly impactful.

Of all the subjects addressed by respondents, the rejection of family and friends were perhaps the most painful to discuss for many of them. For Morgan, the betrayal he still feels from his mother is palpable:

> "You're my mom! You're supposed to have my back! I don't expect, you know, the random ignorant person on the street to know so much as the people in my life. It's like, you know, I've been there for you."

All three of the teenagers interviewed for this study felt microaggressions from their families, even Priscilla, whose family is largely supportive of her; she has had interactions she calls "disappointing." She says she tries not to think about those too much because she knows her friends have it a lot worse in their households. The pain of family rejection is by no means limited to those still living at home, or even the young, as Annie, a 65+ year old woman, recounted:

> "I just had the family visit from hell, where I had just absolutely been wrung out, shot and run over, and hung out to dry by my now ex-loved

ones, whom I am not speaking to any more. Because after eight hours I

had gotten back in my car, and I felt like I'd been beaten up by my family

for a month. And I was in bad emotional shape for about another month. It

was such a shift from where I'd just been. They were just so so ghastly that

it took me a while to regain any confidence after having been so badly

chewed up. I mean, you just begin to feel like, 'Hey, I can make this work.

This is this life! I can make this work for me!' Things are going relatively

well – and then somebody comes along and drops a boulder on you. My

psychologist was ready to have my family gutted because she said they

they undid a year's worth of therapy."

For some respondents, microaggressions from friends were even worse those

originating with family; family is out of one's control, friends are not. Sometimes this has

meant removing those people from their circle of friendship – or as Reid noted earlier –

"cutting out toxic people." Most respondents seemed to accept that their friends might

never change, and kept them anyway. For these respondents, it meant moving past certain

acts even if they could not forget them. For Wilson, this meant moving past acts both

highly intentional and otherwise:

"It's one thing for a stranger to make a mistake. But if it's somebody that

I've known and has been fine and then they're drunk and they say

something? Then I feel like it's worse, because then you know."

He processed an interaction with another friend by understanding the friend's

professional foundations. He has maintained the friendship because the situation has

never arisen again:

"The worst thing that was ever said to me by anyone that I care for, was when I came out to (my friend). He said, 'I'll call you whatever you want, but you can't change your DNA. You know when you're dead and gone and they dig up your bones, they're going to say those are female bones.' I know he doesn't honestly feel that way. He is the kind of guy that just likes to poke the bear. So I know him well enough to know that he was just being a dick for the sake of being a dick. It's not something that he necessarily believes. I mean I know, it's really shitty, and if it had come from anybody else, I might've smacked him a little bit. But he's a biochemist. He just got his own lab with the FDA. So you know, I get it - and that was the only time he did it."

Though the two most salient answers came from the same person, respondents were far more likely to elect to move past painful incidents rather than to remove those people from their lives. Often this was because against the greater tableau of identity denial they understood these friends were trying. Even when the microaggressions were intentional, respondents decided to believe the behavior was influenced more by external factors – like someone being drunk or insensitive because of their background – than they were to chalk it up to intentionally trying to hurt them. For people like Rebecca, this meant keeping them in their life, even when she knew what may happen. Recalling a recent trip back from college, she spoke about visiting her friend's home, a place where she had found acceptance as a young woman beginning to transition. She always went back and knew she probably always would, despite what she knew was going to happen:

"When my friend's parents say, 'The girls and Rebecca,' I just want to scream. It's not 'The girls and Rebecca,' it's 'The girls.' Does that hurt? Yes! It's hard even to say because it pisses me off. I've worked so hard to make myself – not just image wise – but who I want to be: happy with myself. And they know how much I have gone through. They know the battles that I face, they know the judgment and the bullying: all the terrible stuff that I've gone through. It hurts, and I try to understand, but it hurts."

Only one person said that microaggressions originating with strangers, or those with "weak" ties bothered them more than those originating with family or friends. Aurora, who was out only to family and friends, worried most about not appearing feminine to people outside of that circle:

"I think strangers sometimes hurt more because they never knew me before I transitioned. So when they look at me I just hope that they can see me as a woman. And if they don't, then I'm like, 'Oh, I've got to change something.'"

As noted by Rebecca's and Wilson's experiences, the intentionality of the person delivering the microaggression mattered. Forty of the 49 respondents said that it mattered to them why the person was being hurtful: the more intentional, the worse it was. All 40 felt like the majority of microaggressions they experienced were unintentional. Nearly half of them, however felt like they were subject to repeated and intentional microaggressions on a fairly regular basis. Within the transcribed text of the respondents, malicious intentions were expressed in words and comments such as "angry," "deliberate," "going out of their way," "intentional" "meant to do it," "on purpose,", "the

point of it," "trying," and "unnecessary." Words and phrases like "hateful," "hurtful," and "pain," appeared along with one that merits further, independent discussion: "dangerous."

Phillipa revealed how a friend reacted with two microaggressions when she told him she was transitioning and how they differed in terms of emotional pain. She talked about both of them: the first unintentional, the second very much so – and which one she still remembered more:

> "There was a microaggression the moment after I came out: their facial expression. But then, as they left, they slammed the door behind them right in front of me. I'll never forget that. I'll never forget every single moment of everything that happened in just that. I don't know that it dramatically hurts more; it's just a much more intense memory that I hang on to. Not just because of who it is, but the nature of it: it was blatantly intentional. He was doing it on purpose."

For Debbie, a certain type of repeated intentional behavior affected her most. Although it was not something she encountered often, the intentionality of it made it stand out.

> "Asking me to use a different changing room or restroom. It just seems like a very active 'fuck you.' Like someone who is clearly going out of their way to make my day worse."

Jim, who dealt with people's intentional microaggressions almost every day in his high school, said it was painful every time: "I would rather someone punch me in the face than misgender me on purpose. Because there is pain there, and I just have so much going on that I don't have time to be in pain."

As with the other illustrations of how the respondents' states of mind were affected by microaggressions, some people were not bothered even when something was intentional. It was not that they did not see the microaggressions nor was it a matter of someone's intentionality not bothering them. Rather, it was a matter of not letting that intentionality affect them. Clint worked in emergency services, and he admitted his perspective was likely skewed by the fact that he and his co-workers were in literal life and death situations every day. That being the case, he tried to keep things in perspective – even when he knew people may be behaving intentionally transphobic:

> "There's 700 of us, and there's some who are outright racist. There are people who are definitely sexist. There are people who are openly homophobic – and you can catch them. And people who, I'm now learning, are transphobic. Yeah, people misgender me (intentionally), sometimes, but everybody makes that mistake in real life. So if you just go on like it didn't happen, nobody cares. Let it go. Because the fact is, I think you have to learn to put it aside or let it go. Because of the field of work I'm in, I have to be very thick skinned, and be able to discuss the dramas of life without sucking them into myself. I still have to be able to rely on people, and I still have to have their backs, too. We still have to work together. I still know that, for example, they're a strong paramedic. I know that they're a good officer on a fireground. I feel safe around you as far as operations go – which is weird, but it's true."

Most respondents felt comfortable identifying an intentional microaggression versus an accidental one. The 40 people who said intentionality mattered also said that

they had some level of tolerance for people's ignorance. They understood that for most people, transgender people and issues are still a bit of an enigma and that often their microaggressive behavior is not grounded in maliciousness, but in a lack of proper understanding of transgender people. That is not to say there was not variance in this group; among the 18 people who experienced intentional microaggressions on a regular basis, their expressed level of patience with others was somewhat to markedly lower than for the 22 who did not. Even Raymond, who said he is extremely conscious of needing to defend his identity, both in his everyday life and within society at large, tried to understand even those ignorant people around him.

> "When it comes to transphobia, I know for most that it's just a lack of
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> proper dialogue and education. Now, if they continue to come at me, like
>
> for example my mother, with hatred, then I'm just gonna give up and walk
>
> away and not even bother. But if it's someone I think is able to have a
>
> conversation, I will have that conversation."

Within the context of tolerance and understanding of those largely ignorant of the meaning of a transgender identity, some respondents commented on what Chelsea called "dangerous ignorance:"

> "It has a lot to do with make the comments people make, because I think
>
> there's a separation there. I do think there are some dangerously ignorant
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> comments people can make. So I feel like there is, ignorance and then
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> there is also like dangerous ignorance. Dangerous to myself, dangerous to
>
> my friends, and dangerous to the community. I mean, can maybe

somebody can be well-intentioned, but still dangerously ignorant? That I don't know."

Garry knew. A 50 to 64 year old transgender man, he said he had seen a marked change in the treatment of transgender people, one whose basis in ignorance he was not so willing to forgive.

"People that really affect me, and I don't know them personally, but people who are, like, 'conservative.' It bothers me when someone says people are just ignorant, maybe, because they're conservative. Because that just kind of goes to the real question. Is it really ignorance? Like what was in the New York Times. Yes, that's based on ignorance, but that's because a lot of people do not want to learn. So, really, it's hate, and it's because of that they're not willing to learn. Because I can handle anything from what I think is based on ignorance. But I have a hard time handling something that I think is based on hate."

Beyond the originator, beyond intention, within the group of 40 who discussed the nature of their reactions to microaggressions, 16 said that at times none of those factors mattered. They conceded that there were "hot-button" issues that regardless of most any other factor, a microaggression touching on that issue seemed like an attack – and they would react accordingly. Within the text of the 16 respondents who indicated they understood this reaction within their self-behavior, certain words or phrases repeated themselves, some up to five times: "childhood" (three times), "closer," "growing up," "insecurities," "past" (five times), and "trigger" (three times).

Respondents did not have to be older side of interviewees to articulate such

experiences. Joel, an 18 - 24 year old transman, said:

"It hits the core again, it hits all of the denials that I had growing up, all of

the insecurities I had growing up, all of the rejections I had growing up,

the shame, the fear, It's just an instant trigger. There's some things I don't

grow out of."

Especially frustrating for many of them was the fact that the microaggressions

were often delivered by someone who considered themselves an ally.

"If someone gives you a constructive criticism and says, 'OK, here's

something you might want to do if you want to increase your passing to

others,' I know then they were looking out for my well-being. But if they

say, 'If you ever want people to think you're a real woman,' well, then

they're making the assumption that you are not a real woman – and you

never will be; you're only acting. As soon as they say 'real' you know that

in their mind you're not a woman. And that can go back to a lot of things I

still think about myself."

In conclusion, respondents reported that self-management of one's reactions to

the microaggressions from others was continuous and usually stressful, with emotional

reactions that were often anything but small. In regards to recognizing the causes of

emotional pain related to their reactions to identity-based microaggressions, the

respondents who addressed the subject cited four main causes: the source of the pain (in

terms of the person delivering the microaggression), the intentionality of it, whether or

not the topic of the microaggression was a "hot-button" issue for the respondent, and finally how repetition of the microaggression may mitigate any one of those factors.

What has not been addressed, as of yet, is the state of mind that causes one to feel worn down. Within the transcribed text of the respondents, a sense of being worn-out was expressed as "acclimated," "consistent," "exhausting," "expecting it," "frustration," "I am done," "numb," "tired," "wearing," "what's the point?" "worn out" and – among the most repeated – were "over and over" and "again." As noted, respondents indicated that certain microaggressions no longer resulted in pain; usually when it failed to relate to one of the four factors explained above, the first three being: source, intentionality, or being a "hot-button" issue. Randall was a typical example. Speaking of the things he dealt with in his daily life, although he gets stared at twice a week, he did not really care; it did not push a button of any kind as he knew he passed most of the time: "It's just innocuous, and when it comes from somebody I don't have to care about, those things are more just sort of exhausting." Unmentioned, however, was the fourth factor: repetition that makes things painful – which is ironic, as it was also the reason the five separate respondents said a microaggression no longer pains them, but instead wears them down. Here, respondents were not always able to consciously discern where or why in the course of exposure to a repetitious microaggression they had moved from an emotional state of pain to one of being simply worn out. Davis's experience was a typical one:

> "When I was feeling it every day, (being misgendered, dead named) it definitely was like consistently horrible. But I guess I just kind of got acclimated to it. Like I wasn't ever expecting it to like get better or for anyone to use my name."

Priscilla said, "It's more like a worn down sort of thing when I'm expecting it."

Shelley: "There's a bit of an expectation of what's coming...that's definitely a wearing down." Joel: "The worn down part comes with a lot of those questions that have been dredged up before." Ken: "He just says the same thing over and over and over again. And that's the point where I instead of hurting, it just wears me down." And for Regina, it was any interaction with her family: "I'm just worn down by them; I don't give it any emotion anymore; I don't. I'm just like mush because it's just who they are."

Not all of the respondents had an emotional reaction. For nine of the respondents, elevated levels of emotion, as measured on the scale, were not an issue. Steve, a transgender man, echoed a number of like-respondents when he said very simply: "I think I've had more of an opportunity to kind of get used to it." Jacob, another transgender man, had a less simplistic view:

> "After awhile you get to a point where you don't even notice it. That's kind
> of sad, but you just block a lot of shit out… It's not that you don't notice it
> all the time; you just don't give a fuck anymore. It's that you don't want to
> notice it after a while because you get sick of it."

Some respondents said they have stopped caring what anyone thinks. Terry, who has faced mostly rejection from his family since the beginning of the transition, decided not to let them bother him. He still called and interacted with his parents, but he knew they were never going to accept them, and he felt he was OK with that.

> "I've gotten to the point I don't care what anybody thinks. I don't care what
> my mama thinks. I don't care what my family members think. I am always
> going to be me. Today, I'm happy; I love myself. So whatever your

thoughts are you keep them to yourself. And even if you don't keep them

to yourself – I don't care."

Among most respondents the likelihood of emotional pain in response to a given microaggression had one of two – and sometimes both – commonalities: the microaggression was more painful when delivered by someone the recipient had strong ties to or if they perceived the microaggression to be intentional. Also broadly true was the ability of a hot-button issue to be painful for most transgender people, although what this button is for each transgender person was entirely unpredictable devoid of knowledge about that person's transgender experience. Finally, repeated exposure to the same microaggression was painful – until it was not. Having become numb with the repetition and/or the predictability of it, it no longer hurt and instead left the recipient worn down. Being worn down may also be correlated with a sole microaggression, one that likely originates with someone the intended person has no relationship with.

In addition to discussing their range of emotional responses as either wearing or painful, respondents discussed how those emotions manifested themselves in terms of their willingness to engage with others. Whether they were in pain or just worn down, participants often articulated concurrently a desire to not be in a certain physical space, with the need to physically relocate either stated or implied. A total of 43 responded in terms of how and when they choose to disengage with others. For 11 of them it was a proactive choice, which will be discussed in greater depth below. For three respondents it was a subconscious default reaction, and 29 of them saw it as a combination of the two. (See Table 2) Among the three of those respondents who saw disengagement largely as a reflexive behavior, common words and phrases in the transcribed text of the interviews

Qualitative Results Table 2: Nature of Disengagement

	Proactive choice	Subconscious	Both	Do not disengage
Nature of disengagement	11	3	29	8

included "apathy," "avoid," "exhausted," "numb," "reactive," "reflex," "tired," and "worn down." Janine, a transgender woman, saw how through the course of her transition she had changed from someone who used to choose to disengagement to someone who now simply found it upon her.

"When I started this, I looked at the choice to disengage as, 'I am so damn

tired I

just I do not have it in me right now.' But now? No it's just plain 'I'm

done. I am completely done with people.'"

Those who saw their disengagement as entirely reflexive were a small percentage – approximately 7%. Far more common, with 29 respondents, were those who felt themselves disengaging both subconsciously and as a result of conscious action. Using such words and phrases as "boundary setting," "choose/choice," "Don't want to add," "filtering,"
"leave," "I avoid," "I'm done," "sorting," "separate," and "willing." Like Jacob, many respondents within this group recognized that while they shift from proactive to reflexive disengagement, they were not exactly sure why:

"A lot of times I will avoid public situations because I'm I'm feeling worn

down and I just want to be separate from people because I don't feel like

dealing with them. And sometimes it's apathy, I guess. So, yeah, I guess

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sometimes it's both."

Ross, too, did not exactly understand why and how he made these decisions on a regular basis; he just knew he did, and it worked for him:

> "Why do I decide to go out, as opposed to why do I decide to stay in and
>
> sort through my feelings? I don't know. The best I can say is that I have a
>
> sense about when I need to do each one."

With the exception of one person, none of the respondents said they always choose to disengage. For most of them, it depended on the given situation as it related to their transgender identity. Further, in addition to the situation, they were mindful of the daily externalities that affect all people, regardless of their transgender status: how tired they were, what kind of day they had been having, what kind of day their families were having, and elements such as surprise and the evaluation of risk. Among the 29 people who said that disengagement was partially or entirely a choice, only 13 people said those situations were all or mostly about their transgender identity, while 14 people said it was either 50/50 or mostly not about their transgender identity. Two people said situations where they made the choice to disengage had nothing to do with their transgender identity. Their statements reflected how they felt like they conducted themselves the majority of the time, although as many people observed, they did not always understand that themselves.

As with the results in regards to emotions, 11 respondents reported that they never found themselves disengaging in the presence of either one-time or repeated transgender identity denial-based microaggressions. Eight of the 11 respondents articulated that their choice to maintain engaged was largely a subconscious act. Rosa mirrored other

respondents in this group who said that over time, she thought she had just gotten used to them – even when they did not seem like microaggressions at all:

"It's not my fault that my mother is (not supporting me), or she is allowing my stepfather to mentally beat me up, or things like that. So I put on a smile and I try to engage people. I separate myself from what is happening here and look at what is happening elsewhere."

As noted above, for 11 of the respondents disengagement was a proactive choice. They did not see it as an anti-social behavior nor one that indicated a negative state of being. In their interviews, they used such words and phrases as "boundary setting," "choose/choice," "don't want to add," "filtering," "leave," "I avoid," "I'm done," "sorting," "separate," and "willing." For those who said disengagement was always a choice for them, there were two different types of occurrences that made them react: the repetition of a particular microaggression and the overall aggregation of microaggressive occurrences, regardless of specific type.

For those like Lisa, it was the sheer repetitiveness of certain individual microaggressions she encountered that made her choose to walk away: "When it's just the same thing over and over and over again… How many times can you keep hearing it? Because I'm not going to change, and I just get tired dealing with it." For Charles, when a microaggressive incident occurred, he disengaged because "I don't want to validate them by giving them my energy or attention."

For Linda, a school teacher, and others like her, it was not so much about individual incidents. It was more about the sum total of those incidents over a period of time:

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"Everyday I'm around one-hundred-fifty-plus people. And eventually it just gets me to the point where I am done. I am taking three or four days and checking out, just hanging out with myself, because I don't feel like dealing with people right now."

Unlike Janine, Shelley's position in the community did not allow her to simply disappear from public spaces. That did not mean she did not have ways of disengaging.

"It's this continual fight for compassion, and after a while the blowback from expressing that pain is just not worth it. Why fight for compassion? Like, those are mutually exclusive concepts. I mean, if the reason I'm being treated with dignity is because I fight tooth and nail for it? I'd much rather just kind of plunk down in a bar, throw back a handful whiskeys, and just become numb to it all."

As a result of the often discordant and varying nature of individual identity-denying microaggressions and the individuals and/or media that deliver them, for most respondents, the intensity of an emotional reaction to an individual identity-denying microaggression was not related to intensity. Intensity was far more often related to the transgender person's fear of the unknown, how close of a relationship the transgender person had with the person delivering the microaggression, whether or not the microaggression was intentional versus. accidental, and whether or not the topic of the microaggression was something the transgender person felt deeply about. Upon receipt of these microaggressions, most transgender people experienced either emotional pain or felt worn down, with varying levels of intensity within both behaviors. While experiencing these

behaviors, many transgender people consciously or subconsciously chose to engage. Some, however, did not disengage at all, whether because they saw this as their natural disposition or, more likely, because they were making the personal choice not to disengage as a means of affirming their transgender identity within a larger cisnormative space.

"There's this aspect of helplessness… you just have to hear it."

The second theme that resounded throughout respondents' interviews was that media matter. Respondents often expressed that those microaggressions emanating from media were not only every bit as damaging as interpersonal microaggressions, but were more often worse. Of the 61 people who responded to interview questions about their high scale scores regarding the media – questions 12 to 14 – 43 indicated they found their emotional reaction to media-based microaggressions equal to or more intense than their reactions to interpersonal microaggressions. The remaining 18 respondents said media-based microaggressions did not bother them. Among the 43, nearly 60% (25 people) said that on average media-based microaggressions tended to affect them more than real-life based microaggressions. (See Table 3). These microaggressions impacted transgender people often for the same reasons interpersonal microaggressions did: surprise, whether or not it intentional versus a mistake, how much of a hot button issues it was for them, and their overall empathy for other transgender people who were being exposed to those microaggressions. Empathy's role in how transgender people react to media-based microaggressions will be discussed in greater depth in a separate section. Beyond these similarities to interpersonal microaggressions, however, the 43 respondents who addressed how they found media microaggressions particularly

Qualitative Results Table 3: Media vs. Interpersonal Microaggressions

On average, media-based microaggressions produced a greater intensity negative emotion than real-life based microaggressions	On average, media-based microaggressions and real-life based microaggressions produced equivalent negative emotions	On average, media-based microaggressions produced less intense negative emotion than real-life based microaggressions
25	18	18

damaging expressed that their reasons for feeling so fit largely into three categories: the casualness of many of them, the ignorance displayed within them, and the damage being done to the transgender population as a result of them. That said, most of the respondents articulated more than one factor – often two or three – in why media-based microaggressions more produced higher levels of negative emotions for them, as measured on the scale, than real-life ones. Regardless of whether the means of delivery was traditional or newer, more social and interactive media, these microaggressions have a net-negative effect on the mental health and well-being of the person they are enacted against.

