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**Transgender Identity Defense-related Emotions and
Their Development in Transgender People**

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Abstract

This article uses an integrative theoretical framework and evidence-based criterion to explain one type of psychological challenge faced by transgender people: real-life and media-based microaggressions. The hypothesized construct regarding transgender identity defense-related emotions (TIDE) states that microaggression-based denials of transgender identity alter a transgender person's emotional disposition, and that repeated denials of identity will intensify these negative feelings. In the proposed construct, feelings of defensiveness result from two types of engagement with other persons: real world and media. The proposed construct was tested using a two-stage research process, starting with direct content analysis of 36 LGBTQ (lesbian, gay, bisexual, transgender, and queer) people's focus group responses, for the purposes of creating a Likert-type survey. The second stage consisted of administering this survey to 672 individuals to determine their emotional reactions to daily experiences regarding the ongoing defense of their identity (Appendix A). Two levels of what is labeled as transgender identity defense-related emotions (TIDE) have been observed: Low TIDE (*Exasperation*): Feelings of little to no negativity when one feels their identity is being denied, and High TIDE (*Enmity*): feelings of very high negativity when one feels their identity is being denied. Also, it was found that greater intensity and frequency of situations requiring transgender identity defense was associated with increase overall emotional distress. That real-life microaggressions will have a greater impact on defense-related emotions than media-based microaggressions was not confirmed. Also, attempts to isolate a third level of TIDE, Slack TIDE (*Exhaustion*), a feeling of extreme mental fatigue when one feels their transgender status is being denied, were not possible given the data. Possible directions for use of TIDE and further research are discussed.

As the primary researcher¹ is a transgender stand-up comedienne at times in their personal life, they have learned there is a lot to poke fun at in terms of their own existence. Comfortable with themselves, it allows them to be their honest selves when they are on stage – and make people laugh with them at the same time. One of their favorite jokes they usually leave 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 they are not in Texas – which is one reason it is their favorite. More, however, it is not just because it gets them laughing; it also gets them thinking – and once they do, the joke is not very funny.

The media, the mental health establishment, and the academy all demand that transgender people prove to them that they exist; their word is not good enough. They are questioned by each, and they must justify to them why they feel the way they do, why they are the way they are. When considering race, ethnicity, LGBTQ status, or other minority status that runs contrary to the demographic majority, transgender people are perhaps the only diverse people 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 even switch religions – choices quite literally accepted on faith. Therefore,

¹ Bethany Grace Howe, noted as the primary researcher, drafted the manuscript; Nicholas J. Parr conducted quantitative analyses and provided revisions to the text.

in this “need” among diverse peoples transgender people are distinct, even among other LGBTQ people.

Included in this distinction is the fascination with genitalia so many cisgender people seem to have. Katie Couric vs. Laverne Cox, Piers Morgan vs. Janet Mock: They want proof that these transgender women are as they claimed themselves to be, something “only” surgery can provide (McDonough, 2014; Geidner, 2014). Couric and Morgan might argue that they were simply asking the questions that people want to know. By doing so, however, they were reinforcing a narrative of illegitimacy that has afflicted transgender people for a half-century.

Certainly, the often-negative perception of transgender people is changing, both inside the LGBTQ community and out. As recently as 2009, the Human Rights Campaign (HRC), a leading LGBTQ advocacy group, did not consider transgender rights as necessary for a company to be earn its 100% rating (Winters, 2009). In 2014, HRC’s president apologized to the transgender community for the HRC’s treatment of transgender people (Merevick, 2009). In terms of media coverage by major news networks, CNN, MSNBC, and the network news programs on CBS and NBC have devoted considerable time to transgender people and issues, most of it sympathetic in nature (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 across television and print news media, and on reality TV with Jenner’s program “I am Cait.” Time Magazine even boldly proclaimed on its cover that America had reached a “Transgender tipping point” (Steinmetz, 2014). Even so, just last year when a contestant on the CBS television series “Survivor” was discovered to be transgender, the transgender man was described by another contestant as deceptive, and accused of trying to mislead other contestants and the audience as a whole (Boylan, 2017).

Social media 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. Ms. Jackson 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 protective emotions toward her daughter; medical science backs her up. For more than 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).

Like the one-liners that dot the stand-up routines of this researcher, experiences with similar insinuations of not being not a real woman, these demands that they “prove” their gender, infuse into the researcher's life experiences – and this work. Writing and research prove to be a method of both academic and personal inquiry, as Richardson once discovered (1994). Although they would not consider their life a case study in what it means to be transgender, it would be dishonest to say that examination of their life as a transgender woman has not informed this work. Though the assertions made in this work are supported by the work of other researchers and scholars, it is equally true that their own life has led their intellectual pursuits in certain directions – and that just as often those pursuits have taught them much that they did not know when they began.

Aggressions Against Identity in the Transgender Population

Being distinct under the LGBTQ umbrella is not unique to transgender people. All five groups experience different dimensions of minority identity, and therefore a different enactment of identity (Fassinger & Arseneau, 2007). As stated, however, transgender people are not the same as other self-labeling members of the LGBTQ community. For even under the title “LGBTQ” which serves as a commonplace cultural catch-all for people whose sexual orientation and/or gender identity runs counter to the majority, research shows transgender identity to be distinct (Fassinger & Arseneau, 2007). First, because transgender people play an overt role in dismantling traditional gender roles and ideals, they are often treated as apart from and invisible to broader society, including other LGB people (Fassinger & Arseneau, 2007). Indeed, 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 as 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, as many even in the transgender community do not want that label tied to them either. In response to being labelled “transgender,” a subject in a research study said, “I’d rather get wet than be under that umbrella” (Fassinger & Arseneau, 2007, p. 23).

And yet implicated even in the most common and even sympathetic coverage of transgender people is the need to authenticate themselves, whether that implication is in the form of transgender people not being real, or that they must prove themselves as “real” versions of the identities they know themselves to be. This need to authenticate themselves lies

at the center of many of the issues that face transgender people today, as transgender people are frequently made to prove their social, legal, and even personal existence, and must cope with the emotional impact of that near-constant defense of their legitimacy. The burden of these identity defense-related emotions can accumulate to the point of undermining transgender identities, as everyday examples from transgender lives both public and private make clear (Boucher, 2010).