Like interpersonal microaggressions, surprise media-based microaggressions had an impact on transgender people. Raymond, like many respondents who followed the news, found media-based microaggressions came anytime, day or night – and often in the palm of his hand: "Every time I get a news alert on my phone that has the word 'transgender' in it, my heart kind of just stops because I know it's going to be bad news." Like interpersonal microaggressions, Linda found the intentionality of what she often saw in media as the most troubling: "I get tired of that kind of (transphobic) crap, that kind of comment, that kind of misunderstanding: the politicalization of a group of people in order to get votes,

or for someone to set agenda." Chelsea recalled one of her worst moments of personal pain coming when a media program hit her where it hurt most – and from a place that she knew many people experienced the opposite reaction:

> "Caitlyn Jenner's interview is what sent me into like a deep dark depression. Because before that I kept like trying to convince myself that that was not me. And then she opened Pandora's box. She opened Pandora's box, and I kept trying to convince myself. I'd see, like, maybe one thing she said that didn't fit me, so I'd say to myself 'That can't be me.' It's like, 'There's got to be a way that it doesn't fit…'"

Beyond emotional pain, the respondent's solicited responses about why media-based microaggressions were particularly damaging in a way that went beyond those microaggressions encountered in real life. Even among the eight whose scores on the scale showed media-based microaggressions less damaging than that of their real-life counterparts, commonalities were found among all recipients. Expressed terms and phrases used within the transcriptions of text as they related to media and the attitudes it cultivates – beyond those of emotional pain – included: "craft a false narrative," "easy to find," "damage," "directed," "everywhere all the time," "hostile," "ignorance," "intentional," "misinformed," "misled," "misrepresentation," "millions of people," "multiple of people," "no one to counter it," "normalized," "only one view," "open Pandora's box," "selective," "unbalanced," "unnecessary," "weaponized," and "wide-reaching."

Stephanie, a transgender woman, said, "It leaves you feeling powerless. It feels as if you were victimized, in a way that's different from being victimized by a person face-to-face."

Many of the transgender people interviewed were frustrated at the casualness of some of the microaggressions they saw in media. In particular, they cited jokes they saw embedded in programs like "Jack Ryan" and "Grand Tour," both on Amazon, as well as in numerous comedy specials. These types of jokes – which are a specific example of a microaggression often cited by microaggression scholars – while unnoticed by those who write and say them, were not easily dismissed or interpreted as harmless by the respondents that heard them. Morgan, a transgender man, recalled watching a TV show one night while sitting at home and hearing the dialogue between two characters:

> "Then someone said 'a woman that would date you is probably a guy.' It was supposed to be this funny joke, and I was like, 'Who does that? Come on, what does that mean?' I mean, I know what it means. But you know, it's just stuff like that; it's so unnecessary. Why is that a valid joke? Why is that a valid subject for humor?"

For Amy, the casual cisgender nature of nearly all programming was where she saw more that was microaggressive than was not. Even when it displayed part of the transgender experience, it failed to capture the reality of most transgender people:

> "When I grew up it was this story of 'mom meets dad, dad meets mom, they get married, have children and they live happily ever after.' That hasn't been my story. So I compare my narrative to that narrative and that's when depression sets in. Because you feel like you're not normal, because

you haven't had that experience on TV. You can't be something if you

can't see that something, right? So, when you have trans kids and all you

see is a sex worker on TV – not that that's a bad thing. Because as I told

you, I was an escort – but that's not that's the only part of me as you can

see.”

Ignorance about transgender people displayed with intention was even more

troublesome to the majority of the people interviewed than when that ignorance was

passed of as a joke or implied cisnormativity. Phillipa, a transgender woman whose

mother watches conservative media, saw this both from a societal and personal angle:

“So many people have been completely misled and misinformed (about

transgender people) their entire lives. There's no better example of this

than my mother's reaction. Because I could tell from what she said and

wrote to me, that her perception of being trans was about sexual desire,

sexual behavior, and deviance. I kind of broke through that; she had no

idea those were two different things. Like Ben Carson talking on FOX

News about something. That's probably one of the most poignant

examples of this. To have someone who is supposed to know something,

and people give him some amount of respect for the stuff that comes out

of his mouth? I should not be characterized by the way he characterizes

me – and it applies to all of us.”

Where transgender people are likely to encounter identity-denying

microaggressions is as varied as the number of media platforms that exist. Television,

both broadcast and streaming, movies, online news sites, music, video games, and social

media were all frequent targets of respondents' ire. Within the social media space, numerous specific websites were cited. Throughout them all, if the type of media in question offered a place for users to leave or offer comments, respondents said these were places they were particularly likely to encounter microaggressions.

As discussed earlier, streaming media's newer scripted shows and comedy specials were problematic to some, as were reruns of old programs contained in their online libraries. Movies currently available on streaming services were also singled out, including "The Crying Game," "Silence of the Lambs," and "Mrs. Doubtfire." One particular film, which was available at the time both via streaming services and playing nationwide in theaters nearly year-round, was cited by two respondents as particularly problematic: "The Rocky Horror Picture" show, with its campy and sexual deviant portrayal of transgender identity. During one the interviews with a respondent in a restaurant, the film was the subject of a microaggression that occurred during the interview. The waiter serving the respondent and researcher was curious about what we were doing. I told the waiter we were discussing the impacts of real-life and media-based communications on transgender people. The waiter's response was: "Do you do any work on 'The Rocky Horror Picture Show'? No? I just assumed it would be in there a little bit."

Some films that might be seen as positive representations of the transgender community, such as "TransAmerica" and "Boys Don't Cry," were perceived as damaging because cisgender actors were playing transgender characters. This was not a universal feeling, as Wilson articulated: "I use the example of 'Boys don't Cry' with Hilary Swank: her name sold the movie, it got the story out. So why is that a problem?"

Other traditional media, such as music, were a problem for some respondents. Although respondents gave a variety reasons why, Pauline's response encapsulated all of them:

"Anatomy and gender norms have long been a focus of music, especially in hyper-sexualized lyrics in pop songs, and their music videos. Any deviation from modern beauty standards is often utilized as mockery, parody or derision, as such things do not mesh with societal standards or expectations. This is why I prefer my black metal or death metal. I can relate to people screaming and growling in rage at the top of their lungs when faced with most of the stressors in my life."

Only one respondent, Rachel, an over-65 year old transgender woman, mentioned newspapers or other print media. Even then it was in reference to the past:

"I read the words in this Sunday magazine supplement to a newspaper that changed my whole life. It was about Christine Jorgensen's sex change. That was the first time I ever knew I wasn't the only person in the world."

Dating apps were also a source of stress. A half-dozen respondents recounted a bad experience that caused them to delete the app. "I'm on someone's bucket list," "it's full of trolls," "none of them are really for us," were just a few of the comments indicating respondents' frustration. Still, for those transgender people who had a hard time connecting with others, dating apps continued to be a possible source of interaction – and the continued opportunity to be harassed for one's identity, as Morgan found:

"On dating apps I've never had a match, never – but I've had plenty of messages of hate. Plenty, to the point where I actually I uninstalled the app; you don't need this kind of negativity in your life. But then on a whim of me saying 'You know, you're alone, it's your fault, you need to try harder,' I downloaded it again. And then it was the same thing all over again."

By far the greatest media-related source of identity denial-related emotions was social media. Half of the 48 people interviewed mentioned social media sites by name; the most discussed was Facebook. As noted earlier, some of the respondents had actively chosen to stop using Facebook as a result of the identity denial-related emotions they felt resultant within themselves. Three respondents said they tried to stop using it, but logged back on when they found it impossible to keep up with friends and community incidents they were interested in – including incidents within the transgender community. The three people who left and came back to Facebook continued to be exposed to incidents that induced negative emotions after their return to the platform. Wilson, a transgender man, explained the nature of his choice:

"On Facebook and on Reddit there's all kinds of horrible stuff, but I actually go to those kind of more for support because they have trans groups and stuff like that… I guess I just always feel the 'other' no matter where I am."

Reddit, Twitter, Instagram, Whisper, YouTube – along with Facebook – were singled out by most of the respondents as places where they were exposed to emotion-inducing microaggressions – although condemnation was by no means the only feeling

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they expressed. As noted earlier, many considered social media a source of support. George: "I'm on Instagram a lot, and you know, there's all the trans dudes on there. I'm interacting with those pages, looking at that, and there's not many microaggressions." Pauline: "Zennia Jones, who's pretty popular on Facebook, and is a big transgender activist, you know she does a lot of good work as well." David: "I'm on Facebook and nobody says any negative things to me. Better, I've been asked questions from other transgender people about how to start their transition, and I'm more than happy to answer them." Most respondents considered various social media sites necessary evils in their lives. One social media using respondent suggested that much of the damage that some transgender people felt as of a result of participation on social media sites was self-inflicted. Asking not to be quoted unless it was anonymously, this transgender man observed: "I'm sorry, but if you're going to put everything about yourself on social media you are going to get something that's not great back."

Video games were another area of concern for some people. Although only three of the respondents mentioned them, each of them reported feeling subjected to identity denial-related microaggressions. All of these microaggressions happened during the chatting that occurred as players were engaged in an MMO.[8] Pauline, who participated in MMOs both prior to and after transitioning, said her transition changed the gaming experience for her.

"When I played an MMO, which I have stopped doing now for quite a

while, people would assume that when was playing a game really well or

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[8] MMO: "Massively Multiplayer Online games, which involve multiple players interacting within a virtual environment through their online characters or avatars" (Ryan, R. M., Rigby, C. S., & Przybylski, A. 2006, p. 348).

beating them… that I was a male player. When I would correct them, they'd then belittle me or 'mansplain' the game to me because being a female meant that I was somehow at a disadvantage. This behavior came from both people I had never interacted with before, and even came from members and leaders of my own (group). After a while, such treatment really begins to wear one down."

This experience was less about being transgender and more about what Pauline saw as the misogynistic nature of online game play. Aurora, however – who also played MMOs both before and after her transition – said the game-play environment was definitely more transphobic.

"When when I was younger, I remember a lot more of it was the gay comments like 'that's so gay' or 'no homo.' or really any of the other gay jokes. I used to hear them all the time and I don't really hear those anymore. But also, three or four years ago nobody cared if you were trans. Like, it would come up occasionally, but now I just hear a lot more."

The way people choose to comment during an online interaction is not a controlled feature of the digital environment. Yet eight respondents mentioned specifically that they found the microaggressions that brought on the highest level of negative emotions in this "comment section,", and numerous others alluded to it. Pauline called what she found there "rude" and "targeting." Karen called her experiences with comment sections "heinous," "horrendous," and "despicable." Both of them said they avoided those sections after bad experiences.

In summary, transgender people found high levels of negative emotion-inducing microaggressions in the media just as they did in real life – but those microaggressions coming from media were just as or even more damaging than those found in real life. Whether these media messages were based in ignorance, fear, or hatred, transgender people were aware that false media depiction of them were having a negative impact on the way society views them. These emotion-inducing microaggressions were found throughout media: from news to entertainment programs, from broadcast to streaming television, in music and video games, to – most often – social media. Although social media was cited as a source of social support by many respondents, they also identified the ways they had been emotionally harmed by social media – as often in the comments section as any other particular place in cyberspace. Most people tried to curate their media intake to avoid these types of microaggressions – some to the point of disengaging with any potential identity-denying messages that may have induced negative emotions. Most, however, continued to use social media – indeed all media – out of social or professional need to be engaged in the world around them.

As noted above, however, 18 people's survey results reflected that media-based microaggressions did not bother them. Two of them responded largely as David did; that they did not think about them one way or another:

> "I've seen stuff, but it wasn't directed towards me, so it's just water off a duck's back. Yeah, when I first started (transitioning) I used to argue. But then I was like, there's no point because these people are so close-minded. It's just gonna make me mad, right? And I'm just not going to sway over people's issues like that. How they view me, it's not going to affect things,

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how I'm going to live my life, and all of it. I'm happier this way, so I don't care."

The remaining 16 people said they were not bothered by media-based microaggressions because they – for the most part – did not see them. They said that this was a conscious choice on their part, as they made proactive choices about the media to which they exposed themselves. They curated the media they used to both avoid the media that denied their identity and find the media that affirmed it. Robert expressed it best:

> "Not having cable I can control a lot more of what I am exposed to. My main forms of entertainment are like Netflix, Verve and YouTube, and for all of those I can see synopses of things… I can specifically look for representations of transmen. So I follow a few different trans YouTube channels and stuff like that. And I regularly keep up with them because it is the type of thing that kind of helps reinforce my identity and my place: 'Hey, there are people like me out there!' By having that control I don't really experience a whole lot of microaggressions, because I am controlling what I am seeing."

Social media use was frequently curated to prevent exposure to a barrage of anti-transgender messages; more than one person told me they cancelled or avoided Facebook for just this reason. Steve was typical: "I recently deleted Facebook; I try my best to stay away from things that are going to trigger me."

The need to curate one's media use as it related to depictions of transgender people was not limited by age or demographics. It was clear when there were enough

respondents within a demographic group to make an evaluation: People of all ages, incomes, races, and education levels curated their media intake to protect their transgender identity, and the majority of the respondents who reported seeing and being impacted by media-based microaggressions engaged in such curation.

This might seem discordant with the evidence. How could people who curated their media continue to find themselves exposed to media-based identity-denying microaggressions? Sometimes the curation failed. In these cases, the emotional pain attendant with the surprise of finding microaggressions in places they had not expected was a recurring theme.

"Just the other day I was re-watching NCIS episodes and it was in season one. They got to a point where the main character kissed someone who is trans and that was a joke for like three episodes in a row."

Annie said curating her media intake was not as easy as some people might suppose:

"It's like on YouTube: you may find a legitimate video that's actually got some genuine or real information. But then, the next thing you know, it will cue up some kind of incredibly nasty anti-trans propaganda coming from the Christian right, and you know that's designed to shame you."

Others, far from being surprised by identity-denying microaggressions in media, said they intentionally exposed themselves to media in which they might find them. Janine, a transgender woman, echoed numerous respondents as she discussed why she chose to engage with identity-denying media:

"I suppose the question is: What's the point of knowing if you can't do anything about it? Because not knowing what's about to happen is even scarier. I feel like I have to know; I have to know what I'm up against. (In the beginning of my transition) my journal entries were – well, I was naive as hell. I needed to be paying more attention and I am now, for as my wife put it: 'Shit got real.'"

Janine, like many respondents, worked in a volunteer capacity with other transgender people. She had come to feel she has to know what was going on, even if there was an emotional price to be paid for that knowledge. Shelley, too, was a volunteer in her transgender community and knew how hard it could be to be an informed source of information:

"Certainly, I don't know if I ever want to be an ostrich and put my head in the sand. It's nice to have a pulse where public sentiment is and where people's eyes are directed and so you can try to stay ahead of it. But it's like drinking from the fire hose every day."

This is not to say that media were universally panned by respondents. For most transgender people interviewed, the impact of media was neither all good nor all bad; even with the ignorance and cultivation of fear and even as it at times beat them up, they could see where media had served their needs. Positive reasons that social media were used included support of friends, information, and validation of identity. Pauline, a transgender woman, said she knew every time she used social media that it was a double-edged sword:

"It can be very troubling, especially when it's just people on social media being really repugnant. But in fact it's in those times I think I'm more encouraged to interact with others. It gives me a way of including my friends, especially if it's something going out on Facebook. Because then I'm just like, 'Oh, look at this stupid post.' And I'm going to share it with one of my friends so we can make fun of them. So it's it encourages engagement to a degree, and it's actually pretty comforting in a way, even when it's something negative. Because I have my friends chime in: 'We have your back! Don't worry! We'll kick those people's ass if they ever bother you.'"

For Rebecca, like numerous other women interviewed who cited seeing Christine Jorgensen decades ago, Chaz Bono years ago, and Caitlyn Jenner recently, media was her sole source of information about what it meant to be a transgender person. Media proved a source of consolation:

"I will always say that seventh grade was the worst year of my life. I was hurt emotionally and physically – literally just the worst. It was a time in my life when I was at my lowest point. But what I continued to tell myself was that GiGi Gorgeous (a transgender YouTube celebrity) was always there. She was my outlet, she was who I watched. She was the one person that got me through every single thing."

In summary, most respondents identified media-based microaggressions as every bit as damaging to them as transgender people as interpersonal microaggressions had been, resulting in the same type of emotional pain, feelings of being worn down, and

societal disengagement. As with interpersonal microaggressions, emotional pain resulted when media-based microaggressions were a surprise, and/or were intentional, and/or touched on a personal hot button issue for the receiver of the microaggression. Just as there were with interpersonal microaggressions, there were supplemental factors related to the unique nature of media with media-based microaggressions: how casually disseminated many of them were, the ignorance displayed within them, and the damage done to the transgender community as a result of them. Many transgender people attempted to curate their media input to avoid these microaggressions, although only a minority reported doing so entirely successfully. For most transgender people, their efforts were only partially successful, whether because they encountered microaggressions in surprising places or because at times they willingly sought out media that were likely to contain identity-denying microaggressions so they could staying informed and help others in the transgender community.

"They're not all the same: Some stick with you for the rest of your life, some don't."

The third theme embedded within respondents' thoughts was that most participants experienced microaggressions that were unique to the transgender community: those which categorically denied their existence as a transgender person. An interview subject who asked that identifying information not be attached to her words expressed what many felt: transitioning was something they needed to do despite the high personal cost in terms of relationships, social standing, and mental health. Not one respondent expressed desire to de-transition nor regretted that they had transitioned; what they gained in terms of mental health and personal acceptance exceeded the cost.

Instead, they had accepted that the feeling of being constantly othered, of having to experience life differently than most cisgender people was something that would likely always be a component of their lives. This included a recognition that certain identity-denying microaggressions were going to be a regular feature of their lived experience: the feeling of being rejected by communities of which they once were part or still longed to be, being a burden on those around them, and living with suicidal ideation. The finding about suicidal ideation and the reportedly normal role it played in many transgender people's lives merits particular discussion.

In regards to daily microaggressions, respondents reported experiences largely matched the experiences articulated by participants in the pilot focus groups conducted a year earlier. Many of these experiences were microaggressions directed at their existential self as a transgender person, experiences that raised their self-reported emotional pain. Whether it was being asked to conform to gender norms to prove their "realness," being denied access to public accommodations, being told to use their "real" name, being dehumanized as an "it" or merely a medical process, being seen as mentally ill, or labeled a predator, microaggressions emanating from both interpersonal and media communications were a regular and repeated part of the transgender lived experience.

For instance, nearly half the participants – 31 – reported being told that if they wanted to seem more like a "real" member of the group with which they identified, they should change certain aspects of the presentation of their identity. Another eight respondents reported that it occurred regularly, if still less than once a week. Clint, a transgender man, heard often about his physical presentation: "Don't dress this way, don't walk this way… you know that kind of stuff. It's like that's formed in your head, right?"

Most often this type of identity denial came as an insult from people respondents knew did not support them. Five of the participants expressed how much it hurt when these comments came from people they considered friends. For Debbie, a transgender woman, these types of microaggressions were particularly painful:

"I guess in a way like I know that they don't see me as like them. All of those people have told me that they support me, and some have directly done so. You know, they've said so and had actions that say so. But then, sometimes when it's not convenient for them, you know, they'll say little things about my voice, or other things that might be criticized about how I am as a 'real' woman."

Randall, a transgender man, felt the pressure from friends to conform to a physical standard of maleness both psychological and literal:

"People said I was faking it because I hadn't done anything to alter my appearance, like binding my chest. I had done that for a while and it caused some really bad damage to like my rib cage area and my lungs; I couldn't breathe I couldn't breathe when I wore it and I still can't – so I don't wear it anymore. People are like 'See there? You don't care about how your chest looks."

Denise also reported these types of comments regarding her physical presentation from friends – and that she had largely stopped caring; she knew where their acceptance ended: "As soon as they say 'real' you know that in their mind you're not a woman."

Even those who did not report feeling physical presentation identity-denying microaggressions themselves knew of others who were experiencing them and saw the

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damage they caused. Jacob, a transgender man, saw it in the medical community, where he feels there is pressure to conform to a stereotypical manifestation of gender physicality:

"I've known trans women who didn't want to, like, shave their beards; they wanted to have long beards. But they weren't allowed to get bottom surgery unless they got like their beards lasered off, and the like. It's stuff like that, stuff that's not created by us at all that hurts."

Two transgender people reported these microaggressions coming from inside the transgender community. Lucille, who volunteers within her local transgender community said she heard such things frequently:

"Even within the TG community, there are those who define real as 'you have to do these things.' And anyone who isn't willing to take those steps can't be real. And that's absolute bullshit. Each of us has to accommodate ourselves at the level that we can, and at the level we need. And if that means I sing baritone in the choir, which I do, then that's what I do. I can't sing tenor. It's too high, let alone alto soprano. I like to sing – so it's gonna be baritone."