In her defining work, “The Empire Strikes Back,” scholar Sandy Stone notes that the mental and emotional process of transgender people not only vary greatly from one another, they often are not even consistently differentiated from the rest of the general population. As a result, doctors “discovered” these processes (Stone, 1987), and by the 1960s therapists engaged in diagnosing transgender patients frequently needed to hear that the transgender person was “born into the wrong body” and desired to undergo gender reassignment surgery, before accepting that they were who they said they were. Indeed, the narrative of surgery as proof of realness is so embedded in Caitlyn Jenner’s story that the ground-breaking piece in *Vanity Fair* begins with a story about one of her surgeries (Bissinger, 2015). In 2017, Caitlyn Jenner made news again when she returned to ABC to reveal, among other things, that she’d undergone gender reassignment surgery (Chen, 2017).

These types of encounters are not limited to transgender people and their cisgender questioners in the media. In a research study of transgender people and what types of identity-related discussions are part of their 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 with which they identified (Nadal, Davidoff, Davis & Wong, 2014). Overall, participants said, having their identities invalidated was part of their daily discourse

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

It could be argued that the misguided assumption that transgender people are mentally disordered has been caused, in part, by the medical community, and like society more broadly, the psychiatric community has begun to change its perspective on transgender people only recently. At one time, medicine looked at the psychological pathology of transgender people as a perversion originating in their childhoods (Munro, 2000). Indeed, even with medical advances and a greater understanding of transgender people, until 2013 transgender people were labeled by the Diagnostic and Statistical Manual of Mental Disorders (DSM) as having a mental disorder (World Professional Association for Transgender Health Standards of Care [WPATH]). It is only with the fifth edition of the book that the condition is now described as a dysphoria – a term that is still problematic – and not a mental disorder (WPATH, 2013). It should be noted that 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). Still, 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).

Despite the changes in the DSM one element remains: the idea that transgender people must authenticate themselves. In this case, they 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. 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 suitable for a

transgender person to have to wait for gender confirmation surgery is beyond the scope of this paper. It is, however, one more piece of evidence that transgender people, uniquely among diverse people, must convince someone else that they are indeed who they say they are to get access to the services they require.

This concept of medical proof pervades many of the discourses regarding transgender people. As noted before, the public's interest in the medical procedures that transgender people have undertaken is often needed as evidence that they as transgender people are "authentic." Even, however, far from the bright lights of media, the concept of medical proof pervades the interaction of transgender people with society as a whole. In Oregon, The Oregon State Athletic Association (OSAA) requires male-to-female transgender students to have been on hormones for one year 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. This, despite the fact that the World Professional Association for Transgender Health Standards of Care specifically states that "transition may or may not include feminization or masculinization of the body through hormones or other medical procedures" (WPATH, 2013, p. 97).

The efforts of legislatures in both North Carolina and Texas – to name the most well-known – to deny transgender people access to the bathrooms of their chosen identity are seen by the transgender community as more than just a place to use the restroom. Responding to the popular position statement, "It's not about bathrooms, just like it was never about water fountains," Laverne Cox has said 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 existent human beings 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 if he ever discovered he had been dating a transgender woman he would murder her on account that she had deceived him about her true identity (Willis, 2017). Sometimes the desire to see a transgender person killed extends beyond a horrific form of 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). Data from the National Coalition of Anti-Violence Programs (NCAVP) show transgender people run more than double the risk of being the victim of discrimination than their cisgender counterparts (NCAVP, 2006). Moreover, hate crimes that are perpetrated against transgender people tend to be especially violent (Stotzer, 2008).

Microaggression Theory

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. Microaggression Theory research articulates that people of diverse groups face microaggressive behaviors every day in the workplace, in schools, and in the media, and the community generally, in the form of, “communicated insensitivity, incivility, and animosity through nonverbal and verbal means of communication” (Sue, 2010; Chang & Chung, 2015, p. 219).

The term “microaggression” derives from the smallness of the actions that occur. They are subtle, often nonverbal, at times non-intentional in nature, and frequently go unnoticed by those that commit them. That they often happen automatically among majority members of society – often as jokes – means they are easily dismissed, or interpreted as harmless (Sue et

al., 2007). Nevertheless, in the way they negate and exclude the feelings, identity, and experiences of diverse persons, they can be highly damaging and demeaning (Sue et al., 2007). Further, as these microaggressions manifest themselves in the daily lives of transgender people, 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).

Queer studies-based transgender theory has attempted to define transgender-specific identity-related microaggression. As a means of examining the lived experiences of transgender people, Queer Theory asserts 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, also includes an emphasis on physical embodiment as an important socially-constructed aspect of transgender identity (Nagoshi, 2010).

This emphasis on language and physical embodiment provides an ideal lens through which to consider how certain microaggressions correspond to transgender identity defense. Indeed, in their 2010 taxonomy of transgender microaggressions, Nadal et al. found four of the microaggressions related directly to the denial of identity as delineated above: having one’s gender publicly questioned, have 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.

Two cautions must be considered. First, many of these aggressions would be considered by some transgender targets as macroaggressions. Where that line would be drawn, however, is likely different for each transgender person, something this research will try to

quantify in this study. Second, queer-based transgender theory is somewhat limited by the relatively short amount of time it has been studied: the earliest literature dates from only the late 1990s (Hausman, 2001). Enormous changes in pop culture and the means by which people engage with media have produced a vast array of information and images that would have been unimaginable even 20 years ago; how this new wave of information will influence the various models of identity formation remains to be seen (Meyer & Northridge, 2007).

Of particular interest to the argument made here are the media communications that convey insensitivity and rudeness for the purposes of demeaning a person's identity (Allen & Frisby, 2017). It should be noted Allen and Frisby's 2017 study examined media-based microaggressions within the coverage of female athletes participating in the last two Summer Olympic Games only. Nevertheless it provides a needed referent for examining microaggressions that transgender people may see and feel conveyed in media, given that no research studies currently exist on media-based microaggressions toward transgender people. Further, despite the differences between female athletes and transgender people, Allen and Frisby discover some commonalities in these two seemingly divergent groups of people: 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, however, 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).

Despite the smallness the term implies, the immediate and compounding effect of these real-life and media-based microaggressions is anything but insignificant, 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 contribute to the disproportionate rates of depression, substance abuse, and suicidal attempts and ideation in the transgender community (Clements-Nolle, Marx, Guzman, & Katz, 2001).

It would be tempting to divide the mistreatment of transgender people as “inauthentic” or “deceptive” into two distinct spheres: the world of media – be it old or new media, particularly social media – and the actual, tangible world in which people engage, with the latter being the more dangerous. In truth, however, both spheres cause harm to transgender people. While it is unlikely anyone would argue seeing a transgender person inappropriately questioned on network television is the same as being physically assaulted in a hate crime, it can be argued that the media climate that forces transgender people to feel their identity is being assaulted on a macro-scale is in fact also creating one where it is easier for people to rationalize everything from micro-level discrimination to homicidal violence against transgender people.

The Role of Media in Identity and Transgender Lives

This paper is consistent with Erving Goffman’s view of identity: that it is constantly performed through a chosen role, a consensus between the actor and the audience (Goffman, 1978). Although Goffman’s model is static and in some ways fragmented when it comes to stigmatized communities, it remains viable here as it pertains to Goffman’s notion of

“discreditable identities” (Breakwell, 1986, p. 118). It should be noted, however, that this concept of discreditable 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 cited above about how transgender people deal with microaggressions, none of the participants identified self-doubt in their identity as one of their problems (Nadal et al., 2014; Clements-Nolle, Marx, Guzman, & Katz, 2001). Ironically, there are those who directly or inadvertently denying transgender people their identity, while at the same time 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 without encumbrance in society that likely produce that instability, as transgender people are again and again required to defend their identity (Robles et al., 2016).

This creation of identity within the larger world is by no means limited to transgender people, or diverse people as a whole. Ideally, when left unimpeded, identity is a *process* of figuring out where we fit into the larger world, particularly in relation to differentials in social or cultural power. Identity is social and constructed, insofar as it is related to social positions that we occupy (or desire to occupy) within structures of power. And while our social identity implies joining with others, it involves separating ourselves out from others as we seek uniqueness. This notion corresponds with the assertion that identity is never truly accomplished or concretized (Carah & Louw, 2015).

Within this more broadly-experienced and indeterminate process of identity formation lies the particular reality of this process that is experienced by transgender people. Being gender transgressive, their struggle for identity legitimacy is not just within the larger world, but also against it (Fassinger & Arseneau, 2007). Whether considered socially inappropriate because they

refuse to act in ways conforming to gender norms, or 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, relative to the majority of society (Fassinger & Arseneau, 2007).

Poststructuralist feminism offers one means of understanding societal determination in the lives of transgender people. Within this scholarship, the body, normally regarded as having naturalized and basic truths about the attributes of sex and gender, is instead seen as attributed the products of societal ideas and meanings. Taken from this point of view, transgender identity is socially constructed, subject to academic and medical efforts to typify the experience of the transgender person (Munro, 2000). These struggles manifest themselves on an unconscious level within 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 impacting the transgender person negatively, but reinforcing the stereotype that transgender people have psychological disorders. Again, this stands in contrast to the evidence at hand: the dysfunction comes not from within, but without, as transgender people challenge the naturalized assumptions about gender (Munro, 2000). Indeed, interviews with transgender people who recognized their identity in childhood reinforce the conclusions of Robles and other researchers who have investigated the dysfunction of transgender people in society: the confusion and turmoil they felt was not a function of anything internal, but rather the sanctions of society as a whole (Gagne, 1997).

Media Theory

Media will continue to play an enormous role in the creation of identity. Cinema, television, social media: they are all used to construct mass identities, bringing together people in a perceived homogeneous collective that crosses geographic, economic, and cultural strata

(Carah & Louw, 2015). For it is not so much that media tells 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 of other people. Some scholars consider the media's ability to create social identities as not only the media's most powerful effect, but its most important (Ingo, 2002). Within this sameness, however, lie those with diverse identities. These groups are challenged by not only the size of the majority in comparison to them, but by the majority's enforcement of a homogenous and normative authenticity – particularly as it relates to gender and the physical body (Carah & Louw, 2015).

It is in this space of challenge and opposition that transgender people find themselves: in 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, ultimately serving to reduce transphobia amongst the majority (Capuzza & Spencer, 2016). It also, however, can do the opposite, by generating a false concept of transgender people, thus creating attitudes and opinions that are shaped more by the media, rather than the actual lives of transgender people (Miller, 2012). Just as critically, these false or partial narratives can create an environment where transgender people question their own identity, particularly in adolescence. Indeed, because transgender people typically have less access to both information and institutions supporting transgender care and health, transgender people are often forced to rely on mass 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). Unfortunately, throughout the 20th

century, and even into the 21st, the depiction of transgender people in media has all too often served to reinforce the idea that transgender people are inauthentic – if it showed them at all (Capuzza & Spencer, 2016).

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 the media attempted to explain why people would pursue these operations, it was always 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 who they were romantically involved with (Bilbrey, 2015).

The discourse of transgender people as mentally ill also remained well into the 1980s, even codified as Gender Identity Disorder in the DSM-IV. Though this allowed transgender people greater access to medical care, including surgery, it also reinforced a discourse that transgender people were mentally ill, and a standard that to become an authentic member of their chosen identity, surgery was necessary (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. It also, 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 people

rather than normal members of society (Kalter, 2008). Further, showing surgery as the defining component of one's gender, as well as 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 representations communicated incomplete or even false concepts about the identity of transgender people (Miller, 2012).

Although no definitive date can be placed on when the depictions of transgender 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 in 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. It was also in 2014 that Facebook changed from binary gender markers to 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).

On television, *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 far more than earlier transgender narratives, increased the understanding of authentic transgender lives (Capuzza & Spencer, 2016). This is not an accident. Jill Soloway, the creator, writer, and director of *Transparent*, is the daughter of a transgender person, with the show's content informed by her experiences as she tried to understand her transgender father. Lending further authenticity to the show, *Transparent* regularly features transgender actors and employs them behind the scenes, as well (Bilbrey, 2015). In terms of the media reinforcing the identity of transgender people, these are positive changes. Transgender

characters in media are not only out of the closet as normal, fully functioning members of their communities, but they are also 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). This is even more important, however, for the purposes of this paper’s focus on transgender people’s ongoing need to defend themselves against the perceptions of the larger cisgender community. For the first time, transgender people are depicting their true selves in media, thus shaping the accurate portrayal of transgender identity within the larger public sphere (Ingo, 2002).

This changing reality does not mean 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, despite the progress that has been made. This prevents mainstream audiences from understanding that for many transgender people in America, feeling unsafe and unequal is commonplace (Bilbrey, 2015).

In terms of identity defense, 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, casting all transgender people as having one monolithic experience often categorized by 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 actually have had (Miller, 2012). Assertions made by the public such as a traumatic event in childhood made a transgender person feel “that way,” and a preoccupation with transgender people’s genitalia, suggest the general public is unfamiliar with genuine transgender identities. Further, their media exposure to incomplete or faulty transgender identities continues to constrain society’s understanding of what constitutes transgender identity, and the individuals that 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 that tune into conservative radio talk show host Rush Limbaugh each week: 13 million (Epstein, 2016). Over the course of a year, that reflects tens of millions of media consumers hearing messages that have the potential to continue to create misunderstandings of transgender people, misunderstanding that furthers 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,” write Capuzza and Spencer of the transgender-related media they examined, “it has normalized and reified as monolithic one particular experience of transgender identity and expression” (2016, p. 2).