Aurora, too, saw it. More, she knew she was part of it.

"The other day I was riding in the car with another trans woman and she was driving. And the way her legs were, while she was driving, I'm like, 'You know that's kind of how guys sit when they drive,' And she's, like, 'Oh my gosh that's so right!' – so she had to fix it. So now she has to think about being trans with her legs while she's driving a car. It's like it's kind of everywhere in life."

Nearly 30% of respondents – 19 – reported that they had either been told to use a different public accommodation – for example, a restroom or changing room – or to leave one an average of once a week. Another 14 reported that while it did not happen as often as once a week, they were still confronted about public accommodations fairly regularly; even though it happened less frequently to them than to some others, these confrontations elicited high levels of negative emotions. Duffy, a transgender man, remembered one night at a restaurant in Dallas:

> "One time this lady saw me; she was coming out I as was and I was trying
>
> to go in (to the men's restroom). She just stopped and blocked the door
>
> and she didn't say anything, but she blocked the door. So I kind of stood
>
> there, and I was like, 'Do I just go another one?' Because I have no clue
>
> what's going on here."

Slightly under a quarter of the respondents, 16, reported being told that their chosen name is not their real name – upon request that their chosen name be used – approximately once a week. Fifteen people reported that name-related microaggressions happened less than once a week. Jim, a transgender man and high school student, said it happened to him at least every other day at school – and that it hurt intensely every time.

> "When people misgender me on purpose then that hurts. When I had a
>
> substitute today in school and I got dead-named, it was not fun. I mean, it
>
> says my deadname on the list, but my regular teachers just know to call
>
> me Jim."

More than half the respondents – 35 – experienced having others define their transgender status as something conditional on medical procedures or

intervention rather than as their innate identity approximately once a week. Nine

said it occurred regularly but less frequently than once a week. Sasha, a

transgender woman, had been told, "No you're not (transgender), because you

don't have any surgeries or anything."

Three of the respondents explained that they found these types of

microaggressions highly painful because of what the aggressors were implying they were

not. Pauline, a transgender woman, said:

"For that dehumanizing aspect, to start, they'll say, 'Oh this is just a

medical thing.' Or, 'Oh, it's also all in your head.' That's where the line is

drawn – and that's what hurts me. Because at the end, what that spells out

to me is they don't see me as human. They don't see me as another person,

and so it ties back to that 'I'm just an other'. I'm just this this entity to hold

their hate – and I don't want to be that receptacle."

Mitchell, a transgender man, felt this denial of his humanity, and saw its impact

on others as a professional who works in the transgender community:

"It's the denial of the person; it's the denial of humanity. I don't care

whether you're talking about a process or any point along it, you're

degrading somebody to a substance. That's demoralizing, and it also goes

back to many of those past triggers we live with."

Slightly more than half of participants indicated that they had dealt with a

different type of dehumanization: They had heard themselves defined not as a person, but

an "it" or similarly dehumanizing term. Connie, a transgender woman, said this happened

to her perhaps three times a week – and that it hurt every time: "When somebody has to

say something like, 'What are you' or even 'What's up with that?' Those are the things that get visceral." For Chris, it was seeing herself treated differently than every other woman in her male-dominated work environment: "For the other girls, it's like everyone wants to help the little sister. Whereas with me they just... I'm the kind of, you know, the unknown that no one wants. The one everyone's afraid of."

Respondents also reported that they often experienced being the target of manufactured fear; 29 in total experienced being labeled a predator on a regular basis, and 14 of those respondents said it happened to them approximately once a week. Sasha said, "People think we're predators, that we're just men in drag, and all we want to do is have a little fling with girls in the bathroom."

When it came to the microaggression of being asked if they had tried "curing" their identity, nearly half of the respondents – 32 – reported that they had been asked this by others. Seventeen of them experienced this type of microaggression weekly. Phillipa, a transgender woman, said:

> "There are a lot of people who don't believe that transgender is a thing.
> You know, it's somewhere between what they used to refer to as mental
> illness, to 'confusion,' whatever. But it completely dehumanizes someone;
> you're not a person."

For Christie, the narrative of transgender people as mentally ill was so embedded in some of the people she encountered – including people in the medical profession – that they refused to believe her unless she articulated that she was experiencing mental health problems:

"When I tell people my story I have to back it up with 'I was ready to kill

myself.' I guess it's to make them think, you know, 'Oh my god, that's so

terrible!' You know, like you got to provide evidence… To me it is always

the great irony of being transgender: That the only way you get access to

the services you need is to convince somebody you're miserable."

Morgan, a transgender man, found he still had not been able to break free of the

narrative of mental illness as part of his identity even though he knew it was not true:

"I was taught that (I was mentally ill) growing up. But if I'd just been

taught that there is nothing to "cure," that would have saved me from a lot

of pain my whole life. I mean, I went through a life of hating myself,

thinking I was awful, thinking I was going to hell, thinking I wasn't

worthy of anything good, thinking that I wasn't worthy of good people…

It's so hard to work against it, because that conditioning is so powerful.

And so that's why it's still like there's something wrong with me, like

something that needs to be cured. I've tried, and maybe that's part of what

bugs me: is that I tried so hard. I mean I did everything you could possibly

do; I tried so hard to just be a sister, a woman."

Having one's identity seen as a mental illness is not limited to the transgender

community. Lesbian, gay, and bisexual people have also been asked if they have tried to

"cure" themselves. However, of the 66 cisgender people who took the survey that

identified as lesbian, gay, or bisexual, only 36% reported being asked if their identity

could be cured. Further, only seven of those 24 people reported that it happened weekly.

This was in contrast to 52% of the 275 transgender people who reported that the question

of whether they had tried "curing" themselves was asked on a regular basis; 57% reported they were asked approximately once a week.

In terms of interpersonal microaggressions, most respondents – 51 of 66 – reported they feel like they were stared at approximately once a week. Five said they felt that way regularly, if less than once a week. As with questions about "curing" themselves, many respondents indicated they knew that being stared at was something that many cisgender people of color and other identities of physical differentiality also experienced. However, among the cisgender respondents, 55% of survey respondents reported that they felt stared at approximately once a week. Another 16% reported that they felt that way regularly, if less than once a week. This was in contrast to the 68% of transgender survey respondents who felt stared at approximately once a week. Another 12% indicated they felt that way regularly, if less than once a week. Those transgender people interviewed felt as though they were subject to this type of microaggression 10% to 15% more often than cisgender people. Nicole, a transgender woman, talked about an experience she had while out to dinner with friends:

> "I was at a hibachi restaurant, and the first time he served me he
>
> misgendered me, so I told him nicely it was 'ma'am.' The second time, I
>
> was, like, to myself, 'Yeah, that's annoying,' and I said again, 'it's ma'am.'
>
> And at that point he just stared at me, and went on doing it."

As noted, microaggressions delivered via mass media were also damaging. Interview respondents spoke about their experiences with media-based microaggressions in ways that mirrored many of their transgender peers' experiences. More than 40% of respondents said they had seen their identity depicted in media as a curiosity or oddity –

as something other than human – 17 encountered it approximately once a week, and 11 encountered it regularly, if less than once a week. Garry, a transgender man, said:

"When somebody says something about a whole group of people on TV or something, to me that cuts to the core. Because then I think, to them, it's that we do not exist... that we do not exist in anything."

Respondents saw this dehumanization manifest itself in a variety of ways in media. Forty of them reported seeing their identity defined as an "it" sometime in the past week, and another four respondents saw it regularly, if less frequently than once a week. Stephanie, a transgender woman, said, "Nobody likes being called out as something they're not, especially if it's something derogatory or if it's something subhuman." Dehumanization of transgender people in media through explaining transgender identity as a series of procedures or a medical process in was experienced regularly for 51 of the respondents. Forty-five encountered it approximately once a week. Gina, a transgender woman, felt she saw it as often as she ever has, despite all of the media coverage of transgender people during the last few years:

"You would think Caitlyn Jenner coming out would have made them realize that we're not like this – but no, because we are still fighting for ourselves. People, they fear the unknown. I mean, they still look at us as pedophiles, they look at us as freaks."

The expressed experiences of interview respondents in relation to daily microaggressions were nearly identical to the articulated experiences of individuals in the pilot focus groups conducted a year earlier. Many microaggressions were directed at their existential self as a transgender person, experiences almost stereotypically identified as

likely to raise the negative levels of transgender identity defense-related emotions. Whether it was being asked to conform to gender norms to prove their "realness," being denied access to public accommodations, being told to use their "real" name, being dehumanized as an "it" or merely a medical process, being seen as mentally ill, or labeled a predator, microaggressions emanating from both interpersonal and media were a regular and repeated part of the transgender lived experience. Indeed, of the 66 respondents, only one – a transgender male who believed he passed and was open about his identity only to close family and friends – said none of the surveyed microaggressions occurred regularly in his life.

Feelings of dehumanization were spoken about directly by three respondents and were expressed indirectly by numerous others. This is one aspect of thwarted belongingness from humanity, from larger society, from family and friends, or from social and/or demographic groups of which they wanted to be a part but felt they could not, whether in part or in whole. Of the 64 people who discussed this aspect of their lives during the interviews, 48 said they felt a thwarted sense of belonging in some area of their lives. Sixteen said they did not. Among those 48 people, however, there was no consistent correlation between elevated scale scores and a sense of thwarted belonging. (see Table 4) For the 16 people who did not feel a thwarted sense of belonging, there was also no discernible correlation between scale scores and a sense of thwarted belonging.

Regardless of the lack correlation between thwarted belonging and scale scores, the majority of respondents interviewed – 78.7% – felt some sense of thwarted belonging. Thwarted belonging is one of two necessary components in the Interpersonal Theory of Suicide for suicidal ideation and one of three for an attempt to act on suicidal ideation. As

noted, 13 respondents did not express a sense of thwarted belonging. Within the text of

the transcribed interviews this was expressed with words and phrases like "accepted,"

Qualitative Results Table 4: Rep level of conscious. need to defend one's identity

Among those reporting thwarted belonging: (48 respondents)	
1 or 2	14
3, 4, or 5	19
6 or 7	15
Among those not reporting thwarted belonging: (13 respondents)	
1 or 2	5
3, 4, or 5	3
6 or 7	5

 "always part," "engaged," part of," "validated," and "welcome." Among the majority,

lack of proximal relationship with a desirable group was expressed as "alone," "by

myself," "disconnected," "inequal," "isolated," "leaving," "not part," "never be," "not

quite," "not the same," "not welcome," "outsider," "treated differently," "you don't

belong," and "what are you doing here?"

Among the 48 people who articulated a sense of not belonging, exactly what

group they did not belong to had considerable variance. Oliver, a transgender man, saw it

in the broadest possible terms:

> "The thing that feels bad is basically being told that you're not part of your
>
> family, that you're not part of the group. More than that, though, I think
>
> it's basically being told you're not a human being, you don't belong to
>
> humanity, that somehow you're subhuman."

Priscilla, a transgender woman, also generalized it, as did three other respondents. She, however, spoke about it in regards to a specific group, in this case women as a whole:

> "Usually, it's like almost nothing I think about. But what happens when I start feeling even a little bit like I don't belong or that I feel left out, is that it flares up a bit. Then it can lead to me thinking like 'Yeah, I don't belong with this whole friend group of all girls.' It's like it's always really small stuff. Like just tiny insignificant things. Like what they talk about, or how they have all (had their period.) I guess it's not tiny. But it's clear they have all been living as a girl their entire life and I haven't."

Gender, in terms of womanhood for eight transgender women and manhood for four transgender men, was an issue for Priscilla and 11 other respondents. One other societal construct was a frequent subject: religion. Seven respondents were unable to find a religious community that accepted them, including Annie:

> "I joined a church for a while, the Unitarian Church. It's sign says we're all friendly, you know, that whole picture – and I eventually stopped. I was very naive; I actually thought people were serious and they really weren't. I would actually have people, just ordinary people in the pews, come up to me when nobody was within earshot, and say something nasty about trans people – then they smiled. That was happening. And then as I became more aware, I was really noticing the people who seemed to be OK with me. They basically saw me as, 'Oh gee, look we've got one of them! Aren't we wonderful?' I was a poster child to prove that they're really

socially progressive, open-minded. You know it's not that much fun being a token."

Religious groups were those that people did not feel they could belong to as well as those people used to belong to and missed. Four respondents indicated that when and if their church chose to accept transgender people, they wanted to return to that community. There were other groups to which people no longer felt a part, but wished they could be. Along with religious communities, respondents identified a previous group of friends, specific family, and a place of work as places they wished they still belonged. The group lesbians was a source of thwarted belongingness for four respondents – two transgender men and two transgender women. Clint, who identified as a lesbian before transitioning, said he felt he was no longer welcome in his old community. Debbie, a transgender woman, felt like she would never be accepted as a lesbian by her new one:

> "I'm a lesbian and so (is my roommate), so we have a handful of cis
> lesbian women that are at the house all the time. And it's very obvious that
> I'm othered amongst that group. I'm treated nicely, I'm treated as like a
> friend. But I'm not treated as one in that group. Even though the only thing
> separating us in that regard is my transness. They don't see me as a
> lesbian; they see me as a trans lesbian."

For 13 of the respondents, thwarted belonging was not so much about not being part of a group as it was about incidents that separated them from a group. Jim, a transgender male, spoke about his experience at school:

"In my school, there are staff bathrooms all over the school, but there's just this one staff bathroom all the way across the campus from where my classes are and that's the only place I can go to the bathroom. I have a thing on the back of my I.D. that says, like, 'This student uses these bathrooms,' because I'm not allowed to use any other bathrooms. Because it's illegal for me to go into the guy's bathroom and if I went to the girl's bathroom, people would be like 'What are you doing here?' So they've given me a place to go that basically says 'You don't belong with the rest.' People see me going in there and then they're asking 'OK: so this is the real deal? Like, is this a guy, or is this a creature?'"

For Rebecca, who felt like she largely belongs to the community she had found since transitioning, had an intense emotional reaction to a recurring incident that happened when she was with her old friends and their families: "Even now my friends' parents are like 'the girls and Rebecca, 'the girls and Rebecca.' And I'm thinking: 'Hey, I'm included in the girls now.'"

For some, like Charles, a transgender man, this situational sense of thwarted belonging was not so much a source of distress as it was frustration:

"The way CrossFit works is they have these prescribed workouts and they differ along gender lines. So I always would shoot for the prescribed male workout for men. But not surprisingly, I was always behind that. But the prescribed workout for women? I was always like ahead of that. So my my stats always fall in between, just because that's how CrossFit runs: all the guys are trying to compete with that guys, and all the women are trying to

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compete with the women. Me, I was just like there doing my own workout. I was just there to compete with myself, I guess."

Joel, like other respondents who were out only among certain groups of people, said his sense of thwarted belonging came from his detachment to the transgender community itself, though not by choice:

"I can embrace my trans identity. I value myself part of the transgender community because I feel like that's part of who I am. But I also don't talk about it at work; I pretend it doesn't exist. I just choose not to openly express it right now, mostly under the name of safety. It's about being accepted at work and not having the issues I've had in the past."

For some of the 13 respondents who did not feel a sense of thwarted belonging, it was because they realized that what set them apart was an artificial construct. Four different transgender women, including Pauline, spoke about how different biology did not make them less of a woman:

"I mean, at the end of the day, what's the metric? Some people say, 'Well, you know, 'real' women can have kids.' What if somebody has cervical cancer? What if they have to have their uterus removed for their survival? Does that make them any less a woman? No it doesn't. We've all suffered through our things and at the end of the day we're just human. What does it matter what our gender is or how we got there?"

Among other respondents who did not feel a sense of thwarted belonging, it was because they had decided that if a group did not want them, the feeling was mutual:

"As I aged and found lifelong friendships, some of them got better. After coming out, the groups of people I had chosen to be around all accepted me. Now, if a group of people or a business would make me feel that I don't belong, then I'm usually just fine with it. I figure they don't belong in my group."

Other respondents, including Wilson, a transgender man, could not articulate the group to which they did not belong. Only upon questioning did they articulate that they had always felt like they belonged to the group with which they now identified.

"I guess I never really thought about it, because even from a young age, I've always inserted myself into the boys club, as you would call it. I just never thought about it; it never crossed my mind. I played football in middle school, and all these other things. I was just like no one's gonna tell me I can't. Most of my friends were male, and they just liked the way I acted around them. There were times some of them would tell me that they forgot I was even a girl."

The remainder of respondents who felt no thwarted belonging and a dozen respondents who felt it articulated that they felt part of a group that they valued more than any: transgender people. Far from seeking to be accepted entirely as a member of a traditional demographic group or identity, they liked being a member of the transgender community. Cheyenne embraced being different: "I always say that we're trailblazers, that we make our own place." Barbara, who transitioned in her mid-70's and volunteered at a transgender health clinic, said

simply: "I didn't know that there were so many of us out there, you know? I had

no idea. I thought I was the only one in the world for the longest time."

Slightly more than 10% of respondents who felt a sense of thwarted belonging

said they did not feel part of the transgender community. For some, it was a self-

diagnosed gap between who they were now and the person they had always assumed they

were. Melissa, a 50 to 64 year old transgender woman, recognized the burden the past

places on her sense of self:

> "I don't feel I belong to the transgender community. See, I grew up a
>
> heterosexual male; I was married. I felt like I belonged there. However,
>
> something in my head was always telling me, 'Yeah, no you don't.' But as
>
> far as identifying with the transgender community? Even though I've
>
> transitioned, it's still kind of hard for me because I still see them as
>
> entertainers. Yes, there is kind of what you cognitively know when you
>
> think about it, but it's still there when I feel it, when I'm not, like,
>
> thinking."

Three other respondents and Clint also felt disconnected from the transgender

community. For Clint, this disconnect came partly because of his status as a person who

passes; most people outside of his family and friends did not know he was transgender. It

was also about the people he has encountered in the community itself, people who he felt

let their self-identity negatively define them:

> "I feel a disconnect with the trans community (here) because I may be
>
> trans but that is not my identity. Also people I have met on a personal

basis are too negative and disheartened to be around constantly. I have stopped trying to save them from themselves."

Charles also felt that his disconnect to the transgender community was related to the fact that he successfully passed, so much so that only those he informed he was transgender would ever know. Unlike Clint, however, Charles tried to embrace the community:

"I sometimes feel like I'm not enough part of my own queer community. It's really been interesting: when I lived in the town in which I transitioned, I had people know me from before people I transitioned. I was just another queer, whatever; it's cool. But now, having moved here, and passing, and having that queer community be part of my past, I've never really felt since I've moved here like I was really a part of the queer community here. That's part of the reason I try to keep working at the transgender community center. It's almost like I'm trying like to make sure I don't forget that I need to stay in my community."

Though no relationship between high scale scores and thwarted belonging was observed in the data, there was a clear sense of thwarted belonging that permeated all corners of the transgender community, regardless of gender, geography, age, or any other demographic factor. For some, it was a longing to be a part of a group with which they can no longer associate, while for others it was not being accepted by the group with which they wish to identify. For some it was distilled to certain incidents, while for others it was an overall sense of otherness that permeated their daily existence – including for transgender people who

struggled to consider themselves part of the transgender community. Some transgender people did not feel this sense of thwarted belonging, and even among those that did, there were other groups to which they felt a part. For some that thwarted sense of belonging was not so much a source of emotional pain, but more frustration at the confines of a cisnormative world. For others, it was a clear and present emotional burden. As a component of the Interpersonal Theory of Suicide, thwarted belonging in these people may indeed have been a threat to their personal safety. Indeed, of the 18 people who indicated on the survey that they had ideated suicide three or more times in the past year, only three indicated no sense of thwarted belonging.

The second component of the Interpersonal Theory of Suicide is a sense of burdensomeness. Among the 42 respondents who addressed this question, 34 believed that they were at times a burden on others. Eight respondents said they did not feel burdensome. Within these data, those who reported scores of 3 through 7 did so at more than four times the rate as those who reported a one or two for their self-reported scale score in regards to consciousness of defending their identity. Therefore, among those both reporting a sense of burdensomeness and those not, there was a discernible correlation between scale scores and a sense of burdensomeness. (See Table 5) This sense of burdensomeness was expressed by participants as feeling like they were a burden on their families, friends, places of work, society as a whole, and even themselves.

As noted, for more than three-quarters of respondents, there was a relationship between how they saw their place in the world as a transgender person and the burden

they felt they were on others. Phrases and terms found in the transcribed text revealed

how they viewed their burden on others: "apologize for existing," "better without me,"

Table 5: Sense of Burdensomeness

Among those reporting a sense of burdensomeness: (34 respondents)	
1 or 2	6
3, 4, or 5	12
6 or 7	16
Among those not reporting a sense of burdensomeness: (8 respondents)	
1 or 2	5
3, 4, or 5	2
6 or 7	1

"bugging people," "bothering," "burden," "embarrassment," "I mess everything up,"

"needy," "not normal," "self-conscious," "self-hatred," and "unworthy." Respondents

who expressed an individual person or group to whom they felt a burden named family

(20 respondents), friends (4), and their place of work (3). Stephanie, felt a she was a

continual burden on her children:

> "Oh my God, yes. My oldest son was bullied because of my transition. My
>
> wife was embarrassed that people might think that she's a lesbian. I was
>
> providing for my family with six figures of salary and that all went away –
>
> Poof! I feel sometimes that if it weren't for my transition that my kids
>
> would have greater relationships with my in-laws. But because they
>
> always reject me, my kids chose me over their grandparents, which is
>
> horrible for them. So I feel like a burden pretty much constantly."
>
> For some, the generational perception of burden went the other way, especially

as supportive parents aged. For Rosa, an 18-24 year old transgender woman, the burden involved more than one generation:

"I feel like this with my father. First, because as time passes, I feel like it's putting a clock on how much time he has. He has been very supportive, but he still wants me to not tell my grandparents about me being transgender. And now that I am on hormones I feel as if it becomes even more of a burden to him."