The Importance of Defending One’s Identity

“The trouble is other people”: A transgender woman used these words to sum up her experiences as it related to her daily functioning within her identity (Breakwell, 1986, p. 4).

She was weary 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, most recently 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'd 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). This was more than 30 years ago. And although much has changed for transgender people, the presence of this narrative in transgender lives has not - nor has the importance and cost of resisting it.

The need to verify one's own existence within the larger community is not by any means limited to transgender people. Called self-verification theory, cognitive-theorist developer W.B. Swann, Jr. asserts 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" (Swann, 1983, p. 33). In normal circumstances those persons seeking self-verification seek out information and experiences that sustain and reinforce their self-concept of identity. Indeed, 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 inconsistent. As might be expected, those people with higher self-concepts are less likely to be persuaded their self-concept is flawed (Swann, Polzer, Seyle & Ko, 1987).

This stability, however – even among those with high-concept – may be threatened when they 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, and of course, no one single instance is likely to threaten a person's self-confidence in

their identity. Some factors, however, commonly play into the different threats to one's enduring self-concept. The first consideration is whether a threat is delivered by what the questioning person considers a qualified source. Second, whether a threat, while still perceived as discrepant, connects with prior self-concerns, enough so that the threatening idea does not seem ridiculous. Third, whether a threat relates to one of the person's critical dimensions of self-concept. Fourth, whether a threat is delivered by a large number of people. And fifth, whether 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 trying to defend their authentic identity.

Other cognitive theories support the idea of transgender identity defense. The Smith Ethnic Identity Development Model holds that ethnicity provides a template of sorts, governing not only what roles and statuses a person can assume, but the idea that the majority has influence over the minority's perception of themselves (Smith, 1991). With either a superior numerical representation, or simply one of power, their majority-ability to influence minorities is high. For transgender people, who may represent as little as 0.3 percent of the American population, this ability of the majority to dominate the minority is especially pronounced (Meerwijk & Sevelius, 2017). Small groups such as these are often referred to as "marginalized people," and the effects upon them from an overwhelmingly dominant majority are manifest and ongoing: a social isolation that can last for the lifetime of the people within such groups (Smith, 1985). This concept is reinforced by Social Comparison Theory, which holds that one's belief in the validity and legitimization of their own self-concept has a positive relationship with the number of people that hold a similar opinion (Ng & Cram, 1988).

Social Identity Theory holds that a lack of this legitimization can have an impact on group members' self-concept of identity, mainly that those identities become less secure. As those identities become less secure, they may trigger negative psychological and physiological responses (Ng & Cram, 1988). Along with the aforementioned conditions of lowered self-esteem and depression, there is also embarrassment and shame. Returning to Goffman, these occur when others discredit the assumptions someone has about their projected identity (Tedeschi & Norman, 1985). Whether these incidents occur in adolescents or adults, the related feelings of humiliation, inferiority and powerlessness may eventually become feelings of hopelessness (Crozier & Skliopidou, 2002; Lewis, 2004). Further, these negative feelings can have an impact on enjoyment and participation in everyday life, even long after the shameful incident has concluded (Crozier & Skliopidou, 2002). Each of these conditions – shame, marginalization, and powerlessness – especially when confronted by a dominant majority, are as acute for transgender people as for any group of marginalized people. These conditions need not be large or pronounced to produce negative effects. “One need not be in an extreme situation to feel the weight of a devalued social identity. More subtle situations may also place a burden upon individuals who are in some way stigmatized” (Good, Dweck & Aronson, 2007, pg. 115). Finally, because all these episodes of identity denial – ranging from false depictions in mass media to personally experienced microaggressions – are related to the constant need to defend one's identity, facing these stigmas and discrimination may be one of the reasons transgender people have such high rates of chronic stress, depression, substance abuse, and suicide (Chang & Chung, 2015).

One Final Observation

All of the studies cited above pertain to marginalized groups, be them ethnic, racial, or LGBTQ, because the experiences of members of those groups correspond to those of transgender people in some way. None of them, however, cover a distinction that was discussed at the beginning of this paper: the hypothesis that transgender people are the only people that have to prove to someone else they exist. Yes, other groups may in fact 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 may loathe African-Americans and Jewish people, they do not deny that they exist. They may wish them removed from the country, or even in the most extreme cases from history – but even the groups that hate them most acknowledge they do exist. Transgender people in the eyes of many, however, do not. They are people who, quite literally, embody a mental illness that can be cured. They are people that merely dress up to deceive people and prey on them when the deception is complete. At best, among these people, transgender people can only be consigned realness 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 eventually surgery, they must convince a doctor they are indeed transgender. A transgender girl who wants to play volleyball? She has to prove her identity by showing them 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 diverse people. There is no research into people who are told they do not exist without proof. Analysis, however, of three groups of people heretofore unmentioned in this study provide some ideas. The first group sufferers from Chronic Fatigue

Syndrome (CFS), a medical condition indicated by headaches, impaired concentration, multi-joint pain, muscle pain, short-term memory loss and even sore throats. Like transgender people, these conditions have significant overlap with people who do not share their condition. For many years, many in the medical community did not view CFS as a real condition. One of the issues was that much like transgender people, the multitude of indicators mimicked other medical conditions (in the case of transgender people, minority identities), therefore making it difficult to discern and diagnose (Dickson, Knussen, & Flowers, 2007). What is of greater commonality, however, between the two groups is the de-legitimization CFS sufferers feel. With the medical community or close friends telling them the condition is “all in their heads,” many people 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 CFS sufferer to believe in them results in shattered relationships – something else transgender people are familiar with (Dickson, Knussen & Flowers, 2007).

The second group, Native Americans, might seem to be a diverse group that would fall under the umbrella of the groups listed above. However, within the larger Native American group, there is a smaller one: Native Americans whose tribes were terminated. Termination was a policy followed in the 1950s and 1960s, whereby the United States government told certain Native American tribes that they would no longer be recognized as such. Their lands would be sold off, their special status as sovereign entities within the U.S. ended, their individual rights and identifiers as tribal members destroyed. As studies have shown, this action had disastrous effects on the physical, mental, and economic health of the tribes that were terminated (Walch, 1983). What has been less acknowledged, however, was the impact this had on individual members of the tribe.

To those unfamiliar with Native American culture, such “termination” might seem similar to being fired from a job, or losing one’s home. For individual Native Americans, however, for whom tribal identity often supersedes individual identity, being told their tribe no longer existed was destructive to their individual self-identity (Clinton, 1981). Among the most noted problems: thrown off their reservations, members of the terminated tribes tried to move to local communities where non-tribal children refused to play with them, and adults refused to socialize with them (Welcher, 1981). Though the federal policy of 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 type of loss of their identity were found to experience higher rates of mental health outcomes and poverty than comparable groups, even within larger groups that would have seemed to face similar challenges. One study of the Menominee Tribe, whose termination in the 1950s was reversed in 1973, found the suicide rate among Menominee Tribe members even three decades later not only 25% higher than the general population, but double that of other Native American tribes (Tempus, 2010).

The third group are “banned” persons from the Apartheid era in South Africa, who were political dissidents taken from their homes and forced to relocate to another area far from their previous lives. Once relocated, they were not permitted to be part of any political activity, nor in any way confer with someone they had previously worked with on political activity (Koopowitz & Abhary, 2004). Relocated without the benefit of legal due process, these dissidents were essentially removed as functioning members of society for periods of normally five years. A 2004 study compared the plight of banned persons during the Apartheid era to political refugees

seeking asylum in Australia. Regarding the plight of banned persons, the researchers found they were often severely depressed and experiencing feelings of worthlessness, and were more likely to experience PTSD in relation to other traumatic events they may have 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 was likely to lead to struggle, therefore having a legitimizing effect on their suffering. Those seeking asylum in Australia, however, had expected to find support, not further imprisonment like that they had escaped in their previous home. These unforeseen denials of their freedom by a country they had assumed would welcome them had a traumatic effect that banned persons did not report (Koopowitz & Abhary, 2004).

Negotiating and Verifying Identity

None of these experiences can be tied directly to that of transgender people. However, the terms these people use to define their sense of identity share remarkable commonalities with those used by transgender people: “de-legitimization,” “depression,” “it’s all in their heads,” “poverty,” “trauma,” “worthlessness.” Returning to those emotions and subsequent lack of emotions felt by transgender people on the receiving end of microaggressions – “broken,” “frustrated,” “hostile,” “invalidated” – also shows commonalities with individuals from these other groups who have felt their identities denied (Howe, 2018; Dickson, Knussen, & Flowers, 2007; Walch, 1983; Welcher, 1981; Koopowitz & Abhary, 2004). It is unlikely these are coincidences – nor is it for another word most members of these groups can relate to: “suicide.”

This word, however, is different, both in the magnitude of what it denotes, and in the means by which it uniquely proves a disservice to those transgender persons being denied their

identity. Even a decade ago, in the earliest research on transgender people and links to depression and suicide, it was emphasized that suicide attempts were not associated with their gender status, but rather the psychosocial stresses involved in gender nonconformity and lack of support, among other issues (Johnson, Faulkner, Jones & Welsh, 2007). We also know this is an incomplete picture of the extend of these issues among transgender people.

Future Uses of TIDE

The most immediate question about a new understanding of transgender people's identity must be: what purpose does it serve? The further understanding of emotions related to transgender identity defense in research offers possibilities for tangible results in numerous areas related to both psychology and media. First, are there possibilities for its understanding as a predictive measure; perhaps there is a link between those with more intense emotion and higher rates of suicide? It could be used to determine what type and/or frequency of microaggressions have the greatest impact in terms of someone's negative emotional state. (Indeed, it is not assumed that emotions must proceed linearly within transgender people; certain microaggressions might cause people to jump from one level to another – or even back through them.) How does someone's emotional level affect their perception of microaggressions? Perhaps those with less intense emotions see nothing in someone's comments, while someone with an intensely negative emotional state feels attacked. If so: are building levels of anger as related to identity-defense related emotions self-reinforcing, and if so, can that cycle be reversed? Finally and importantly for media scholars, do real-life microaggressions affect transgender people differently than those they perceive from media? Can producers of media learn the types of messages that are often embedded in their creations, and therefore learn to avoid these types of microaggression-generating messages? Can media producers proactively

create content that aspires to lower the negative emotions in transgender people? The possibilities for understanding these types of emotions are, while not endless, certainly broad enough in their possible impact on numerous branches of transgender scholarship to merit further understanding. And, even more importantly, this effort is one more step in the direction of transgender people feeling more like full members of society and less like marginalized bystanders to it.

Hypotheses

Both qualitative and quantitative methodologies were used to execute the two stages of this pilot study, the first using directed content analysis. Directed content analysis is an ideal method to use when the researcher has already made some deductions based on understanding of prior theory, yet wishes to fill a hole in current theory where research is either incomplete, or merits ongoing discussion (Hsieh & Shannon, 2005). Directed content analysis, along with supporting validation of a theoretical concept, framework, or theory, also allows the researcher to further refine the research questions, providing suggestions about how the variables may co-exist. Indeed, the variables defined through directed content analysis informed Stage II, a follow-up quantitative survey using a Likert-type scale to determine the types and frequency of microaggressions experienced by transgender people as they relate to the self-defense of their identity. The purpose of this study, then, is to examine the following hypotheses:

- H1. Transgender people identify a wide range of microaggressions as requiring defense of their identity.
- H2. Transgender people experience microaggressions requiring defense of identity in their daily lives to a greater degree than cisgender people, including those that identify as lesbian, gay, or bisexual.

H3. Increased overall emotional distress reported by transgender persons would be associated with increased intensity and frequency of situations requiring transgender identity defense.

H4. Real-life microaggressions will have a greater impact on defense-related emotions than media-based microaggressions.

Method

Stage I: Qualitative

To properly identify what daily interactions transgender people would label as one that requires they defend their identity, a list or catalog of those interactions is required for the purposes of forming the survey questions in Stage II. Also, it is necessary to determine what defense of identity is necessary for other LGBT and even cisgender people, for the purposes of distinguishing between the different groups and what defense of identity may exist within them. Therefore, for the purposes of creating this list or catalog for all named persons, and understanding what defense is required in the actual everyday lives of transgender, lesbians/gays/bisexuals, and cisgender people, the researcher convened three focus groups totaling 36 people. All were asked to give answers that corresponded to the question: “Tell me about your average day in terms of your interaction with other people and media as it relates to your identity.”