Clint, a transgender man, felt like his wife was having to pay the price for his origins as a biological woman:

"I'm just not able to be a normal guy. Physically, in the bedroom: I'm lacking in that department. Not lagging in other ways, but I just I feel kind of... I don't know. I think it's a trans guy thing. Where it's just like we feel we have to have the penis.

And, it's like you know, I'm fine with my body, that's not why I feel like I have to have it. It's just it's more for her. That's why we have an open relationship. That way she can get it."

Friends were also a community that many respondents felt like they were burdening. Some respondents said the burden they felt they were foisting on their friends was even worse in some ways than the one that was borne by family, as friends had no legal obligation to remain part of their community. Pauline said the feeling never went away, no matter how much her friends reassured her:

"There are times when I feel like my emotional reactions can be a bit much and I tend to get very highly emotional, and I start to cry. I go

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through a lot, but when I relate that to my friends, they always assure me
that's what friends are for: 'We're here for you.' OK, I understand that, but
I still feel like it's every other month I break down crying and have some
big tirade, so I have to go to those people weeping."

Two respondents felt like they were not necessarily a burden on any one
person or group of people, but rather on a society with limited resources. Melissa
felt like her transgender status interfered with her ability to get an education and a
job and as a result, "we are not able to fully provide for ourselves." Ross felt this
way at times, too: "I'm not bringing in enough money to meet many of my own
needs… I feel a little like what I have to trade/sell isn't something others want,
and so like I'm a business that is a failure and just sucks up resources."

Five respondents felt like a burden on society. Gray, a 35 to 49 year old
transgender woman, shared a sentiment expressed by other transgender people
who felt this sense of burdensomeness:

> "I have just always felt like I was a burden, so I've always like put a lot of
> effort into downplaying that. That's sort of my thing: I just want to be a
> normal person, so I do sort of want to apologize for existing."

Finally, three transgender people felt like the burden to be themselves fell on
themselves. Howard, a transgender man, looked at how his life differed from a
transgender friend and lamented:

> "It's like being a burden on myself. That's how I feel it is; I have to go
> through so much. Some people don't need anything just to be happy with
> themselves; they just have go on hormones. That's pretty much it. But

other people, such as myself, I have to go do the surgery and all that, just to feel comfortable with myself. So I'm a burden on me, really. Because I have to deal with so much just to feel at least somewhat happy with myself."

Among the 8 people who did not feel they were a burden, there were four respondents who said while at one time they had, they did not anymore. For Reid, a transgender man, it was about "cutting out toxic people" who made him feel like a burden. Janine felt like the burden she imposed initially on her family at the beginning of her transition had gone away when they fully accepted her. For Jacob, the internal feelings of being a burden on his friends had lessened as he learned to trust the people around him.

"I have felt like a burden in the past, when I was really relying on the people around me for emotional support – and I still rely on the people around me for emotional support sometimes. But I think that I've come to a place where I trust the people around me to set their own boundaries. That's a hard leap of faith to make sometimes."

Finally, like Howard and a number of other respondents, Phillipa at one time felt like her entire life was a burden, as every aspect of her life felt difficult. She looked back now on the pressure caused by the conflict of trying to be herself while presenting a male identity to the world as as the ultimate burden:

"If you thought that all the negative stuff outweighed the positive, maybe you would think (you're a burden). But I think the positive for me has been much more substantial than the negative. I think the burden of not

being trans and not being myself, that burden was much more. I was much more conscious of that as a burden. Before, it was any clothing, any, you know, activities: 'Is this too girly? Is this too girly?' 'Okay, can I do this? Can I get away with that?' 'Should I jump as far away from that as I can, so I don't come across as fem?' Now, I'm like: 'Fuck, I don't have to worry about any of that shit anymore. Just be me.'"

As noted, both thwarted belongingness and perceived burdensomeness – two necessary components in the Interpersonal Theory of Suicide – are present in transgender people and are necessary for people to engage in suicide-related behaviors such as suicidal ideation. The number of transgender people who engage in suicide-related behavior exceeds that of other demographically diverse communities. Within respondents in the dissertation study who had ideated suicide or made past suicide attempts, there was a unique kind of identity denial-based psychache, psychological pain in the psyche, the mind, characterized by aching, anguish, hurt, and soreness (Shneidman, 1993). They often expressed that they believed their suicide-related behaviors were related to the transgender identity defense-related emotions they experienced regularly – every day. Evidence from the 42 respondents who commented on personal thwarted belonging, perceived burdensomeness, and suicide-related behaviors suggested that experiencing both both thwarted belonging and perceived burdensomeness, as opposed to feeling just one, did play a role in increasing or decreasing the likelihood that they had ideated suicide in the past year.

For respondents who experienced both personal thwarted belonging and

perceived burdensomeness, the number who ideated suicide five or more times a year was double that of those who reported only one of those traits. Among those who experienced both traits, the number who reported suicidal ideation two to four times a year was more than double that of those who reported only one. The number of respondents who reported only one trait and said they had not ideated suicide in the past year was more than double that of those who reported two traits. The results were not as clear among those who rarely ideated (See Table 6).

Respondents who reported ideating suicide had a multitude of things going on in their lives that could have been related to their suicidal ideation. Even among those who had attempted suicide, some said it was completely unrelated to transgender identity defense stress. This included Clint, who ideated two to three times a year:

"None of them were about being transgender. The first time was a blow-out fight with my mom. Second one was the loss of an ex – which Is really stupid; I was young. The third time was I'd just gone through the first year of losing everyone: losing pets, I lost my mom and my grandma, everyone. Because I'd never experienced death up until like all of the sudden it just all happened in one year."

For most, however – there were only three respondents who said their ideations were unrelated to being transgender – the relationship between their ideations and their transgender identity was clear. As Priscilla, who ideated five or more times a year, commented: "It definitely relates to being transgender. Is that a rhetorical question?" For Mitchell, who reports ideations twice in the last year, it's a dual burden of both being transgender and having a high profile job that

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Qualitative Results Table 6: Suic. idea. related to thwart. belong. and per. burden.

How often have you thought about killing yourself in the past year?	Respondents articulating both thwarted belonging and perceived burdensomeness	Respondents articulating either thwarted belonging or perceived burdensomeness
Never	5	11
Rarely (1 time)	4	4
Sometimes (2 times)	4	2
Often (3 or 4 times)	2	1
Very often (5 or more times)	6	3

involves working with and representing transgender people: "Before my transition I had bouts of ideation – and since then I've also had bouts with ideation. Sometimes the burden gets a little heavy being a poster boy, and it gets a little intense." For Jim, who ideated four to five times a year, he saw his ideations not so much about being transgender as about his family's reaction to it:

"I feel very hopeless because everything (counseling and hormone replacement therapy) has to go through my parents. I get no help from my parents, so I can't get anything done. And I feel like I can't get anything done for years, and my mental state is slowly getting worse. It's this feeling of hopelessness I have."

A dozen of the respondents saw things as Jim did; being transgender was one of many factors, or perhaps a complicating factor, that resulted in suicidal ideation. Other factors included diagnosed mental illness, drugs, family, money, a friend who had committed suicide, and relationship-related stress. Cheyenne, who ideated suicide about once a year,

recalled that her latest ideation happened on the heels of an ended relationship:

> "So, on top of like the whole breakup thing, there's being a transgender
> woman. For everyone else, you have plenty of fish in the sea. For us, it's
> the Dead Sea sometimes, you know?"

Tonia, a transgender woman who said that she ideated perhaps once a year, expressed sentiments similar to 12 other respondents when she said: "I have the same issues everybody else does. Mine are just slightly more complicated because being transgender is always part of the mix."

The remainder of respondents identified being transgender as either solely or largely responsible for their ideations, but none of them specifically identified transgender identity defense-related stress as the cause. Many used some of the same terms that they and others had used when discussing real-life and media-based microaggressions, such as "anger," "assault," "pain," "self-conscious," "shame," "overwhelmed," and "trigger," when relating what drove their suicidal ideation or suicide attempts. For Stephanie, who had attempted suicide twice and and reported ideating suicide two or three times a year, the first attempt was directly related to the behaviors she was subjected to at work – and may have laid the foundation for another attempt later:

> "I knew that when I went to work I was going to be fired, so I stepped
> onto a train track and waited for a train to kill me. I had a friend call me
> and tell me to get off the track. Later, I took a phone call from my wife
> who I had separated from after 19 years. She said 'You are worth more to
> me dead than alive.'"

For Chris, who said he ideated two or three times a year, there was no specific microaggressive incident precipitating his suicide attempt. It was just the daily realization that he was constantly having to defend his identity:

"I held the gun to my head. I think it was just being tired of the relentless assault that I'd been dealing with. Just tired of having to fight. The fight was so much, I was feeling so much emotion, that it's like my nerves actually burned out on their own. I actually stopped feeling and went numb. I literally had no real emotion. So I took a gun, a big 357. Magnum, and I held it up to my head – and it was incredible. I thought: 'I have absolutely no feelings right now at all.' Except, what is this little fucking part of me that just doesn't wanna do it? I remember having a little... I don't know what it was. It just refused to, like, agree with me, this little part that was clinging on to a little ounce of hope. That kept me going. I really still don't know what it is and where it came from."

Numerous similar stories were found among the 40 respondents who said they had gone as far as – but no further than – ideating suicide. From this research, however, it was not possible to ascertain to how and to what degree transgender identity defense stress, perceived burdensomeness, and/or thwarted belonging played in each respondent's suicide-related behaviors. It was also impossible to know the ultimate internal motivations for why someone would take their own life; every person interviewed was still alive. This may have been – as posited by the Interpersonal Theory of Suicide – because they had not learned the capacity to take their own life, as seemed to be the case with Chris. It may have been, despite a genuine desire to succeed, that something or

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someone intervened, as in the case of Stephanie's friend on the phone.

Some respondents discussed the impact they felt from real-life and media-based microaggressions inherent in transgender identity denial even when not directly discussing suicide. Their stories contained the same words and phrases they had used in discussing their own stories and the empathy they had for the people around them: "afraid," "attacked," damaged," "defeated," "fear," "helpless," "hurt," "negative," "on the precipice," "pushed over the edge," "powerless," "scared," "triggered," and "victimized." This time, they added another word: "suicide." These respondents genuinely feared that the types of microaggressions they had been discussing might be what could drive a transgender person to not value their own life. Carolyn, a 35-49 year old transgender woman who in the past had passing thoughts about taking her own life, considered her own experiences as a child:

> "I've been a 9-year-old little boy before that wanted to be a girl. And I
> know if they see (transgender people) on TV being (positively) discussed,
> it can confirm who they are. Or Even if you're a 26-year-old: it just helps
> you come to terms with who you are. So I get mad that someone could be
> wanting to come out, like, tomorrow is going to be the day: 'I'll tell my
> mom! I'm going to tell my boss at work!' And then you see something
> negative in the media, so then maybe tomorrow is not the day after all.
> And three weeks later you kill yourself because you just... You know that's
> why it upsets me."

Oliver, who articulated no history of suicide-related behaviors and worked within the transgender community as an advocate, feared the same thing:

"We know that some of our folks are in a more fragile place – this is true. We know about the suicide numbers and we know what it means. We know that at any given moment there's so many people who are right on the precipice like that. And is it just turning it on and seeing some kind of thing that pushes them over the edge, or whatever else?"

Rachel, who had attempted to take her own life, and Annie, who ideated suicide about once a year, were both volunteers who worked in the transgender community. For them, the connection between trying to take one's own life and the media-based microaggressions transgender people see every day was more than just speculative. They believed they had seen it. Rachel, an over 65-year-old transgender woman, also taught high school:

"I'm still scared of the news… because I work with teenagers. I understand firsthand what this means in terms of suicide and violence… Here in (our city) last weekend, you know, a girl attempted suicide. I think New York Times story[9], it was the straw that breaks the camel's back sort of thing. It's like you can only take so much humiliation and persecution."

Annie, another over 65-year-old transgender woman, who led an all-ages transgender community support group, thought media may have been responsible for more than just an attempt:

"The Internet: It's been weaponized against us. If you look at the comments, it gets just unbelievably vicious almost instantly. I know of this

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[9] "Transgender' Could Be Defined Out of Existence Under Trump Administration," New York Times, Oct. 21, 2018. This story had been published 15 days before Rachel's interview.

girl who had killed herself. I think some of what contributed to her killing herself was that she was getting most of what she knew about the world from places like Facebook, and YouTube, and that kind of thing. And it certainly wasn't helping her, you know? Because so much of it is so hostile and so negative and so nasty. That was her very first sense of self. I mean, I don't really know what the specific trigger was. But I do know that she was quite upset when she read those things."

It would not be responsible nor factually correct to say that media were the cause of the suicide behaviors Rachel and Annie were exposed to. Nor can Oliver and Carolyn point to one person and one media story or post and say "that's going to end someone's life." Nevertheless these four people c – and Ken makes five – considered it a distinct possibility. Ken had attempted to take his own life, and ideated suicide five or more times a year. He came as close as anyone to articulating how the constant stress of defending his identity played a dominant role in his attempt, as well as his current suicidal ideation.

"There's times where it won't be in media, and it won't be that talked about; I'll be OK. But then there's when it is, and it almost feels like it's attacking me and my family – and that's not OK. People have to start acknowledging transgender people exist. We are people, you can't treat us like this. And the more and more I hear about it? I'd say It's probably a good chunk of (my suicidal ideation), because the constant need of having to defend yourself and the constant need of pushing and pushing and pushing back. It just, it gets really, really tiring after a long time."

It was clear in the interviews that while the psychache associated with transgender identity defense may not be have been enough to subsume or displace perceived burdensomeness within the Interpersonal Theory of Suicide, the pain associated with identity denial-related microaggressions was in fact real and damaging to transgender people – whether that pain was partly, largely or entirely the cause of their suicide-related behaviors. More, this psychache related to transgender identity denial may – for some transgender people – be enough for them to have learned to take their own life, as several transgender respondents speculated in regards to their own life and the lives of others.

It might be tempting to wonder how transgender people function in larger society. Within this sample of 66 people, 41 people had ideated suicide in the past year. Of the remaining 25, 14 had engaged in some type of suicide-related behavior in their lifetime – including three who had attempted to take their own life. If this was a representative sample, more than 80% of transgender people live or have lived everyday with great levels of emotional distress and have experienced the poorer mental health and quality of life that suicidal ideation denotes. What, however, if that is not the case at all?

Phillipa, who ideated suicide three or four times a year, did not consider that behavior self-defeating, so much so that she considered how she should respond to the question in the interview: "I wondered what percentage of time you would spend on that, the suicide question. Because that is the one thing I thought about a lot. How am I going to answer that, to explain that?"

This finding, manifested in most interviews regarding suicidal ideation, revealed the number of transgender people who lived with suicidal ideation and how many of them were perfectly comfortable – even happy – doing so. At present, no research literature

seems to address this phenomena. It is not passive suicide[10], where self-destructive

behaviors such as drug overdoses are often involved – as they were with Rachel, who

could not count the times she tried prior to transitioning:

> "My freshman year in college I was pretty renowned for being a good
>
> place to go get stoned out your head. I call it being passively suicidal. I
>
> would start taking enough stuff to kill a horse, and then I'd wake up just
>
> for something else a day later. I really can't count the number of times that
>
> I tried to overdose. I don't know, maybe 40 times? Each time I'd be
>
> thinking that I'd taken enough to kill a horse – and I was okay with that.
>
> The pain was getting so intense. I mean, I wouldn't go out and buy a gun
>
> or hang a rope over a rafter or something like that. But I didn't care if I
>
> lived or died."

This was not what the majority of people reported, and Rachel said she no longer

ideated suicide at all. What was reported was similar to what Ross, who ideated five or

more times a year, felt. He the third interviewee overall and the the first to explain a

phenomenon that applied to 20 of the 23 people I went on to interview who discussed

their suicidal ideation. He explained it in a way close to how 19 other respondents did as

well:

> "I think the way I would say it is that I've come to accept myself as
>
> someone who is just going to be wondering if they should kill themselves
>
> pretty frequently. And so there's a sense of which I think about it as a
>
> feature of my life that's different than a feature of lot of other people's

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[10] Passive suicidal behaviors occur when someone engages in behavior, often self-destructive, that one hopes will end one's life (Jaworski, 2010).

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lives. But It doesn't ring my emergency bells. It instead tells me, 'Oh, something's funny.'"

Of the 23 people who discussed the nature of their ideations, 20 of them indicated they were benevolent and not a worrisome feature of their life. I heard words and phrases like: "back of my mind," "background noise," "I still know the pit exists, I don't know where it is," "I would not act upon it," "never do it," "no longer a live option," "not active," and "a scar from an old battle that doesn't go away." Chelsea, who ideated maybe once a year, gave perhaps the most sensory description:

"I kind of feel like it's just in the back of the mind, and every now and then it kind of waves, like, 'Hey!' It's like the omnipresent movie soundtrack from a Danny Elfman film: it's always in the movie, but sometimes it's just really loud. Maybe that's more like a Hans Zimmer movie."

Not all respondents felt this way. Of the 23 people for who suicide ideation was a current part of their life, three articulated words and phrases that they themselves knew indicated they might still be at risk: "still on the edge of a cliff," "still there but fainter," "I have my community." I sensed in their responses that suicide was something about which they still worried. The contingency of their sense of personal safety seemed related not so much to their own sense of well-being, but to external factors like friends and family or to their overall and fluctuating level of personal fatigue.[11]

One final note about suicidal ideation: All of these people articulated that for the

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[11] Although all three stated they were no danger to themselves at that time, all three were asked by the researcher if they had access to mental health crisis services if needed. One reported having a therapist with whom she met regularly, while the other two worked or volunteered for area transgender support services where they reported obtaining ongoing support.

most part they did not talk about it – not among themselves, not with others, and some not even with their mental health practitioner. Denise was surprised that she was talking about it in our interview, as it was not something she did – with anyone: "Would I sit down with my psychiatrist and answer that question honestly? Hell no."

Engagement in suicide-related behaviors are a well-known and often recognized part of the lived experiences of transgender people, one exceeding other communities of demographically diverse people. As predicted by the Interpersonal Theory of Suicide, respondents in this study said that their engagement in suicidal behaviors was related to thwarted belonging, perceived burdensomeness, and a learned ability to take one's own life, possibly as a result of acute psychache. All of these factors were entirely or in part developed by respondents' experiences with interpersonal and media-related microaggressions that served to deny their identity. A sizable percentage of respondents – 70% – had ideated suicide in the past year, although 87% of respondents who discussed their suicidal ideations reported that their ideations were not in any way linked to a thought of action. This constitutes one more piece of evidence that the regular, lived experience of transgender people is different than the population at large.

In summary, respondents indicated that the microaggressions they were subjected to were in many cases unique to the transgender community: those which categorically denied their existence as a transgender person. Many saw these microaggressive incidents as directed at their existential self as a transgender person, experiences almost stereotypically identified by earlier focus groups as likely to raise negative levels of transgender identity defense-related emotions. These microaggressive incidents resulted in a sense of thwarted belonging as well as

burdensomeness that permeated all corners of the transgender community, regardless of gender, geography, age, or any other demographic factor. Finally, as in the larger transgender population, respondents reported a history of suicide-related behaviors, with those reporting both thwarted belonging and burdensomeness more likely to have engaged in suicidal ideation or suicide attempts. Among the 23 respondents who discussed their history of suicidal ideation, 20 reported that they also knew those ideations were something they would never act upon; they were simply there as a former option, one that would remain forever unused.

"I don't want to have anyone else experience that"

The final and fourth theme was consistent across many interviews, independent of demographic factors: empathy. Despite the profound emotional stress felt by most members of the transgender community, their empathy for other, less privileged members of the transgender community often superseded concerns for themselves, often with a discernable impact on their behavior.

Nearly two dozen respondents mentioned empathy as a factor in the emotional reactions they experienced following a microaggression based in transgender identity denial. Fifteen people explicitly stated that their emotionally painful feelings represented less concern for themselves and more empathy for the larger transgender population. Each of the 15 said that while a certain type of microaggression no longer affected them personally when it occurred, they immediately thought of many other members of the community who could be – knowing that those types of microaggressions were everywhere in society. Within the transcribed text, this was indicated through the use of

words and terms such as: "empathy," "I feel for," "I don't want to have anyone else experience that," "I hear stories that are heartbreaking," "I need to speak up," "I'm really close to," "It's not just me," "I worry about others," "other people have it worse," "sensitive," "sympathy," and "what about everyone else?" These words and phrases appeared in conjunction with the terms and phrases respondents had to used to indicate emotional pain.