The primary researcher used a semi-structured interview protocol to facilitate the process of directed content analysis to gather ideas from each of the three groups of participants about their experiences in terms of their identity. The only labels of identification given by each participant was their LGBTQ status within that grouping, or their status as a non-LGBTQ person. (No person within the 36 participants identified themselves as a non-LGBTQ person.) Actual

respondents to the question, representing transgender, lesbian/gay/bisexual (LGB), cisgender people, and people who identified in other means distinct from the gender binary, equaled 20 people. The remaining 16 people, all identifying as gay or lesbian, chose not to answer the question. The formative information provided by the 20 participants was used to develop the survey needed in Stage II, given the wide range of ages, income levels and geographic locations of respondents, and the experience that, by the end of the last focus group, most respondents were repeating stories of interactions largely similar to those they had heard at the beginning. Indeed, across all three focus groups, the most common distinctions did not reflect wholly different experiences, but rather different locations of identity defense events, given the inherent differences between people of different age groups, such as school vs. work.

Stage II: Quantitative

Responses relating to daily interactions and encounters regarding identity from the focus groups were recorded in a spreadsheet. On this record, the following identifying information was transferred: 1) The nature of the interaction and encounter, directly quoted where possible and paraphrased where necessary; 2) Where within the LGBTQ spectrum they identified; and 3) The location of the focus group. Further delineation by the primary researcher was whether or not the type of interaction was real-life-based or media-based, and which of Nadal's four denial of identity microaggressions characterized the event: having one's gender publicly questioned, having one's transgender identity denied, being identified as psychologically abnormal, or being subject to statements and behaviors that objectify a transgender person's body based on their genitals. Some interactions and encounters may have been described by a focus group participant or participants as occurring both in real-life and media.

Following the completion of the three focus groups, the primary researcher created a survey of 26 questions that would become the primary items of the Likert-style survey. These questions covered the most frequently mentioned types of incidents, and where relevant, sought reactions to the same incident occurring in both real-life and then media. Further, they covered the four different types of incidents, as well as the magnitude of different emotional stressors as stated in the hypotheses.

For the purposes of this study, identity-denying microaggressions were defined as follows: the interaction involved the non-diverse person questioning the validity or status of the respondent's self-defined identity. The questioning was directed at a person of diverse identity, and it occurred in the life of the diverse person. This definition includes this interaction occurring in a public space, as well as written or digital private person-to-person interactions. To be categorized as having one's identity publicly questioned, the interaction needs to occur in a public space where others can see it. To be identified as an interaction implying psychological abnormality, there must be criminal behavior or a harmful psychological disorder attributed to the identity in question. (Note: denial of one's transgender identity is implied as part of a public questioning of one's identity.) To be labeled as an interaction involving statements and behaviors that objectify a transgender person's body based on their genitals, a decision or statement regarding that person's rights and/or identity being related to their genitalia must be present. All but the first type of interaction can occur in either the media or real life.

Key words and concepts from focus group participant responses were used in the development of the survey. For example, the statement, "The other day I was at a department store and an employee directed me towards the men's changing room, even though I clearly present as a woman," resulted in the survey question: "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.” Statements such as these were followed by the prompt, “This makes me feel...” and participants could select from 1-7 on a Likert-type scale, with 1 indicating “Little to no felt negativity,” and 7 indicating “A great deal of felt negativity.” The neutral point of the scale (responses 3-5) was denoted as “Exhaustion/Apathy” to define a response category that reflected a negative but nonreactive state as a result of accrued identity-defense experiences. Participants were then asked to endorse the number of times the type of incident described in the statement may occur in a typical week. Participants again could endorse 1-7 on a Likert-type scale, with 1 being zero times per week, and 7 being six or more times per week.

As initially conceptualized, the range of answers across the scale items was conceived to index Transgender Identity Defense-related Emotions (TIDE). A mean response in 1-3 range was intended to indicate exasperation, starting with little to no negative feelings about the incident, and were defined as experiencing “Low TIDE”. A mean response of 3-5 on the scale’s items was intended to reflect exhaustion, a feeling of mental fatigue and lack of desire to respond and/or continually defend their transgender identity. Persons at this level would be categorized as experiencing “Slack TIDE.” Finally, a mean response of 5-7 indicates enmity: a feeling of great negativity toward those expressing the comment. Persons at this level are said to experience “High TIDE.”

The final item participants were asked to endorse was, “Overall, on scale of 1-7, how would you describe the intensity of your emotions in regards to defending your identity within larger society.” This item was intended to capture the participant’s overall level of negative emotions as related to transgender identity denial.

Why create a new scale?

The TIDE scale is necessary in order to ascertain the types of emotions experienced by transgender people as they encounter and cope with unique microaggressions related to the legitimacy of their individual and collective identities. Certainly, there are other scales and indexes that have been created to measure different aspects of emotions related to transgender emotions. However, scales such as Hill and Willoughby's 2005 Genderism and Transphobia Scale seeks to measure the emotions of others as they react to transgender people, not transgender people themselves. Kozee, Tylka, and Bauerband's 2012 Transgender Congruence Scale, while measuring the emotions of transgender people themselves, examines how comfortable transgender people are with themselves. And while those feelings may indeed inform how transgender people react to the need for transgender identity defense, it does not actually tell us what emotions are produced. Mohr and Kendra's 2011 Lesbian, Gay, and Bisexual Identity Scale clearly does not include transgender people – as many queer identity scales do not. Similarly, Weber's research looks at 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). It is tempting at this point to notice Mohr and Kendra's scale, as well as Weber's, view microaggressions in a way that might form a basis from which to adapt a transgender identity defense scale that attempts to measure the concepts of identity affirmation, along with other identity-related constructs and psychosocial functioning. Certainly, many other queer identity scales have been adapted from other groups (Morrison et al., 2017).

This assumption that this adaption would produce a sound measurement tool, however, is problematic on several levels. 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 of race- and gender-based discrimination (Morrison et al., 2017). To adapt a transgender identity defense scale from other LGB scales that were not developed for that population in the first place would not improve understanding of the outcomes of transgender identity defense emotions. The TIDE scale works toward eliminating this challenge by being developed specifically to measure the concept of transgender identity defense. Moreover, there are other issues with the various LGB-related measurement scales which the TIDE scale was intended to address, particularly related to content validity as they were not created using the input of the sexual minorities they were designed to measure (Morrison et al., 2017). The TIDE scale was developed from the language and experiences of its population of focus: 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 TIDE scale. It was designed specifically to measure one thing: the emotions related to transgender identity defense, and therefore ensure content and (concurrent) criterion validity (Morrison et al., 2017). One caveat: it should be noted there is one issue of concern that Morrison identified which remains inherent to this study's use of the TIDE scale: that suboptimal measures, "possess a small number of items and, thus, may not sufficiently represent the domain of interest" (Morrison et al., 2017, p. 1086). As this is a study focusing on research questions, on a heretofore unexplored area of theoretical research, the desire was to keep the mechanism of evaluation as simple as possible. Indeed, within the statements presented to the participant, there will only be two types of microaggressions internally identified – real-life and media – for the purposes of addressing hypothesis 4: are there differences in transgender reactions to real-life vs. media-based microaggressions?

It could also be suggested that the use of only three levels of emotions (exasperation, exhaustion and enmity), from seven choices on a Likert scale is similarly limiting. Certainly, here too, there is a desire on behalf of the researcher to simplify the mechanisms of evaluation in this initial study of TIDE formation. More than just simplicity, however, other emotional scales use similarly reduced numbers of categories. For instance, the Novaco Anger Scale – from which the TIDE scale’s explanation of low and high TIDE were drawn – offers only five different responses for participants, yet still delivers internal consistency, convergent validity, and subscale correlations with other scales of emotional measurement. Also, though Morrison made clear the flaws in assuming a scale designed for one group may simply adapted for another, it should be noted that the Novaco scale has been used with minority populations, such as a 2010 study with Hispanic populations (Culhane & Morera, 2010). Finally, the TIDE scale is needed. For although there are some emotional measurement tools that have been used with LGBT populations in regards to measuring 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 transgender (Almeida et al., 2009). Indeed, at this time, there is no emotional measurement scale dedicated to LGBTQ individuals.

Why put Slack TIDE in the center of the scale?

Finally, regarding the positioning of Slack TIDE at the center of the TIDE scale. This positioning was chosen following responses from the focus groups, as many participants elaborated on the types of feelings that often preceded and followed their feelings of apathy, even though an explanation of the relationship between their feelings and a state of apathy were not part of the questioning. These nature of these feelings, as well as their relationship to apathy was unexpected – especially considering the origins of the TIDE scale. As originally elaborated,

apathy was hypothesized as a consequence of high states of negative emotions: a way of masking states of anger that one is incapable of dealing with, and a state that arises within people when they no longer have the ability, desire, energy or perhaps time to deal with anger (McLaren, 2010). Accordingly, the survey would see Slack TIDE positioned at the top end of the scale; apathy being the final result of sustained periods of anger, the result of a sort a blown fuse within emotions. Indeed, the Novaco Anger Scale, the scale that serves as the TIDE scale's definitional origins, does not include exhaustion and fatigue – yet another reason to put Slack TIDE at the end high end of the scale (Michielsen, De Vries, & Van Heck, 2003).

As the focus groups proceeded, however, numerous participants explained that they often went from not really caring about a particular type of microaggression to just becoming numb to it – only to one day explode in anger at a microaggression they thought they no longer really thought affected them. Slack TIDE, as it were, was not the end of the scale, but in fact the middle of it – at least for these people, even though past research has not normally considered apathy as part of the spectrum between low and high-negativity emotions. There is, however, some research from related fields which suggests that apathy and fatigue can, in fact, be a precursor to anger.

One 2014 study of transgender microaggressions found that after a time transgender people reported feeling exhaustion and hopelessness, just one type of emotion that ranged from mild distress to intense anger, although the study did not specify where exhaustion nor any of the other emotions were located in relation to one another (Nadal et al., 2014). Similarly, a 2000 study of mental fatigue found that participants who scored higher on fatigue scales were also found to score higher on measurements of anger (Lorist et al. 2000). Here too, however, the data does not delineate which emotional condition may precipitate the other. Once again, an

exploration of sufferers of chronic pain may offer relevant evidence, this time those people who suffer from rheumatoid arthritis (RA). Untreated RA patients suffer daily from bouts of pain that vary in their duration and intensity. The fatiguing nature of RA, the study found, “is experienced as frustrating, and causing anger” (Repping-Wuts et al., 2008, p. 995).

It is for both of these reasons, relating to evidence gained from both interviews and research, that Slack TIDE was relocated to the center of the scale.

TIDE as a metaphor

One final note on the use of the use of TIDE as an ongoing metaphor: “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, and 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 when things are particularly high, destruction. The same could be said for transgender people, who at the highest measure of enmity may 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, 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 until then might have seem unrelated (Shoemaker, 2003).

This is not to say the use of metaphor is perfect; there are disadvantages, too; metaphors can be misleading. For instance, as noted, it is not known if the progression of TIDE is necessarily always in a linear fashion: from Low TIDE to Slack TIDE to High TIDE. The researcher's experiences as a transgender person suggest the three states exist in a bi-directional loop; there are certain incidents that send them straight from the Low TIDE condition to the High TIDE condition – and back – without ever feeling fatigue or apathy. (Further studies will evaluate this directional component of TIDE.)

Also, it may not be clear what a particular metaphor means to certain populations. “Slack” tide for instance; as the primary researcher has been a coastal resident for most of their adult life, they are readily familiar with the concept: a time when the tide is moving the water neither in or out. Most people are not aware of this term – and among those that are, there can be different meanings for slack tide. Many, for instance, are familiar with the definition as it relates to slack tide’s position at the end of the tidal cycles, and for these people the metaphor may be more confusing. This is not how the term is used here, however. For in some bodies of water it occurs between low and high tide, as it does in the Puget Sound, where the primary researcher has spent much of their life. Geography, however, is not why the metaphor is used here; it is used as a way to help visualize the fatigue and negativity transgender people often feel. Indeed, while the use of TIDE as a scale might be seen by some as too linguistically convenient, the primary researcher is confident that concepts encouraged by the metaphor are “accompanied by hypotheses or theoretical statements that make the notion explicit and testable (Shoemaker, 2003, p. 164).

Recruitment

Stage I: Qualitative

Focus group participants were recruited in three locations: The first recruitment event was during an online teleconference with members of the National Lesbian and Gay Journalist Association, the largest LGBTQ media organization in the United States. Here, 10 people elected to join the focus group. The second recruitment opportunity took place at the semi-annual Journalism Education Association (JEA) conference, hosted in November 2017 in Dallas, Texas. At this event, 22 students joined the focus group. The final recruitment event was the meeting of Trans*ponder, a non-profit organization focused on transgender people in Eugene, Oregon that meets regularly every month. Here, four people elected to participate. The participant population was accessed through membership rolls and group gatherings. The primary researcher is a registered member of all three groups they engaged for the focus groups. As such, they had access to the membership in a personal means beyond their role as solely a researcher. In particular, as a long-time member of the JEA, they are well-known to LGBTQ students and their instructors as a regular instructor and public speaker at their conventions.