Empathy manifested itself within the respondent's responses in four main ways. First, they were aware that interpersonal and media-based microaggressions hurt them more than just personally. Second, they were aware of the damage being done to the transgender community, the ignorance and fear created within the cisgender community, and the microaggressions embedded in mass media. Third, some participants recognized how they were internally motivated not to succumb to the everyday stress of defending one's identity. Fourth, some respondents indicated that empathy was the driving force behind their willingness to actively engage with transgender identity-denying microaggressions and larger identity-denying environments, even at risk to their own mental health. This section walks through these four manifestation of empathy in detail. I focus particularly on the fourth, which was the most prominent and exemplified the importance of empathy.

I examined correlationally the first two ways empathy manifested itself in interview responses: first, that both interpersonal and media-based microaggressions hurt respondents more than just personally; and second, that they were aware of the damage done to the transgender community as a result of microaggressions embedded in negative mass media, ones that encouraged ignorance and fear of the transgender community. Of

the 61 people who discussed their reactions to real life-based microaggressions in contrast with those embedded in media, 43 – 70.4% – expressed that media-based microaggressions bothered them equally or more than real life-based microaggressions. Twenty-five respondents indicated that they had higher negative responses to media-based incidents than real life-based incidents. Within that group of 25, 92% specifically indicated that their emotions were more than or equally connected to empathy with the greater transgender community around them as opposed to just themselves. Empathy as a driving factor behind emotional pain was often discussed in the context of microaggressions, particularly those relating to media.

Respondents' terms regarding the emotional pain and/or need for withdrawal in response to these types of microaggressions were largely the same as noted above. Other ideas related to empathy were expressed in regards to what they saw: "They can't fight back," "others less fortunate," "scared for others," and "what if that were my daughter?" Respondents said they could not help but wonder how what they were seeing cultivated in larger society was affecting their transgender friends, community, and even transgender people across the country that they would never know. Nicole, a transgender woman, said:

> "I spend a lot of time talking with other trans people and some of the
> stories are heartbreaking. Like girls stuck at home with parents who think
> their gender identity is invalid, and that type of stuff. A lot of trans people
> have it a lot rougher than I do, and I feel it – and sometimes it's a bitch."

This was why the second finding was relevant beyond respondents' awareness of the impact of media-based microaggressions on themselves: They were mindful of the

power of media to cultivate the environment that made identity denial-based microaggressions more prevalent and harder for them and other transgender people to deal with. Most of respondents' concerns were not for themselves, but for the transgender community at large. They felt that the misconceptions spread would manifest themselves as real threats for transgender people. This societal ignorance, when coupled with fear, provoked some of the strongest reactions in the interviews. Morgan, a transgender man, saw these threats to others – as well as to himself – appearing in his own social media feed:

> "I did have friends on my Facebook that were spreading the propaganda. You know, I had good friend; we rode together. We all were in a group, and we rode motorcycles. We did a lot of things together and we were close enough to have really long conversations. I bought a pie for his daughter for a school fundraiser. Later he was one of the first ones to hop on social media and post a comic of a hairy man in a dress, and the camera in the women's bathroom. He said he'd kill any trans-person he ever caught in the women's bathroom."

The third way empathy manifested itself in interviews was that it played a role in how a smaller set of respondents – approximately 5% – actively navigated their own emotional states and self-performativity within their transgender identity. Staying engaged despite the emotional pain experienced when confronted with identity-denying microaggressions was based in a purposeful refusal to succumb for the three people who directly addressed their their conscious engagement . Denise, like others cited earlier, experienced frequent suicidal ideation, and like most, knew she would never act on those

thoughts. For Denise, however, this was as much about empathy for her community and her role in it as it was the self-regulatory mechanisms she had developed:

> "I cannot remember a time in my life where I wasn't having suicidal thoughts. I can see as far back as I can remember, and they've been there forever. Because, yes, those thoughts pass through my brain; they are real. I know it's the ultimate solution to remove all problems. It's a solution that would solve every problem that I have for me. That urge is real, but I firmly believe that I would never do it… Because you know what? The biggest thing that keeps me from going to that point is being transgender. Yeah. Because I can't add to the statistics. I can't – you can't – be a cliché. And if I attempt to, if I succeeded at it, what effect does that have on the moral climate out there? Now they'll be saying, 'Well, that one can't handle it.'"

The fourth and final way that empathy manifested itself in interviews was in respondent's stated overall willingness to actively engage with and assist other transgender people in their struggle to navigate the larger cisnormative spaces around them. Though no demographic data were collected in terms of respondent's occupation or volunteer activities, comments regarding outreach within the transgender community arose frequently in the course of the interviews. Among those 50 years of age or older, 17 of 20 respondents either worked or volunteered in some official capacity within the transgender community so they could help younger and newly transitioning people. Among the 26 respondents aged 25 to 49, 22 engaged in formal volunteer outreach to the transgender community. Many of these participants indicated that they hosted online

video chats and/or informational sessions, information pages, or offered themselves as a one-on-one point of contact for other transgender people in need of assistance. One transgender woman even went on ride-alongs with her local police department in an effort to better educate them in relating to transgender and/or homeless youth. Whatever their means of outreach, the majority of respondents across all ages and demographics considered it important that they support their transgender peers, be it in a formal setting or one-on-one, despite the emotional stress it may put upon them.

Exploring the motivations behind these decisions to engage in proactive behaviors of volunteering or other forms of service to the transgender community was not a direct part of the research; the people and data listed above were corollary comments and evidence related to exploration of the hypotheses and research questions. Among the respondents, nearly five dozen spoke directly about why they chose to work and/or volunteer in their transgender community. I heard words and phrases like "fighting for others," "help people," "job to do," "saving lives," and "stand up" often.

Participants discussed how their service work in the transgender community benefitted them as well as others. Some were consciously aware of this self-benefit; ten respondents specifically mentioned their outreach to others as a means of coping with identity-denying microaggressions in their daily life. Although none expressed their own well-being as the prime motivation for their efforts to help others, I heard words and phrases such as "connectedness," "more engaged," "trust myself," and "willingness to help."

Self-benefit was not cited as the primary reason for advocacy efforts, nor did the majority express an awareness of any such benefit. Respondent's considerations of their

motivations were typically like Victoria's, who hosted a nightly live broadcast on Facebook for transgender women. She knew she might be the only resource to which some in her community have access, even in a city as large as Dallas. She also knew that in a politically conservative Texas, more than "her girls" – as she called them – may have been watching:

> "I know there's idiots in the world, but there is a lot of good in the world. And I've seen, personally, that I can help people. In that I can help girls that have no prior knowledge. I can help them to realize who they are. And if I help one girl, to me that's worth it."

Some respondents were more like Rosa, for whom it was less about a specific action or form of outreach, and more about how she approached her relationships with others both in and outside the transgender community:

> "If you believe that God didn't make a mistake, and that God made me this way, then what does this mean? This means that I have some purpose to help others, to help people that have my background, those that are not under the same situation as myself, and try to help them."

Although self-benefit was not the primary reason articulated for most of respondents' advocacy efforts, in some cases they were aware of those benefits. What each of them was dismissive of, however, was the idea that their efforts were in some way extraordinary, courageous, or – and this is a term that received particular vitriol among several respondents – brave. "I am not brave," said approximately a half dozen respondents, whether in response to coming out as transgender and/or their efforts to help others in their community. Oliver, like some of the other respondents, gave public

presentations in support of transgender people and conceded that being "up there...outing myself" on a regular basis had forced him to "develop a really thick skin." Still, even though he led a state-wide transgender advocacy group and spoke to thousands of people a year, he did not see what he was doing as brave or courageous. Instead, he considered his community, particularly transgender women of color:

> "I'm a person who is invisibly trans and I actually like took this like steep
>
> gain in social privilege, honor, and privilege when I transitioned. So, yeah,
>
> I look around at the people that I care about and work with and work for,
>
> and the price they've paid."

Cheyenne's past was not one of privilege; she acknowledged that she had engaged in many of the As a Native American woman. She felt it was her responsibility to advocate for her transgender community, even when it was in defiance of the cisnormative prejudices of her ethnic community:

> "I've experienced the struggle with being a transwoman: the heartache,
>
> and the prostitution, and the drugs, and what comes along with that, and
>
> the route that we know – because I was hurt as a child. There's a reason
>
> why I'm acting out this way."

This desire to help was also expressed by many transgender people as one of the reasons they continued to engage in media – particularly social media – even if, like Howard, they preferred not to.

> "You know that when you get on Facebook that there's there's kind of a
>
> free for all, in terms of transphobia. Yet at the same time you feel like you

should be on there and speak up maybe for those people who can't necessarily speak out."

Her empathy for other less privileged members of the community influenced the way Debbie, a transgender woman, she interacted with media. Debbie considered her skill set part of that privilege: "I know that I write better than average, so I also feel like I'm not just defending myself, but I am also writing with other people in mind."

As noted, these acts were not perceived by transgender people as performative acts of bravery or courage. Many of them became perturbed or emotionally upset when these terms were applied to their advocacy in the transgender community. Among respondents, words and phrases were often expressed in contrast to one another: "bothers me" versus "never lose," "burden" versus "proud," "do the best I can" versus "imperative," and "walk away" versus "responsibility." Gina, who volunteered at an LGBT outreach facility and led a support group for transgender women, articulated this in straightforward terms:

> "I'm about saving lives. So regardless of how you feel, you know, we still
> have a job to do. We still have to help people. So even though it bothers
> me, I will never lose my willingness to help another person."

Oliver, whose job involved travel and nights away from home, was keenly aware of the burden his advocacy had placed on his family – and the things he told himself to deal with that:

> "I feel (like a burden) to my spouse, to my partner; she's a step-parent to
> my son and so... you know, I have all of the like typical personality
> disorder stuff about a person who starts a non-profit… I mean, I think that

we do the best we can with our kids, and that every kid has something

about their parent that's difficult. And I think that my kid, if you ask him,

will say that he's proud of me for doing what I do. But you know that right

now at this time in history it's really imperative that some of us are doing

this because this needs to be propelled forward… There have to be

individuals and groups that are pushing on trans safety and access. We

can't just wait for it to happen."

Mitchell, who both worked and volunteered with transgender people at his job in

an LGBTQ-advocacy space, spoke about the cost to him personally:

"I'm an empath, and I always have been. So it's difficult for me, the big

picture. As much as I have developed my coping skills my survival skills,

there are lots of us out there in the community that haven't. Yes, I can

focus on this one thing, or I can look at the last 50 years, and know it's

better than what just happened over the last three days. But a lot of folks

can't do that. And I still understand what it feels like to feel like you are on

an island, that you are broken, that there's something wrong with you. And

when I hear the world tell you that, it's hard to say no – so I'm not."

Empathy was a dominant theme in respondent's articulated experiences,

regardless of demographics. It was a component of nearly every interview; nearly two

dozen respondents mentioned empathy as a factor in how they reacted to transgender

identity-denying microaggressions. These feelings of empathy manifested themselves in

responses in four main ways. First, it was in their self-concept of why both interpersonal

and media-based microaggressions hurt them more than just personally. Second, it was in

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an understanding of the damage being done to the transgender community, and the ignorance and fear created in the cisgender community, by the microaggressions embedded in mass media. Third, it was in the recognition of how they were internally motivated not to succumb to the everyday stress of defending one's identity. Fourth, it was manifest in the willingness of some transgender people to actively engage with transgender identity-denying microaggressions and larger identity-denying environments, even at risk to their own mental health. Among those expressing sentiments in accordance with these last two factors, respondents who spoke of self-performative concepts like "courage" or "bravery" insisted those concepts did not apply to their behaviors and preferred them not to be seen as such.

Summary of Interview Findings

In conclusion, four main themes manifested themselves in the transcribed text of the 66 respondents' interviews. First was that transgender people have to engage in emotional self-management regularly – in many cases daily – as a result of microaggressions that create transgender identity defense-related stress, as those microaggressions often had anything but small impacts. Whether the microaggression was one that occurred frequently, triggered a fear of the unknown, or was a complete surprise, the intensity of the negative emotion and one's reaction to it could be intense. This emotional pain was even more likely when the source of the microaggression was someone with whom the transgender person had a close emotional connection, the microaggression was intentional, or – regardless of source or intentionality – it touched upon a "hot-button" issue for that individual. Feeling worn down, as opposed to pain, was also a possible outcome, especially when the microaggression was one that was repetitive

in the transgender person's life. Also, regardless of whether the outcome manifested itself as painful, or merely wearing, some transgender people chose to disengage, while others reflexively disengaged; most saw their behavior as a not entirely self-aware combination of the two.

The second theme was that media-based microaggressions matter, perhaps more so than interpersonal microaggressions. Like with interpersonal microaggressions, surprise, intentionality, and issues that were personally triggering were problematic. Unique to media-based microaggressions were issues such as the casualness of the microaggression, the ignorance displayed within it, and the damage done to the transgender population as a result of it. As a result of exposure to these microaggressions, some transgender people attempted to cultivate their media, both for the purposes of finding affirming messages and avoiding identity-denying ones. These efforts were not always successful. Finally, most respondents saw the virtues of media despite the identity-denying microaggressions embedded in them. They were particularly aware of the ability of social media to help them stay connected and find support from more distal transgender people and communities.

The third theme was that transgender peoples' need to continually defend their existence to others within a cisnormative world created distinct stressors for many transgender people. On a daily basis, microaggressions that dehumanized transgender people were expected, originating both interpersonally and in media. Transgender people continued to experience thwarted belongingness, whether from a group that no longer accepted them or from a group of which they wished to be part, but were not allowed entry or membership. Transgender people also often felt like a burden on those, usually

family and friends, around them. As a result of frequent feelings of thwarted belongingness and perceived burdensomeness, engagement with suicidal behaviors such as suicidal ideation was normative; many respondents articulated such acute psychache that they at one time wanted to end their own lives. This psychache originated in their emotional responses to microaggressions of all kinds, including, possibly, those based in media. Finally, suicidal ideation remained part of the experience of many members of this community, even though the majority of those who ideated suicide did not it would ever manifest as an attempt to take their own life.

The fourth and final theme was that empathy played a large role in the transgender community. Often, even when transgender respondents did not feel like a type of microaggression impacted them personally, the knowledge that other transgender people were impacted by similar microaggressions was emotionally damaging. This was especially true of media-based microaggressions, which transgender people saw as doing damage to the community at large, as well as cultivating fear and ignorance within the cisgender community. This empathy manifested itself in many transgender people's willingness to engage in personally painful behaviors, as they refused to give in to cisnormative prejudices. Many saw themselves as possibly the only the source of assistance some of their transgender peers might receive.

PART VIII: DISCUSSION

The final chapter of this dissertation will discuss how quantitative and qualitative analyses were used to support, refute, and/or find evidence in support of the eight hypotheses and two research questions examined, and what the data mean in terms of how individual microaggressions impact both transgender people and the transgender community as a whole. This chapter will also examine how these data inform what we know about the intersection of Microaggression Theory, Self-verification Theory, and the Interpersonal Theory of Suicide. In so doing, a new framework will be proposed that elucidates those connections and directly addresses transgender identity defense emotions. Finally, this chapter will summarize the inherent strengths and weaknesses of this research and will suggest future questions, including possible ways to test the proposed framework.

Review of the Hypotheses and Research Questions

Using quantitative and qualitative analyses, eight hypotheses and two research questions were examined by this dissertation research. Three of the hypotheses were supported by data, three were not, and two were found to have mixed results between the quantitative and qualitative data. Evidence to support an understanding of the mechanisms of conscious and subconscious emotional change addressed in the two research questions was found.

The first hypotheses held that the increased frequency with which one experiences transgender identity-based microaggressions will positively correlate with the intensity with which one experiences those microaggressions as measured on the Likert-style scale. The quantitative and qualitative data produced somewhat conflicting results.

Quantitatively, evidence supported the hypothesis, as the researcher found a significant and moderate positive correlation between the frequency of transgender identity defense microaggression incidents and the self-rated emotional intensity of those incidents. Qualitatively, however, most respondents indicated that in regards to any specific microaggressive incident, their emotional reaction was not necessarily related to the frequency of that incident. Rather, it was just as likely to be one or a combination of the following factors: the microaggressive incident triggered a fear of the unknown, the incident came as a surprise, the source of the microaggressive incident had strong emotional ties with the transgender recipient, the microaggression was seen as intentional, and/or the incident touched on a "hot-button" issue for that individual. Therefore, this hypothesis was partially confirmed and partially non-affirmed.

The second hypotheses held those who experience higher levels of negative transgender identity-based emotions as reported the scale will also report a higher level of consciousness of needing to defend their identity. Here, too, the quantitative and qualitative data produced conflicting results. Quantitatively, the overall consciousness of needing to defend one's identity was significantly moderately positively correlated with the frequency with which the transgender respondents experienced identity defense microaggression incidents. This hypothesis was not supported in the qualitative data, as most respondents articulated that there was no consistent relationship between how often microaggressive incidents occurred to them and how that impacted their overall consciousness of needing to defend their identity. Of the 60 people who were interviewed, 39 of them said their average level of consciousness – on the 1 to 7 scale – of needing to defend their identity exceeded the negative intensity of their regular

emotions as measured on the scale when confronted with identity-denying microaggressions. Of the remaining 21 respondents, four expressed that their average level of consciousness of needing to defend their identity was the opposite: their scale scores in response to individual incidents were higher than their overall average level as measured on the scale, in terms of their consciousness of needing to define their identity. Eight respondents found these to be equal, while nine said they had no expressions of negative emotions as measured on the scale nor had any notable perception of needing to defend their identity. Therefore, this hypothesis was partially confirmed, partially non-affirmed.

The third hypothesis, that media-based microaggressions will result in similar or higher scores on the scale than those microaggressions which are based in real-life, was supported. Examined quantitatively, the data showed that media-based microaggressions resulted in a higher perceived emotional intensity of identity defense microaggression incidents as compared with those microaggression incidents which were interpersonal in nature. Therefore, this hypothesis was confirmed.

The fourth hypothesis held that media-based microaggressions result in similar or higher scores on the scale for transgender people as a result the negative influence they perceive media has on viewers in regards to transgender issues. Evidence from the interviews supported this hypothesis. Of the 48 people who responded to interview questions about their high scale scores regarding the media – questions 12 to 14 – more than 50% (25 people) said that on average media-based microaggressions tended to affect them more than real-life based microaggressions, 18 responded that they had negative emotional reactions equivalently regardless of the type, and 15 said that real-life

microaggressions affected them more than those based in media. Among the 25 respondents who indicated that they had higher negative responses to media-based incidents than real life-based incidents, 92% specifically indicated that their emotions were more than or equally connected to empathy with the greater transgender community around them as opposed to just themselves. Accordingly, these data and the evidence gained during qualitative interviews supports this part of Hypothesis 4: that media-based microaggressions result in similar or higher scores on the scale for transgender people as a result the negative influence they perceive the media has on viewers in regards to transgender issues. Therefore, this hypothesis was confirmed.

The fifth hypothesis, that high scores regarding the average level of consciousness of needing to defend one's transgender identity are associated with an elevated sense of thwarted belonging in transgender people, was not supported by evidence. Of the 59 people who discussed this question, 48 said they felt a thwarted sense of belonging in some aspect of their lives; 11 said they did not. Among those 48 people, there was no correlation between scale scores and a sense of thwarted belonging. For the 11 people who did not feel a thwarted sense of belonging, there was no discernible correlation between scale scores and a sense of thwarted belonging. Accordingly, these data and the evidence gained during qualitative interviews support the finding that this hypothesis was not affirmed.

The sixth hypothesis held that high scale scores regarding the average level of consciousness needing to defend one's transgender identity will not be associated with an elevated sense of burdensomeness. Evidence did not support confirmation of this hypothesis. Among the 51 respondents who addressed this question, 40 believed that they

were at times a burden on others, and 11 respondents believed that were not a burden. Within these data, those reporting scale scores of 3 through 7 did so at more than four times the rate as those putting a one or two for their self-reported scale score. Therefore, among those both reporting a sense of burdensomeness and those not, there was a discernible correlation between scale scores and a sense of burdensomeness. Accordingly, these data and the evidence gained during qualitative interviews did not affirm this hypothesis.

The seventh hypothesis, that those transgender persons with more frequent and/or intense emotions related to the defense of one's existence as a transgender person have higher rates of suicidal ideation, was supported. In regards to the frequency of transgender identity non-affirmation or denial microaggression incidents and their links to suicidal ideation, odds of past-year suicide ideation increased, as did odds of lifetime suicide ideation or attempt, with each increase in unit frequency of identity non-affirmation incidents. Also, when the level of the transgender identity defense stress was identified as comprising both frequency and intensity of identity non-affirmation or denial incidents, odds of engagement in depression-related symptomatology also significantly increased.

The final hypothesis held that higher rates of suicide-related behaviors amongst transgender persons is the result of denial of identity-based psychache meaning the denial of existence and belongingness that these emotions alone may result in losing the fear associated with suicidal behaviors, even with little to no sense of perceived burdensomeness. This was not supported by evidence. Evidence from the qualitative interviews supported the first part of this hypothesis: that higher rates of suicide-related

behaviors among transgender persons are the result of denial of identity-based psychache that can result in a transgender person learning the capacity to want to end their life. First, evidence from the 62 respondents who commented on personal suicide-related behaviors suggested that having both traits of thwarted belonging and perceived burdensomeness, as opposed to feeling just one of those traits, did play a role in increasing or decreasing the likelihood of ideating suicide in the past year. For respondents with both, the number of people who ideated suicide five or more times a year was double that of those who reported only one of those traits. Also among those with the two traits of perceived burdensomeness and thwarted belonging, for those reporting ideation twice a year, the rate was double that of those only reporting one trait. Finally, the number who reported only one trait and said they had not ideated suicide in the past year was more than double that of those who reported two traits. This population, then, only needs to develop a learned capacity to take their own lives to be prime candidates – s predicted in the Interpersonal Theory of Suicide model – to make an attempt to take their own lives. Finally, evidence gained from interviews with respondents – even when the respondent was not directly discussing suicide – supported that the pain caused by identity denial-based psychache was acute. Accordingly, evidence supported that psychache related to transgender identity denial may – for some transgender people – be enough for them to have learned to take their own life.

Evidence to support an understanding of the mechanisms of conscious and subconscious change inherent in research question one – How and to what extent do negative emotions link to a desire to apathy and/or disengagement with others? – was found. Quantitative and qualitative examination of the survey data and the transcribed

text from the interviews, respectively, show that negative emotions caused by identity defense-related microaggressive incidents did have a link to a sense of being emotionally compromised, in terms of feeling worn down and/or being disengaged with others. According to the quantitative data, with each increase in the number of identity non-affirmation or denial microaggression incidents that transgender individuals reported as reducing their interest in engaging socially, odds of past-year withdrawal from regular activities increased. From the evidence gained during the qualitative interviews, a total of 51 responded in terms of how and when they chose to disengage with others, and 43 of them reported experiencing some form of disengagement in the presence of identity-denying microaggressions. Operationally, being worn down was expressed by respondents as apathy, apprehension, exhaustion, and/or anxiety and suspicion of others to the point that they knew it was impacting their relationship with the people in their proximal space.

Therefore, evidence supported a link between negative emotions caused by identity defense-related microaggressive incidents and being emotionally compromised, in regards to being worn down and/or disengagement with others.

Similar evidence of support in regards to understanding of the mechanisms of conscious and subconscious change inherent to the concepts of being emotionally compromised in research question two were also found. Examining how transgender people understood their shifts in state of mind in regards to emotional pain versus being worn down and in regards to their regular exposure to identity denial-related microaggressions, evidence supported that this transition from pain to being worn down was largely a function of repetition of the microaggressive incident. As noted earlier,

emotional pain in response to a given microaggression had two commonalities across most respondents: if it was delivered by someone the recipient had strong ties to or if they perceived the microaggression to be intentional. Also broadly true was the ability of a hot-button issue to be painful for most transgender people, although what this button is for each transgender person is unpredictable devoid of knowledge about that person's transgender experience. Regardless of the originating nature of the pain, respondents expressed that repeated exposure to the same microaggression was painful – until it was not. This was where respondents – in terms of the research question – understood their shift in state of mind from pain to a sense of being emotionally worn down, although the reasons for that change in their emotional condition were not always apparent to them. Regardless of self-awareness, however, they expressed that having become numb by the repetition and/or the predictability of the microaggressive incident, it no longer hurt, and instead left the recipient worn down. Therefore, evidence supports that this transition from pain to being worn down as a part of being emotionally compromised by a microaggressive incident was largely a function of repetition of the microaggressive incident.

In summary, quantitative and qualitative analyses showed that three of the hypotheses were supported by data, three were not, and two had mixed results between the quantitative and qualitative data. Evidence to support an understanding of the mechanisms of conscious and subconscious change addressed in the two research questions was found.

"We deal with a lot of demons, whether that's related to our gender identity or not.

The findings, particularly those related to the in-depth interviews, provided important insight regarding the effects of identity-denying micro-aggressions. Each transgender identity-denying microaggression is in many ways a world unto itself, its interpretation by the transgender person being aggressed upon a function of the microaggression's providence and intent, coupled with the historical disposition of the transgender person. The statement that the varied feelings and responses to similar microaggression are always differently interpreted by the transgender person being aggressed upon, as a function of the microaggression's providence and intent, coupled with the historical disposition of the transgender person, making Microaggression theory limited in merit (Lillenfeld, 2017) might suddenly seems credible.

The argument, however, that because something is unpredictable in its individualized and temporalized construct it is not somehow real ignores the real impacts microaggressions have on transgender – and indeed all marginalized – people. Anyone who has ever stood and looked at the waves rolling in from the ocean knows it is impossible to look at any individual wave and predict precisely when and how it will break, how far it will come up on the sand, and how much it will change the beach when it does. That it does all of these things, however, is irrefutable. Coastal residents have long known the unique type of damage a barrage of waves can bring. In the worst of circumstances – say in a winter storm – coastal residents know the repeated assault of waves can cause pain, destruction, and even death to those who are subject to the pounding of one wave after another. To say that transgender people are subject to a

unique, but similar, pain, destruction, and death by the continued exposure to identity denial-based microaggressions is no less accurate.

The four core themes that emerged through the interviews helped explain these short and long-term effect. The themes did not stand alone; rather they work in concert and inform one another. The first theme explained that self-management of one's reactions to the microaggressions from others was continuous and usually stressful, with emotional reactions that were often anything but small. The second theme emphasized that media matter; repeatedly, respondents expressed that those microaggressions emanating from media were not only every bit as damaging as interpersonal microaggressions, but in fact were often worse. The third theme revealed that embedded within the microaggressions from others were microaggressions unique to the transgender community: those which categorically deny a person's existence as a transgender person. Finally, the fourth theme found that despite the profound emotional stress felt by most members of the transgender community, their empathy for other, less privileged members of the transgender community had a discernable impact on their behavior. The following sections explore those core themes and the related implications for this study and the broader literature.

Theme One: We're all in this together – and everyone is different

This understanding of the realness of emotional impacts is critical to the first theme, that respondents' recognition that self-management of one's reactions to the microaggressions from others was continuous and usually stressful. Even with self-management, the microaggressions resulted in emotional reactions that were often anything but small and were at times painful and a source of personal discomfort or loss.

Not that transgender people are alone in these types of reactions to microaggressions; the idea of pain and personal loss resulting from emotions is supported by literature that goes beyond the understanding of transgender identity. So numerous are the studies of these and other emotional reactions and behaviors that operationalization – the deconstruction of concepts into definable variables and measurable factors – of these concepts is easy to find in both research literature and the expressed experiences of respondents. Concepts such "emotional turmoil," "woundedness," and "irreversibility of pain" were common (Bolger,1999; Orbach, Mikulincer, Sirota, & Gilboa-Schechtman, 2003). Other terms expressed a physical manifestation of discomfort or loss, such as "awareness of self," "concealment of essential aspects of the self," "disconnection," "experience of irreversibility," "loss of control," and/or "loss of self" (Orbach, Mikulincer, Sirota, & Gilboa-Schechtman, 2003). With two exceptions, every respondent articulated that there was at least one type of identity-denying microaggressive incident that caused them emotional pain. To say that emotional pain is a part of the lived transgender experience is an understatement – and respondents had no hesitation in saying so.

Equally certain was their understanding of why a particular microaggression produced emotional pain for them. Often when I asked a clarifying question as to whether or not the source of the emotional pain was relevant, the interview subjects responded with a quick and terse affirmation of my question. "Absolutely," "I'm sure that's it," "oh, yeah," "you better believe it," and the sarcastic "is that a hypothetical question?" were common answers. Here, too, research shows transgender people are not alone in how they understand how and why they have the emotional reactions that they do. Similarity between the operationalized terms found in both literature and the transcribed texts

manifested themselves in the examination of intentionality, hot-button issues, fear of the unknown, and surprise.

For many of the respondents there were often multiple issues at play in how they understood why an identity-based microaggression hurt them; often there was more than one factor at play. If there could be said to be one type of incident that was most frequently involved, however, it would be intentionality. That someone would intentionally try to hurt them using their identity was to many people beyond hurtful; it was bullying. Often expressed via sentiments like "teasing," "harassment," and "tormenting," the literature supports that these overt actions fall under the category of bullying (Smith, Cowie, Olafsson, & Liefooghe, 2002). The question of intention is a fraught one. To allow the recipient in an interaction to be sole determinant of the intent of a microaggression denies the creator of the microaggression any agency in the discussion of intent and is problematic. To evaluate incidents without the perpetrator's objective or desired outcome in mind seems unfair, even if it does fall under accepted norms within research on intentionality (Wrosch, Scheier, Carver, & Schulz, 2003).

These findings point to a key takeaway. In the interviews, transgender people did not always ascribe an overtly hostile intent to an identity-denying microaggression. Most expressed that they tried to give others the benefit of the doubt. Whenever possible, especially when the source of a microaggression was someone unknown to them, they were more likely to try to see the possible ignorance of the aggressor as opposed to an overt intent to aggress against them. "I don't think they even know what they said," "I know they don't know any better," "it's just ignorance," and similar expressions were common among respondents. This made a strong case for why microaggressions of

intentionality were so painful. When a transgender person felt they were intentionally being attacked, they most likely were. Other research supports this conclusion. Within the framework examination of intentional versus accidental behaviors, evidence supports the idea that the victim of an aggression can usually discern something intentional from something negligent (Wrosch, Scheier, Carver, & Schulz, 2003). The subjects of microaggressions know when they have become a target. Transgender people's belief that their differing response to oft-times similar microaggressions cannot simply be dismissed as overreacting or misinterpreting the intentions of the aggressor.

Respondents' self-awareness of their own biases was inherent in hot-button issues, the second cause of emotional pain within identity-denial based microaggressions. Here, however, they put the situational locus of pain partly on themselves. They understood that there were ordinary words, ideas, and conversations that have common, while at the same time acknowledged that those same words and ideas might have secondary meanings for themselves of which the "aggressor" or delivering party might be unaware (Shultz & Sarda, 1980). This lack of awareness is key, as if both understand the secondary meanings and the speaker uses the term harmfully, the microaggression is intentional. The delivering party, unaware of the second level meaning of the words they are using, unintentionally "pushes someone's buttons" without being aware that they have done so. In some ways this might seem contradictory to the earlier assertion that the victims of a microaggression know the intentionality of the aggressor. As noted in the qualitative results section, however, respondents indicated that in these instances they knew they might be overreacting to the microaggression, but often felt powerless to react in any other way. Their emotional reaction superseded their cognitive reaction, despite

their best efforts. This offers evidence that the respondents knew and understood their reactions well enough to determine their own biases as well as those of others.

Fear of the unknown, unlike the other two operands within emotional pain, is not subject to such immediate intellectual discernment. Nevertheless, both the retrospection of respondents in this dissertation and researchers in other studies, identified three of the most common situational realities inherent in fear responses. First, respondents often perceived a larger, more general risk as a minority transgender person in a cisgender dominant society. Second was related to how transgender people viewed the possible proximity of transphobic others (McEntire & Gertz, 2001). Third involved respondents seeing their fear, based on previous outcomes in similar past situations, as a reasonable reaction to the risk inherent to a given situation (Weber & Milliman, 1997). Each of these reactions represents different manifestations of fear: fear of society, fear of people in one's proximal environment, and fear that a negative outcome might repeat. The reality is the same in each for transgender people: Prior experience has taught them that the environment may be a threat, and fear in that context makes perfect sense.

Finally, there was the concept of surprise. Like fear, it was something respondents seemed to understand far better in retrospect than they did when the surprising even occurred. Respondents often felt challenged to define something that surprised them. Most common were the phrases "I just wasn't expecting it, you know?," "Not there," and/or "not from them." However, review of respondents' stories, anecdotes, and life experiences revealed two things. First, surprise most often manifested itself as something that drew people's attention. Second, as part of the distinctiveness of an incident, the microaggression was often happening to them for the first time or the first time after a

prolonged period of non-appearance. These two factors have been identified in past research as well (Horstmann, 2015).

Emotional pain and discomfort, usually in conjunction with intentionality, fear of the unknown, hot-button issues, and/or surprise: For the respondents, recognition of the role of these concepts in their daily lives was usually straightforward. Having tried to understand their own behaviors long before they had explained them in a research setting, they could see how the people they were today had been shaped by the experiences they had had over the course of their lifetimes as a transgender-identifying person. Even when the words for what they were feeling escaped them, they were not unsure of what they felt. They also felt that these types of reactions were ones that most people, marginalized or not, would understand, given basic literacy of human emotions. Numerous respondents seemed incredulous that the cisgender person who delivered the microaggression could not understand how they felt as individuals. They wondered how concepts so common to the human experience – intentionality, fear of the unknown, hot-button issues, and/or surprise – could be missed or ignored by society at large. They wondered this at the same time that they acknowledged that they could be confounding to cisgender people. They saw that there was no way a non-familiar cisgender person could know their hot-button issue triggers.

Respondents indicated that the nature of the microaggression was not the only variable in their response to a microaggression. The source was important. Those who experienced a microaggression in what they considered to be an interpersonal relationship, one in which they felt "intimacy," "rapport," "reciprocity," "self-disclosure," and/or "similarity" were particularly painful. That emotional pain would

result from an aggression large or small from someone in this group is substantiated throughout the research literature (Burgoon, Dillman, & Stern, 1993; Morey, Eveland, & Hutchens, 2012; Smith, Cowie, Olafsson & Liefooghe, 2002). The deeper the connection the respondent had with the aggressor, the worse the pain was for them. Although they might be able to deal with microaggressions – even frequent ones – from those with whom their relationship consisted mostly of the disclosure of facts and information, incidents of identity-denial associated with spouses and romantic partners, family, and close friends were far more painful. Again, this finding is well substantiated within the literature (Morey, Eveland & Hutchens, 2002).

Repetition of an individual microaggression also played a role in the level of emotional pain a transgender person felt after being exposed to that microaggression. As demonstrated by the quantifiable data, the more a transgender person cumulatively experienced an identity-denying microaggression, the more emotionally painful each microaggression became – until it did not – as presented in the results section and below, regarding being worn down and/or societal disengagement. Emotional pain was not the only impact of being subject to a microaggression. Within their emotional pain was emotional compromise: How did the emotions compromise one's typical behavior? On the survey, respondents were given the option to define the nature of their emotional pain as one that left them feeling worn down, or socially disengaged, or no reaction whatsoever. Being worn down was thought of as a psychological state of being, and disengagement as actual spatial dislocation. Here transgender respondents had much in common with the larger cisgender community within the body of research, as the sense of being worn down appeared in their expressions as "disconnected,"

"frustrated," "having given up," "hopeless," "a lack of enthusiasm/passion," "no influence," and "pessimism" (Montero-Marín, García-Campayo, Mera, & del Hoyo, 2009).

Equally real, but perhaps more nebulous to respondents, was the nature of disengagement. As covered in the qualitative response section, disengagement was expressed as both a conscious and/or unconscious choice, with many not understanding exactly why and when their disengagement moved from active to passive. This might seem to reflect that respondents did not know themselves as well as they thought they did. However, research finds this type of ambiguity in regards to understanding subconscious versus conscious motivations to be fairly typical. Theoretical analysis of decisional conflict posits that a person's awareness of their choices are often unconscious processes with internal deliberation occurring based not on cognizant processes, but instead are shaped by past experiences, traumas, and anxieties which prevent people from being fully aware of their own impulses (Janis, 1959).

Still, some respondents expressed that much of the time they understood their disengagement following an identity-denying microaggression as an active, conscious choice. Some evaluated it as beneficial to their psychological health and well-being, which has been supported by research evidence (Wrosch, Scheier, Carver, & Schulz, 2003). They saw the intentional avoidance of negative interactions as a means of mitigating or avoiding negative emotions. A minority of participants understood their disengagement as a passive action, and there is also evidence for this pathway to disengagement. Both in the research literature and in the expressions of the respondents, observations of "feeling flooded," "overwhelmed," and "passive" were

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common (Luyckx, Klimstra, Duriez, Schwartz, & Vanhalst, 2012). All of the expressions that were articulated or expressed generally by respondents reflected that the their perceptions of their emotions and actions fell well within established parameters for human behavior.

However, qualitative and quantitative evidence appeared contradictory in the review of the hypotheses. Qualitative evidence from the interviews did not find that the increased frequency with which one experienced transgender identity-based microaggressions positively correlated with the intensity with which one experiences those microaggressions on the scale. Quantitative data supported that those who experienced higher levels of negative transgender identity-based emotions as reported on the scale also reported a higher level of consciousness of needing to defend their identity as measured on the scale. However, most interview respondents articulated that there was no consistent relationship between how often a microaggressive incident occurred to them and how much that impacted their overall consciousness of needing to defend their identity.

As noted in both the methods and qualitative results section, given the dominant role of such variants as intentionality, fear of the unknown, hot-button issues, and surprise, the findings revealed that qualitatively, these hypotheses were not supported. The disconnect is not altogether surprising. The data showed a moderate correlation – an overall pattern within the data that did not necessarily apply to any one person within the data set. Represented by the wide range expressed in Graph 2, particular along the X-axis (representing emotional intensity) it was clear within the data set that there was a high variance among individual responses. Hypothetically, this could

include two people, one who selected low overall consciousness and high frequency and the other vice versa. In this limited data set, two people who gave very different answers could combine to reflect a fairly typical mean for the group.

These data are more than hypothetical. Graph 2 shows a scatter-plot representing the range of answers along the trend line. On average, for each additional 7.7 microaggressive incidents per week, the intensity of emotions in regards to microaggressive incidents increased one point on the seven-point scale for the 66 respondents. As in the hypothetical answers, there was enormous variance among respondents, particularly along the X-axis. Three specific cases – Carolyn, Jacob, and Ross – exemplify the variance. Understanding certain aspects of their individual stories can help us understand the transgender experience in general. The dots representing Carolyn, Jacob, and Ross reflect individuals for whom intensity of negative emotions increases in correlation with the number of microaggressive incidents in a manner fairly reflective of the average responses of the group as a whole. Even within these three respondents, however, there was a high degree of variance from incident to incident. (See Qualitative Results Table 7)

Carolyn, for instance, indicated in response to question one that she felt stared at more than 6 times a week, but indicated it caused her a minimal of emotional reactions, which she registered as 1 on the scale. In response to question 2, however, if she was told even once a week that she needed to change her gender presentation, she indicated a seven on the scale. Jacob showed similarly discordant results in regards to questions 2, yet on questions 9, 12, and 13 showed results far more representative of the overall trend line reflected in the graph. Ross, too, deviated from the trend line with

Graph 2: Frequency as Related to Intensity
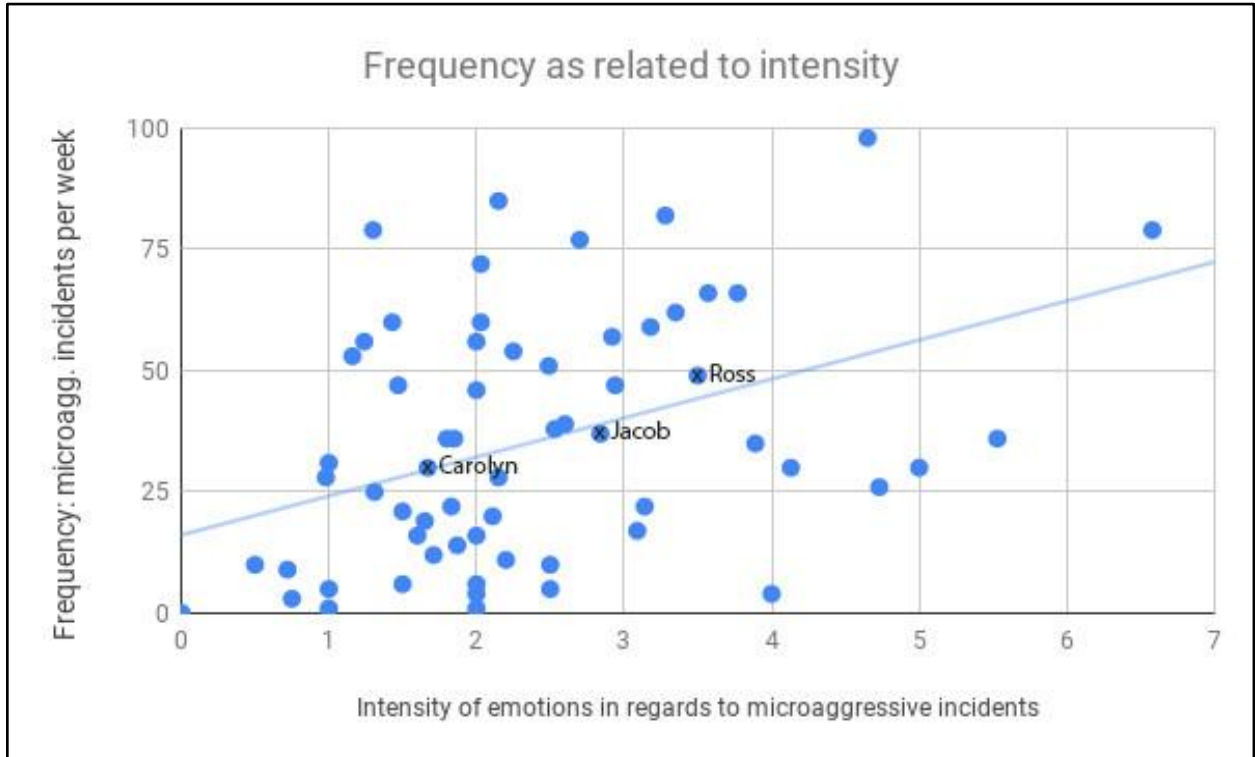
his response to questions 5 and 11, but came closer to it with question 12. As reflected

in the interviews, different incidents can provoke different emotional reactions.

It was clear that although there might be overall quantitative truths about the

transgender population, respondents revealed individual differences in how they view

the issues inherent within these truths. It was interpretations of providence and intent,

coupled with the historical disposition of the transgender person, that mattered most,

which makes even the most blanket statement about transgender people's reactions to

microaggressions largely ineffective when assessing the impact any particular

microaggression may have on any one individual.

These results, though lacking precision for use in individual prediction, have

value for the transgender community. First, general trends within the data regarding the

meaning of intentionality, fear of the unknown, hot-button issues, and surprise as

means of producing emotional pain may be of use to individual transgender

Qualitative Results Table 7: Three Respondents

Questions 1–4

Name	Question 1: I believe I have been stared at in public because of my identity		Question 2: I have been told that if I want to seem more like a "real" person of my identity, that I should change certain aspects of how I present my identity to be more like stereotypical versions of that identity.		Question 3: Statement: It was suggested I use the changing room, restroom, or similar type of space of the gender clearly different from how I present my identity.		Question 4: When I ask to be referred to by my chosen name, I am told my choice is not my "real" name.	
	How often a week	Emotional Intensity	How often a week	Emotional Intensity	How often a week	Emotional Intensity	How often a week	Emotional Intensity
Carolyn	6 or more times	1	0	0	0	0	0	0
Jacob	2 times	4	1 time	7	0	0	1 time	7
Ross	0.5	1	0.5	1	0.5	4	1 time	4

Questions 5–8

Name	Question 5: I have been told to leave a restroom or other facility or activity because I "do not belong there."		Question 6: I have been told to leave a restroom or other gender~ identified facility or activity because my genitalia don't match a stereotypical person of my identity.		Question 7: I have heard people define my identity as an "it."		Question 8: I have had people see my identity as merely a process or series of procedures, not as a key component of who I am.	
	How often a week	Emotional Intensity	How often a week	Emotional Intensity	How often a week	Emotional Intensity	How often a week	Emotional Intensity
Carolyn	0	0	0	0	0	0	2 times	1
Jacob	0	0	0	0	1 time	3	2 times	4
Ross	0.5	7	0.5	7	0.5	1	0.5	1

Questions 9–12

Name	Question 9: I have had people say loudly in public or even shout hurtful things at me in public that call me fake or seek to deny my identity.		Question 10: I have been asked if I have tried "curing" my identity, as if it is a medical condition or mental illness.		Question 11: Because of my identity, I have been labeled a predator, or been assumed to be a danger to others.		Question 12: When I see my identity depicted in media, I feel like my identity is displayed as a curiosity or oddity.	
	How often a week	Emotional Intensity	How often a week	Emotional Intensity	How often a week	Emotional Intensity	How often a week	Emotional Intensity
Carolyn	1 time	7	0	0	0	0	3 times	7
Jacob	1 time	1	0	0	0	0	2 times	4
Ross	0.5	6	0.5	5	0.5	7	6 or more times	4

Questions 13–14 and Aggregate

Name	Question 13: I have heard people in the media define my identity as an it."		Question 14: I have heard people in the media indicate they see my identity as merely a process or series of procedures, not as a key component of who I am.		Aggregate Emotional Impact	Total No. Weekly Microagg.	Mean Emo. Impact per Microagg.
	How often a week	Emotional Intensity	How often a week	Emotional Intensity			
Carolyn	3 times	7	3 times	7	30	18	1.67
Jacob	2 times	4	1 time	3	37	13	2.84
Ross	1 time	1	1 time	2	49	14	3.5

people who are trying to understand their own emotional reactions better. Similarly, these results may allow a transgender person to understand why and how they become worn down and/or how they become disengaged, both consciously and unconsciously. Second, these results can assure transgender people who worry that they are "different" from their peers in terms of emotional reactions that they are not that different at all. Although their reactions to individual microaggressions may be quite different from other transgender people they know, the fact that they react to microaggressions in a

way that produces emotional pain of varying degrees is normal and happens to others in the transgender community as well.

Finally, it is hoped these findings help the cisgender community as well as the transgender community. Too often, transgender people are told – even by people who are want to be allies – that they need to "get over" something or "not make such a big deal of it." This advice is likely well-intended. However, it diminishes the real impact of microaggressions. For a community of people whose existence is called into question by a variety of socio-political entities, denial of their emotional condition can be especially devastating. Friends and allies can play a role in getting people within their circle of influence to change the cisnormative microaggressive behaviors and statements that might be occurring beyond reach or knowledge of their transgender friends. Finally, being acknowledged by those around them as having valid concerns and emotions sends a message that transgender people cannot hear enough: We believe you.

As the second theme added, however, microaggressions experienced via media add a layer of complexity to these emotions.

Theme Two: Sticks and Stones Break Bones – and Fox News Can Hurt Me

The second theme, that media matter, is one that also applies to all types of marginalized people. As noted earlier, microaggressions are not limited to discourse between two individuals; the subjects of broadcast and written media may also be the targets of microaggressions (Allen & Frisby, 2017). In contrast to earlier research (Allen & Frisby, 2017), respondents in this dissertation had the ability to contrast the impacts of two largely identical microaggressions, one originating in media and the

other interpersonally. The majority of respondents said the media-based microaggression was worse, largely because they knew they were not the only ones seeing it. They knew thousands of transgender people were likely hurting as a result, and that thousands – maybe millions – of cisgender people were being misinformed or even inspired to be transphobic. As discussed earlier, this represents an understanding of the effects of media cultivation. Operationally, these concepts found through examination of people's attitudes about what they saw in the media, are not limited to transgender-related media. Nevertheless, they are ideal in the way they explain transgender people's reactions to media-related microaggressions.

First, transgender people understood acutely and painfully people's attitudes regarding what they see presented in media. Largely, they knew that when media present an issue, it changed the information people had and the attitude they had about that information. Something they may have thought nothing about suddenly became important because they had seen it discussed in the media (Miller & Peterson, 2004). As noted in the results section, respondents often expressed that their lives changed when they went from being largely ignored or unseen by media to targeted by them, whether as a topic or a threat. This also ties directly into cultivation theory – which one respondent specifically mentioned – as transgender people saw the representation of their identities twisted by the implied and expressed attitudes of ignorant and/or transphobic people in media (Arendt, 2010).

Like the results regarding the impacts of microaggressions, this has tremendous import for both the transgender and cisgender communities. For cisgender people who produce media, it should be clear that the types of messages delivered by media figures

such as Rush Limbaugh and various Fox News personalities are a clear and present danger to the transgender community. With transgender people making up less than 2% of the U.S. population, it is incumbent on transgender allies to inform and if necessary pressure advertisers and other economic stakeholders in these programs to let the producers of transgender identity-denying media know these messages must stop. Though no one instance of transgender depression or suicide can be connected to one media message or program, the evidence presented makes clear that identity-denying messages in media play a role, in many cases a large one, in transgender people's emotions and mental health.

For media producers who unintentionally create messages containing transgender identity-denying messages, change must also happen. This includes, for instance, the producers of "Jack Ryan," streaming on Amazon, which featured a joke about a "tranny" on Las Vegas's Fremont Street. It could be argued that they did not know it would cause intense negative emotional reactions among transgender people. Ignorance, however, can not be an excuse. Society has learned that slurs regarding race and sexual orientation are unacceptable; producers of media can learn to recognize transgender slurs as well – and be equally unforgiving of them.

The message that transgender people need to hear is similar to the message of the first theme: You are not alone or disparate in your reactions to transgender identity-denying media. That transgender people have profound and sometimes disorienting reactions to microaggressions in media is not them being "too sensitive;" it is a sign that they are normal. Similarly, transgender people are not abnormal when they choose to cultivate their media – whether that means avoiding transgender identity-denying media

or choosing to embrace it in order to understand the socio-political spaces that often oppose them. Both are typical and normal approaches to transgender media engagement.

Theme three: Some days, I Feel Like This Stress is Killing Me – Because it is

As with the concepts embedded in emotional pain, withdrawal and disengagement, and media versus interpersonal microaggressions, respondent comments reflected a deep and profound connection to the three essential constructs theorized in the Interpersonal Theory of Suicide: thwarted belonging, burdensomeness, and a learned capacity to take one's own life brought on by acute psychache. Operationalization of thwarted belonging and the way respondents understood it within themselves were similar. The gap between how much one wants to belong and how much they actually do, their perception that they were not receiving social support from others, and/or the lack of proximal, positive, and social interactions were related using words and phrases such as "alone," "disconnected," "outsider," and "treated differently" (Hill and Pettit, 2014; Thau, Aquino, & Poortvliet, 2007; Van Orden, Cukrowicz, & Joiner, 2012). Indeed, among respondents who reported a sense of thwarted belonging, the gap between the social community of which one wants to be a part and the social community one actually occupies was expressed nearly 75% of the time. A lack of social support and/or social interactions were also common among respondents.

Operationalization of burdensomeness – the amount one feels themselves a drain on individuals or society – came from these same sources. As before, the articulated experiences of respondents in this group matched those found in prior research. A sense that people will be "better off" without the person, that the person has "failed" the people in their life, that they believe others wish to be rid of them, that the

person in question "makes things worse" for others, and even that others would think that their death is a "good thing" were common among this group of respondents (Van Orden, Cukrowicz, & Joiner, 2012). Expressed concepts such as the transgender person's community being better off without the person and that the person's existence was making life harder for others were common among the 80 percent of respondents who felt a sense of burdensomeness to others.

The final necessary construct, a learned ability to take one's own life "involves fearlessness about confronting pain, injury, and indeed death" and results from "repeated experiences with painful or provocative stimuli" (Joiner, 2005, p. 92). Keywords and phrases from his research were often embedded in the responses of interviewees. This was not surprising. As noted earlier both in the qualitative results and this discussion section, painful emotional experiences are part of most transgender people's regular lives. Indeed, when it comes to all three constructs inherent in the ITS model – thwarted belonging, burdensomeness, and a learned capacity to take one's own life – transgender people do not appear to be any different than the rest of the population at large (Grossman, Park, & Russell, 2016; Testa, 2017).

What these studies do not do is explain why the rates of suicide-related behaviors and completion of suicide are so much higher inside the transgender community. Up to this point, the discussion of all three themes has revolved around examination of microaggressions that are not unique to the transgender community. Here lies a possible explanation and was the original basis of this study: the language of non-realness, of dealing with the constant threat of existential elimination of one's category of identity. For as much as these other studies incorporate the language of

what it means to be a member of a marginalized group, none of them examine what it means to be seen as a "non-member" of a "non-existent" class of people.

Transgender people are for the most part alone in this label among the other identities under the LGBTQ umbrella. Indeed, they are alone among nearly every diverse identity that is part of the social debate currently underway in this country. Even the most hateful of people, those who advocate violence against diverse peoples, admit those people actually exist. Transgender people, however, are often denied even that aspect of identity. This is not to say there are not some parallels in both society and literature. Those who lived with Chronic Fatigue Syndrome before it was identified as a medical condition were often seen as "not real," with the condition being "all in their heads." Respondents, who often heard they do not exist as a class of people – as from the U.S. Justice Department – or that their identity is a mental illness expressed that they often felt outside groups did not think their identity "was a real thing." Similarly to those with CFS, this continual refutation by others of what transgender people knew to be true made them often "feel uncertainty about what they knew to be true," with shattered relationships often left in their wake (Dickson, Knussen & Flowers, 2007).

Another group with somewhat concordant experiences is found in the South African Apartheid era, although it should be noted that these political dissidents, labeled "banned," were subject to far more governmental persecution than transgender people. Banned persons were taken from their homes, forced to relocate to another area far away, and were not permitted to be part of any political activity nor confer with anyone they had previously known. This has not happened to transgender people in the United States to date. Nevertheless, the articulated experiences of banned persons and

transgender persons bear remarkable similarities (Koopowitz & Abhary, 2004). Banned persons were found to be depressed and experienced feelings of worthlessness and burdensomeness, just as respondents in the dissertation research did. Both reported stress and anxiety at the idea of being removed from legal protections and recognition, all of it part of the uncontrollability, unpredictability and unaccountability of the system towards them (Koopowitz & Abhary, 2004).

In the final group of analogous persons, there is some relationship to diverse people, although here the distinctions are more political and ethnic. Native Americans, whose tribes were erased from societal recognition in the 1950s, have articulated experiences and mental health outcomes similar to respondents in the dissertation research. Both groups demographically and individually suffered drastic consequences to their physical, mental, and economic health as a result of feeling part of a community much of larger society argued did not exist. Also concordant between the two groups was ostracization from the surrounding community, as well as depression and suicide-related behaviors well in excess of other communities under the same cultural umbrella, in this case LGBT and Native Americans (Tempus, 2010; Welcher, 1981).

Lifetimes apart, decades apart, even continents apart, the expressed experiences of these "non-existent" people and transgender people bear remarkable similarities in terms of what they hear said about them and the emotional trauma that results. "All in their heads, " "burdensomeness," "elevated rates of depression," "excessive levels of suicide," "not real," "ostracization," "shattered relationships," "uncertainty about what they know to be true," "worthlessness": These are the operationalized words and phrases that permeate the expressions of communities of people who are told they do

not exist. "Removed from legal protections and recognition," "uncontrollability, unpredictability and unaccountability" of governmental systems: This is increasingly the world transgender people live in, especially in socially conservative areas of the country and increasingly the United States as a whole under the proposed guidelines of the current Justice Department. Though pulled from limited and disparate temporal, geographical, and disciplinary sources, the dialogue that permeates communities of "non-existent" people mirrors closely that of transgender people in America today, in a way that no other major demographically diverse community can lay claim.

Does this distinction explain the higher rates of suicide-related behaviors among transgender people? Within the ITS model, the possibility merits further study. Elevated rates of thwarted belongingness, perceived burdensomeness, and a learned capacity to take one's own life are present in the transgender community. Whether these constructs are intensified by, or added to, by the narrative of non-realness that permeates the lives – and regular microaggressions of – transgender people, this dissertation makes clear that the burden of existential denial is one that transgender people carry apart from other demographically diverse communities.

Of the 23 participants who discussed their suicidal ideations, that 20 of them said they no longer had any intention of action was an unexpected finding. Likening it to a scar from a battle, background noise, an unused item on their mental checklist, or even the soundtrack from a movie – always there, but louder sometimes than others – most of them considered it a warning bell that there was something wrong, something they needed to acknowledge. It did not, however, scare them. Suicidal ideation without intent of action has heretofore remained largely explored – if it has been explored at all

– in the research literature. This is problematic beyond the simple lack of knowledge.

First, the number of people involved in assessing the mental health of others is limited, as is their time. The time spent finding and assessing people at risk who may not be at risk at all, is time that is better spent on others. Many transgender people are clearly not a threat to themselves, which is not true for many of their peers. Those three out of 23 need help; time spent on the other 20 may result in missing someone who is in genuine danger of self-harm.

Also, how do mental health professionals know who truly is a threat to themselves and who is not? At this time, they do not, and in the absence of that knowledge mental health professionals must worry about everyone who articulates suicidal behaviors. Further research efforts by suicidologists should be, and least in part, trying to change that absence of knowledge in regards to ideation without action. Why do 20 of those 23 people no longer consider their suicidal ideations a threat? Why do three of them not feel that way? How could they move into that larger group? And of those 20, how many might be at risk should circumstances change? Are these among the people that seem, almost out of the blue, to one day take their life when for the longest time there was no evidence that such behavior was possible? There are no answers right now.

One thing is clear from the results, however: There are clearly many transgender people who feel this way – and they do not dare talk about it. None of the 20 people who reported ideation without intent of action talked about it – with anyone. They did not tell their therapists, they did not tell their friends, they did not post it to social media; they knew it scared people, largely unnecessarily, so they had learned to

say nothing. Whether from the standpoint of societal knowledge, mental health interventions, or simply a reduction in personal stress, this culture of silence likely has negative impacts that much of society may only be beginning to understand.

When it comes to their identity, transgender people seem to know and even accept that they will always be different from others. Many of the burdens they face, from emotional pain, to being impacted by what they see in media, to even the components of suicidal behaviors, such as perceived burdensomeness and thwarted belonging, are similar to those found in other demographically diverse communities. There is one major difference, however: Transgender people are as a whole burdened with a narrative of proof to not only justify who they are as individuals, but must fight the narrative that they as a group do not existentially exist in the first place. Both here and in the pilot study, transgender people reported being subject to different, more frequent, and more emotionally damaging identity denial-based microaggressions that cisgender or even LGB persons. This difference may be more than measurable; it might be fatal, as perhaps it is one of the reasons why transgender people engage in suicidal behaviors to such a high degree.

Theme Four: I Care, Therefore I am Transgender

The fourth and final theme examines why, despite the profound emotional stress felt by most members of the transgender community, their empathy for other, less privileged members of the transgender community is unabated and has a discernable impact on their behavior. Some concepts of empathy were touched on in theme two, where respondents reported that they believed the cultivation of ignorant and transphobic stereotypes in media were a source of stress for them. Not just because the media

microaggressions they were seeing bothered them personally, but because they feared the impact it would have on other members of the community. This empathy goes far beyond feelings, though, as it manifests itself as a need for and ultimately execution of personal action on the part of many transgender people.

Empathy, as operationalized in both the literature and the expressions of respondents, included "familiarity," "feel the same," "reports of distress," "past experience," "similarity," and "someone else's struggles" (Eisenberg & Miller, 1987; Preston & De Waal). Across all 66 interviews, not one person failed to mention the emotional pain they felt for other members of the transgender community, be it one specific individual or the community at large –it was most often both. Most of the time these feelings of emotional pain were equal or greater than the pain they expressed feeling for themselves. These feelings – whether they were ongoing, or more limited to earlier experiences – also played a role in why so many of the respondents felt it necessary to volunteer within their community, something else which the literature supports as an effect of empathy. Most overtly, in terms of how respondents expressed their need to contribute, those who participated in advocacy often did so for the purposes of effecting positive change and educating others (Wang, Mannan, Poston, Turnbull, & Summers, 2004).

Beyond that overt motivation, however, was something more subliminal, both to themselves and to the people with whom they worked. Their choice to engage in advocacy and/or volunteering was a symbolic and overt action of empowerment, a sign of commitment to their community, and an informally required standing up for their community (Janis, 1959). Respondents, of course, did not articulate their motivations in

such scholarly terms. They simply saw the need to help others the way others had helped – and were continuing to help – them as an important responsibility to the community. Their motivations, too, were largely self-less, with only a few people reporting directly any level of self-care as part of their motivation; this was not something they expressed they were doing for themselves. Regardless of this lack of motivation, however, self-care has been found by researchers to be a consequence of empathy for others; altruism is positively associated with health and well-being, particularly for women (Schwartz, Keyl, Marcum, & Bode, 2009).

That empathy permeated the respondents' personal actions to such a degree that most of them felt compelled to take action to help other members of the transgender community is important. For beyond just evidence that supports the idea that the transgender community is one that tries to help one another, it speaks to the value of not being isolated, of maintaining involvement with others, not just for the value of the community, but for one's self. Though few respondents indicated directly that it was their work with others within the transgender community that they felt was key to their state of being and even happiness, it seemed clear from their comments that this was an unexpected byproduct of their empathetic advocacy work. What these results suggest is that this type of agency should be made more apparent to all members of the transgender community: It is not just for the purposes of benefiting the community as a whole, but as a means for each transgender person to improve their own emotional disposition and mental health.

In Conclusion

Ultimately, the findings revealed that these four themes are in conversation and form an overlapping tapestry of thoughts and ideas that rarely operate completely independently of one another. For instance, self-management of one's reactions to the microaggressions from others was continuous and usually stressful, with emotional reactions that were often anything but small. But media often made it worse, as evidenced in the second theme: that media matter. Repeatedly, respondents expressed that those microaggressions emanating from media were not only every bit as damaging as interpersonal microaggressions, but in fact were more often worse. Made worse because of the cultivation of hate and ignorance, and largely unfathomable to people outside the transgender community. This especially, for reasons delineated in the third theme: that embedded within the microaggressions from others were microaggressions that are unique to the transgender community, those that categorically deny a person's existence not just as a transgender person, but as a member of a category that even exists. These three overlapping means of identity denial result in higher rates of depression and engagement in suicide-related behaviors among transgender people. They are factors that make it all the more remarkable that despite the profound emotional stress felt by most members of the transgender community, their empathy for other, less privileged members of the transgender community has a discernable and positive impact on their behavior, lives, and community. Together, these findings have specific implications for theory generally and for future research in the transgender community specifically.

Implications for Theory

One of the core goals of this dissertation was to examine the relationships among three core theories: Microaggression Theory, Self-verification Theory, and the Interpersonal Theory of Suicide. The findings support the basic tenets of Microaggression Theory: Members of marginalized peoples experience microaggressions in a wide variety of places, within the general community at large, such as in schools and the workplace, and even larger, less immediately physically proximal domains, such as media. This study advances the understanding of how microaggressions and poor mental health outcomes are associated in transgender people. Also, it further strengthens the understanding of the links between frequency and/or intensity of microaggressions and impacts on mental health.

Beyond continued substantiation of the basic tenets of Microaggression Theory, this dissertation contributes new knowledge in the area of media-based microaggressions. Although other studies have shown that more distal media-based microaggressions have an impact, this is the first study to compare and contrast the how the emotional impact of the same type of microaggressive incident manifests itself differently depending on the source – interpersonal or media. More, this dissertation shows that despite the distal nature of media-based microaggressions, they can be every bit as harmful – if not more so – than their more proximal interpersonal counterparts.

The findings also support the core tenets of Self-verification Theory: People are constantly seeking to verify, validate, and sustain their concept of self, and this self-verification can lead to greater stability in one's self-concept – and negative mental health can follow when verification is problematic. That said, while this research

validates the theory, it complicates the relationship between non-verification events and subsequent negative mental health outcomes among respondents. Beyond the previous parameters of impacts of non-verification upon members of demographically diverse groups, this dissertation adds evidence in response to a different type of non-verification: denial of one's existential categorical self. It is one thing to be told you are not a verified member of a group with which you wish to associate. It is another to suffer microaggressions that affirm or imply the entire group's lack of existence. The magnitude of this difference between denial of identity in an acknowledged group and one that is not cannot be ascertained from this study. The earlier posited concept that this type of identity denial may be at the root of elevated levels of suicide risk and depression is correlational at best. That there is a difference between the two, in terms of microaggressions and the way transgender people respond to them, is supported by evidence.

The final theory to which this dissertation can contribute is the Interpersonal Theory of Suicide, which is based on notions of thwarted belongingness, perceived burdensomeness, and hopelessness to the point that someone needs to gain the capability to no longer fear death. This dissertation gives further evidence that these three constructs are at play in the lives of transgender people. Additions to the theory include the possibility that not only are these three constructs present, but that one, two, or all three of them are more intense in transgender people than cisgender people, explaining why the suicide rate among transgender people is six times of that of the population at large and lifetime suicidal ideation is triple that of the normal population.

Perhaps this dissertation's biggest contribution is in proposing a framework that reflects the relationships among these three foundational theories. As the findings outlined, respondents to both the survey and interviews emphasized how defense-related stress and emotions resulted from experienced and observed microaggressions, and how, in turn, those microaggressions affected their daily lives. Accordingly, this dissertation lays the groundwork for a new psycho-social theory: Transgender Identity Defense Stress (TIDS) and the attendant emotions generated by the stress, Transgender Identity Defense-related Emotions (TIDE). Transgender people whose exposure to TIDE-related microaggressions puts them highest on the TIDE emotional scale would be considered in High TIDE. Those without this emotional pain would be considered in Low TIDE. TIDS and TIDE should be considered a mental health condition attendant to other conditions identified under the umbrella of Minority Stress Theory. In this model, stressful and even hostile social environments of discrimination, prejudice, and stigma create issues with personal mental health, often resulting in the demographically diverse person subject to the stress hiding and concealing, expecting rejection if they publicly express their identity, and internalized hate (Meyer, 2003).

TIDS and TIDE, however, are different in that their locus of emotional trauma is found in not just the frequency and/or intensity of identity non-affirmation or denial events that deny the victim's transgender identity, but in denial of transgender people as existent. More, as the severity – via greater intensity, frequency, or both – of transgender identity defense stress increases, the risk of depression symptoms, suicide ideation, and suicide attempts increases as well. Together, the findings support the concept, definition, and placement of Transgender Identity Defense Stress among the variety of minority

stressors embedded within the minority stress model. Though further understanding of the role of denial of one's existential categorical self is necessary to fully articulate TIDS and TIDE as new theoretical frameworks for understanding transgender identity, the research contained herein supports such a theory.

In summary, this dissertation has added evidence which verifies, and in some cases, allows for new conclusions regarding Microaggression Theory, Self-verification Theory, and the Interpersonal Theory of Suicide. In so doing, the findings add to the catalog of conditions found within the Minority Stress model, even perhaps going so far as to establish a new psycho-social theoretical construct that explains the difficulties transgender people have in navigating the cisnormative world around them. Transgender Identity Defense Stress (TIDS) and related Transgender Identity Defense-related Emotions (TIDE), which are grounded in an understanding of how the denial of one's existential categorical self-impacts transgender people. This framework and the proposed theory should be tested in future studies as ways to integrate the core three theories that guided this research.

TIDE as Metaphor

As mentioned earlier, microaggressions impact a community much like the waves on the shore. They are sometimes small and subtle, other times brutal and punishing, and while each one is a creation unto itself, ultimately unpredictable, that they exist is irrefutable – just as the change they bring about. It is perhaps fitting then, that TIDE serves as an efficient and effective way to describe the emotions generated when one is subjected to microaggressions that continually challenge one's sense of identity and existence. More than fitting, I believe it is necessary.

"SEM," "EFA," "microaggressions," hundreds of thousands of pieces of data: put all of them together and it is possible I have found a new means by which to assess and help transgender people who may be at risk for suicide-related behaviors and other behaviors with impacts on mental health. What is also possible, however, is that all of the academic and statistical jargon inherent to these types of studies could prove to be overwhelming to someone who wishes to use the discovered evidence, particularly if they are not part of academia. And of what use is any information if those who can benefit from it do not understand it? It is not of any use – and that is why TIDE is used as a metaphor here. Unlike "emotions related to the defense of one's existence as a transgender person," or other variations of the topic, TIDE works neatly and scientifically. This is by design, as "the use of metaphor and analogy is common in theory building (and) brings a great deal of power to theory building" (Shoemaker, 2003, p. 145). Metaphors help formulate theory by giving meaning to new concepts, thus suggesting research questions, hypotheses, and ultimately theoretical approaches. In short, they can help turn what might begin as vague notions and a diverse set of ideas that seem to have no inherent connection into a verbal statement or a model that can be understood and used by others as they all relate to a central metaphor (Shoemaker, 2003). Any metaphor, of course, has certain connotations. For the most part these are intentional within the TIDE framework. Low tide in a coastal region is when the beach is thought to be safest, whereas high tide offers the most danger and the possibility of destruction when it is particularly high. The same could be said for transgender people, who at the lowest level of TIDE feel safe, if a bit withdrawn. Meanwhile those at the highest measure of enmity want to lash out at others – and even do themselves harm. Finally, it is

hoped that because oceanic tides are a relatively well-understood natural occurrence that most people have experienced or recognize, the use of TIDE as a metaphor will make the concept more memorable and thus of greater value to both scholars and transgender people themselves, as they for the first time connect phenomena that might have seem unrelated (Shoemaker, 2003).

This is not to say that the use of metaphor is perfect; there are disadvantages, too, as metaphors can be misleading. As noted, it is not known if the progression of TIDE is necessarily always linear: from Low TIDE to High TIDE. As noted in the research, the highly variable personal experiences of each transgender person suggest these states exist in a bi-directional loop; there are certain incidents that send people straight from the low TIDE condition to the High TIDE condition – and back – without ever feeling fatigued. As a result, while the use of TIDE as a metaphor might be seen by some as too linguistically convenient, I am confident that every concept encouraged by the metaphor is "accompanied by hypotheses or theoretical statements that make the notion explicit and testable" (Shoemaker, 2003, p. 164).

Limitations

This study had several limitations. In regards to the quantitative results, the study was a cross-sectional survey design. Accordingly, links between transgender identity defense experiences and mental health and suicidality outcomes should be seen as causal, and therefore ultimately undeterminable. Certainly, in some instances – such as understanding transgender individuals with existing symptoms of depression or suicide-related behaviors – I knew from the qualitative interviews which respondents' mental health conditions were related all or in part to their transgender status. To draw specific

conclusions about the mental health of the other 159 people who took the survey, however, is not possible.

Also, in order to fully develop an understanding of the role of the denial of one's existential categorical self, future research with a larger sample of transgender participants, along with an understanding of the hypotheses validated and not-validated herein, will be necessary. One of this dissertation's most important contributions to the research literature is understanding the proportional role of denial of categorical existence and its impact on the behaviors of transgender people. None of these behaviors, however – particularly the higher rates of suicide-related behaviors among transgender people – can be isolated to the extent that the impact of identity-denial can be discerned from categorical identity-denial. Similarly, although within the ITS model, there appear to be elevated rates of thwarted belongingness, perceived burdensomeness, and a learned capacity to take one's own life as a result of psychache, it is not possible to say these are distinctly causal or correlated with emotional pain brought on the non-existence construct inherent in TIDE. Further studies to help clarify the nature of emotional responses and social engagement patterns as they relate to experiencing categorical denial of transgender identity would be necessary to do so.

This dissertation has demographic weaknesses as well, mainly in that future studies should look to address the low racial and ethnic diversity among participants. Though considerable efforts were made to do outreach to minority populations, particularly in Dallas, Albuquerque, and New York, the percentage of non-white participants was 21%, on the survey and 29% in the interviews. This in contrast to the 39.5% of Americans who currently identify as non-white (U.S. Census, 2017).

The demographics of the interview population – from which the majority of the qualitative evidence was derived – are different from the larger transgender population in another way as well. Not in terms of markers such as poverty, income or education, or even engagement in suicidal behaviors; on all four of these the overall profile of respondents was largely similar to the transgender population of the United States as a whole (Grant, et al., 2011; United States Department of Labor, 2019). Rather, the largest difference was found in the number of people who volunteer to work with others. In the United States as a whole, 24.9% of people volunteer. However, among the adult respondents in this survey, 47 of the 58 – 81% – engaged in some type of formal volunteer outreach to the transgender community. Given the earlier results on the positive associations of altruism with health and well-being, particularly for women, it is likely that the population of respondents is indeed healthier than the transgender population at large. In this sense, respondents would be evaluated as atypical of the transgender population as a whole.

Conclusion

On May 30, 2019, the date of my dissertation defense, it will have been 826 days since February 23, 2017, the day I awoke at 3 a.m. with an epiphany about transgender people. In those predawn hours I hypothesized that not only must transgender people prove their "real-ness" to both allies and enemies, they must often fight against the belief that transgender people do not even exist. I hypothesized this continual struggle shaped transgender people in a way that was distinct from the struggles of other demographically diverse people. Following my own bout with suicidal ideation in the fall of 2017, I

hypothesized that this denial of identity, this denial of real-ness, might be linked to why transgender people seem to be taking their lives in such horrifying numbers.

More formally, I hypothesized that transgender people face microaggressions on a regular, even daily basis, causing an impact on the mental health of the person being aggressed against. Fortunately, research about these microaggressive impacts has increased in recent years, particularly through the work of Nadal. Still, however, it falls behind the research conducted into other groups within the LGBTQ spectrum, in so far that most research on LGBTQ people examines in conjunction with other people on diverse sexual and gender identities. In particular, it has failed to examine the damage done by microaggressions that deny a transgender person not only their identity, but their categorical existence. Most importantly, however, I found that the research which already existed had largely failed to differentiate between proximal, interpersonal microaggressions and more distal, media-based microaggressions. Accordingly, it was my goal with this to dissertation explore how both interpersonal and media-based microaggressions, particularly those that serve to deny a transgender person their identity, impact the emotional well-being of transgender people, including their willingness to societally engage and their likelihood of engaging in suicide-related behaviors.

This research began with a nationwide Likert-style survey of 225 transgender people about identity-denying microaggressions in their daily life, allowing respondents to be scored from 1 to 7, with higher scaled scores indicating higher emotional impacts from identity-denying microaggressions. In-person follow-up interviews with 66 survey respondents were conducted across the United States to facilitate understanding why they responded the way to they do to the regular microaggressive incidents in their life. The

survey data and the interviews reveal that the vast majority of transgender people do experience transgender identity defense-related emotions (TIDE). A new construct under the minority stress umbrella, those transgender people with higher scaled scores – TIDE scores – were found to have higher rates of societal disengagement, emotional withdrawal and engagement in suicide-related behaviors. Further, media-based microaggressions were, on average, more emotionally damaging than the same microaggressions occurring interpersonally.

That my earliest hypotheses have been supported all or in part, I consider the most significant part of my research. Much remains to be done, of course. As noted, how much of TIDS is the same stress other diverse individuals feel in a society whose majority denies their identity, and how much does TIDE rise with actual denial of existence? These are two different things, but it is critical we understand them, most critically the link between TIDS, TIDE, and suicide-related behaviors. Is it causal, correlational, or a combination of the two? I believe it is likely the latter, although I suppose in some ways the actual outcome is irrelevant – as long as we understand it. If a link can be found, one that can be properly understood and measured, this dissertation could be the beginning of a proper means of identifying, assisting, and ultimately stopping those transgender people who might otherwise choose to end their own life. If there is anything of greater significance than this within this dissertation I cannot imagine what it would be.

This is not to say there are not other items of significance. That so many respondents told me about their suicidal ideations being independent of intention of action still stuns me. Their words about this subject, more than any others in this research, are still clear in my mind. I can remember each word, where and when they

were said, and by whom. That for many this was the first time they had ever vocalized such thoughts also resonates. There is significance in their silence; in a society that seems to have no proper way to talk about suicide, I believe that further research into ideation without action could prove beneficial.

Finally, I think evidence supporting the greater impact of distal media-based microaggressions as compared to identical counterparts in proximal interpersonal communications is significant, as well. Far too often we dismiss the things we hear on TV, see in movies, and encounter on social media, for example, as not as relevant or somehow less meaningful than the interpersonal things that we encounter every day. This research shows this is a false assumption. Also, even though harmful media-based microaggressions can be delivered via legacy media like television and movies, it is clear that where most people encounter them – and their damage – is in the ever-expanding world of social media. I am comforted by the fact that society at large seems to finally be acknowledging the growth and corrosive power of hate speech on the internet. But I fear that as a relatively small part of the population, transgender people may be overlooked. Given the disparate level of impact identity-denial microaggressions seem to have on transgender people, in comparison to other LGB and cisgender minority groups, this would be a mistake.

One of the key, unique strengths of this study lies in its breadth. The survey was conducted nationwide, reaching participants in nearly three dozen states, in every region of the country. The respondents represented a cross-section of most every demographic type, many in the end connected by only one thing: their transgender identity. In regards to the qualitative portion of this work, saturation was achieved; the four basic themes, as

well as evidence supporting the eight hypotheses and research questions, were apparent early, and no large contradictions to counter any of them manifested. What also remained stable from the first interview in Dallas, Texas on a hot and steamy summer day to the last interview in the December rain outside on a Brooklyn sidewalk was the thoughtful way each transgender person considered the question and then responded to it. Not one of them ever sounded like a repeat of another. If conducting research is in some ways a choice about which theoretical lens with which to view an issue, these interviews represented 66 different micro-lenses through which to view transgender lives laden with microaggressions. Each was unique, yet each affirmed an overall experience that was very often the same. Indeed, whatever criticisms might be leveled at transgender people about their identity, "you really should think about it more" should not be one of them.

More formal limitations were discussed above, but there is one of particular import worth noting. Throughout this research I could not shake the nagging feeling that I was missing part of the transgender population. The transgender people who live under bridges, the people who live in fear of anyone knowing who they truly are, the people whose identity is such a painful, self-loathing secret that they dare not even speak it to themselves. Again, the demographic data of my qualitative respondents and that of the transgender population at large are largely similar, apart from race and the desire to volunteer. But even accounting for these two factors, I was never able to shake the fear that as I sat interviewing someone in an upscale coffee house I missing a more typical transgender person who might literally be hiding right around the corner.

There is no "typical" transgender person, of course. However, a variety of demographic surveys undertaken by both public and private entities have repeatedly

shown that transgender people, as a group, live in or near poverty and are often underpaid as compared to others with a similar education level (Grant et al., 2011; U.S. Department of Labor, 2019). By these markers, one respondent, Aurora, might be considered more "typical" of the transgender population, as she made less than half of what someone with her level of education typically makes at her current job. This income placed her near the poverty line. She had attempted to take her own life and reported ideating suicide at least four to five times a year; her ideations still came attached to considerations of action. As a transgender woman, she was out only to a few family and friends, a marker she shared with only six other respondents. Like most of the people who were out only to family and friends, she did not volunteer in the transgender community.

Aurora was also different from every other respondent to the survey. Her scaled emotional scores were almost always high independent of actual occurrence of microaggressions because she lives in perpetual fear of people knowing her transgender status. She was the only respondent who said she was more emotionally impacted by the microaggressions of strangers, because she believed if they can tell she is transgender, she must be doing something wrong. She was the only one who discussed a need to constantly police her own presentation even when she was alone or with a friend who knew her transgender status.

Do these demographics and her descriptions of her emotions make her a "typical" transgender person? If there even was such a thing, we would not be able to state that conclusively from the data, for the evidence gained from her survey and interview present a conundrum. She was in the median of many typifying transgender demographic markers, while at the same time she was markedly different in her qualitative responses

from the other 65 people interviewed. Logic suggests that there are far more transgender people like her out there, but they were not willing to be interviewed or even surveyed. Indeed, Aurora's willingness to take the survey was an outlying behavior for her, and she admitted that both answering the survey and the interview questions had been emotionally painful. "I usually don't do things like this, but I wanted someone to know what I was thinking." If this is the case, then future studies need to make a greater effort to seek out, interview, and understand the portion of the transgender community Aurora represents.

Some scholars might also consider it a limitation that a transgender woman conducted this study. I believe my training as a scholar and journalist, as well as my understanding that improperly done research ill-serves my community, have mitigated the impact of bias. Certainly, some implicit bias is likely and perhaps even inevitable. But I believe my reflexivity regarding my own motives and biases have kept the influences of even that implicit bias to a minimum. In the course of my research I have assumed nothing is true, not from the moment I first conceived of TIDS and TIDE. On scholarly papers I have presented at conventions, I have been called to task for being too reductionist in my examination of transgender identity-based microaggressions. I was told in one review that my research questions were "a little flat" and that it might not even be necessary to even ask if transgender people experience microaggressions. I believe it was, for it was never enough to simply ask if transgender people experience microaggressions; I knew that. But I needed to find evidence to support a different kind of microaggression, that I needed to create a different way of measuring it, and I needed

to verify my belief that we are especially debilitated by it – and that is what I believe I found.

Indeed, far more than a limitation, my transgender identity made this study possible. The vast majority of hypotheses and research questions asked herein were the result of my own experiences. For while my individual experiences were never part of the collected evidence in this paper nor any other, my experiences as a newly transitioning woman in a cisgender world were always there. What was invisible to me one day was suddenly visible to me another. Constructs and ideas I had always considered to be normative were now deviant – because I was now the deviant. My lens on my world was, is, and will be forever changing, and this dissertation is better as a result.

Finally, in regards to my identity being a barrier to proper scholarship, I believe I can say without equivocation that most of the people I met would never have talked to me if I was not a transgender person. Whether it was being willing to respond to my posting on a Facebook page or returning a cold email: They could only start to trust me when they understood that I already understood their identity. In so many cities I arrived with no virtually no interviews scheduled; all I had was a short list of people I wanted to meet, places I wanted to visit. So I went to LGBT youth and health centers, I hung out in parks and coffee shops and other places transgender people meet, I waited for hours to meet people that only had time if I was willing to wait. In doing so they saw that I could be trusted, that I was interested in their lives, that this was more than research for me; it was a quest to understand all of us – and that made them willing to help.

As to regrets it would be impossible to say I have none – but it is close to true. In terms of how and why I conducted the research, I would change nothing. For six months I

got to travel my country and meet and learn about people I would have never gotten to meet in a dozen lifetimes. I talked about Judith Butler with a former sex worker in The Bronx. I talked with a fellow PhD in Louisville, Kentucky who I wondered if she were my twin from another universe. I learned things that will never make it into a research paper, but will never leave my mind and soul. My regrets tie only to that; most of these people I will never get to see again. Research, even the most in-depth, is ultimately only about a point in time. When the moment is gone it does not come again, no matter how fiercely you recall it.

In the end, what I saw in my community makes me proud to be a transgender American. In a time when our country's very systems of government and politics are trying to literally erase us from legal existence, we persist. This has always been true, I think; American society has been trying to pretend we do not exist for at least a century. That this hatred now regularly finds its way onto the front page and the news alerts on our phone means it is easier than ever for us to feel buried by the enormous weight of the terrible things we see and hear conveyed about us. The weight of that often crushes me.

When something monumental happens within the transgender community, like a military ban or Trump's efforts to remove us from Title IX protections, I imagine Obi-Wan Kenobi in "Star Wars:" "I felt a great disturbance… as if millions of voices suddenly cried out in terror." I feel this way a lot, and when I do, my own suicidal ideations (without action) kick in fiercely. This is new since I began my research, with the in-depth communications I have had with so many transgender people. They are part of me, and I feel their terror, their pain, as keenly – or maybe even more – than my own.

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Perhaps it seems that last paragraph belongs under the heading of "regrets," but I do not regret the researcher or the person I have become. Like everyone I interviewed, both in this dissertation and in my life, I did what I had to do to succeed in a way that honored the truth. Like with so many things, I can hear the words of one of my respondents in my head: "My transition has made a huge difference in some ways, but it's not for sissies."

It is not – but I would not change a thing.

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