Besides personal affiliation, however, the three groups were chosen for several key reasons, the first being geographic diversity. With interviews conducted with people coast-to-coast, north to south – including two areas which are considered to be politically different from one another (Dallas, Texas vs. Eugene, Oregon) – the primary researcher was able to get a wide range of responses that would be less likely than those from a geographically limited area. Also, because two of the focus groups were conducted with groups that include members from all over the country (JEA & NLGJA), these groups attracted some participants that are not native to one area. The second reason was the pursuit of demographic diversity in terms of age and income

levels. The JEA is made up largely of high school students, while the professional organization (NLGJA) is largely mid-career adults. The Eugene-based group, Trans*ponder, is made up of people of all ages, 14 to 75. In terms of income levels, the members of NLGJA would largely be considered middle and upper-middle class, while those involved in Trans*ponder tend towards lower and mid-level socioeconomic status. Those students involved in NLGJA typically come from a wide range of family income levels. Some are high income, which allows them to travel to a national conference. Others are middle and lower income, who attended the Dallas conference because the location is close to their home and therefore affordably reached.

The inclusion of high-school aged students was viewed as particularly necessary as transgender youth are a large and particularly vulnerable subset of transgender-identifying persons in this country. To attempt to ascertain what it means to defend one's transgender identity in America without including the input of transgender youth would neglect a large and growing segment of the transgender population.

Stage II: Quantitative

The survey was administered online using Qualtrics. Participants were recruited 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. Further, those participants involved in the earlier focus groups were told how they could contact the researcher and therefore find access to the survey. Finally, snowball sampling, or referral sampling, from this first group of people was used to recruit more people in order to attain an initial goal of 200 transgender people.

As with the focus groups, this method allowed a wide range of access to people from different areas of the country, as well as a wide variety of ages and income levels participating.

As noted earlier, the inclusion of high-school aged students was critically important as transgender youth are not only a large part of transgender-identifying persons in this country, they are also considered a high-risk group for suicide and self-harm. For the Dallas group in particular, there will be no parental consent required for participation in the focus group. The ability of youth to participate in this study without parental/guardian knowledge is crucial, as the research focuses on the what it means to be a transgender and/or LGB person in the United States right now, including those ages 14-17. Accordingly, all IRB protocols, as related to research with youth respondents, were adhered to. Participants were required to speak English due to the survey being available in English only at this time.

Participants

Stage I: Qualitative

After all three focus groups were completed (n=36), of those who chose to answer the question, two of the participants self-identified as transgender men, 12 as transgender women, one as lesbian, one as gay, three as bisexual, zero as cisgender, and two as “other,” which included the self-descriptors of asexual and non-binary. Of those who chose not to answer the question, five identified as lesbian, eight as gay, and two as bisexual.

Stage II: Quantitative

A total of 672 people took the survey, at the conclusion of which, participants were asked about their LGBTQ identity and demographic status. (As participants were not required to answer every item, total numbers of participants for each question vary.) Following the completion of the survey, 233 individuals self-identified as transgender, 83 as lesbian, 37 as gay, 93 as bisexual, 51 as cisgender, and 102 as “Other,” which included the self-descriptors of intersex, non-binary, and pansexual. In terms of age, 19 identified as 14 – 17, 55 as 18 – 24, 62

as 25 – 34, 100 as 35 – 49, 86 as 50 – 64, and 22 as 64 and older. In terms of socio-economic groupings, 118 self-identified as lower income, 105 as middle income, and 42 as upper income. (No definitions of the stratification of these levels was given as the researchers were interested in their perceptions of their socioeconomic status, not true financial data. Also, those under 18 were not asked this question, as many students may not even be aware of the answer as it applies to them.) In regards to highest level of education, 19 were still attending high school, 14 were high school graduates, 120 had completed some college, 90 had a bachelor's degree, and 99 had a masters or doctoral degree. Finally, when asked to identify what region of the country they were from, 116 indicated the Pacific West, 18 the Rocky Mountain West, 41 the Midwest, 116 the South, 35 the Mid-Atlantic, and 11 indicated the Northeast.

Results

Stage I: Qualitative

The semi-structured interview protocol used to gather information from focus group members about their identity-related experiences began with asking them to respond to the statement, “Tell me about your average day in terms of your interaction with other people and media as it relates to your identity.” As noted, the 36 people included 14 transgender people, one lesbian, one gay, three bisexuals, and two people who identified as asexual and non-binary participated. Fifteen people chose not to participate, even when prompted in the course of the focus group that they were welcome to do so. One possible explanation may be suggested in a comment by the one gay person who elected to participate, which was freely given near the end of the focus group: “Listening to your stories,” he said looking at the transgender woman across from him, “I almost feel ridiculous bringing some of these things up,” after talking about his frustrations with his alma mater mislabeling his husband as a woman on a university mailing list.

As expected, a variety of responses were given among the 36 persons involved in the three focus groups. As noted, however, many of the responses were repetitive inside the group and between each of the three focus groups, or were stories told in order to serve as reinforcement of someone else within that focus group's narrative. Though the details were obviously different, the situations were often similar. In the end, 43 statements were labeled by the primary researcher as representing one, or in some cases two, of the four TIDE-related microaggressions. As described in Nadal, Davidoff, Davis and Wong's 2014 study, these were: public questioning of one's identity (PQI), being identified as psychologically abnormal (IPA), denial of one's transgender identity (DTI), and objectification based on genitalia (OBG) (see Appendix A: Table 1: Focus Group Responses). Even among these 43 responses, however, there were approximately a dozen situations repeating themselves each within the areas of microaggressions experienced with real life, and those microaggressions they felt coming from media. These situations were ultimately used to develop the 26 identity-related questions on the survey – 15 regarding real life microaggressions, and 11 regarding media-based microaggressions – and affirmed that transgender people do identify a wide range of microaggressions as requiring defense of their identity.

As noted above, some participants' responses extended beyond articulating what produced negative emotions within them to elaborate how those reactions occurred within them. Numerous participants explained that they often went from caring little about a particular type of microaggression to becoming numb to it, only to one day react in anger at a microaggression they thought they no longer really thought affected them. One participant said, "I feel like one of the people you hear about on TV that snaps and blows away a school – not that I'm going to do that. But everyone always says they never really seemed that angry, either." Other participants

talked about how they, too, often felt like anger was not necessarily a precursor to states of apathy, and identified a wide range of other precursors they felt: “beat-up,” “broken,” “bullied,” “invalidated,” “meaningless,” “in pain,” “physically battered,” “suffering,” “unappreciated,” “victimized,” and “violated” were all articulated as related to the apathy that led or followed the personal emotions they dealt with following repeated exposure to identity-denying microaggressions.

Stage II: Quantitative

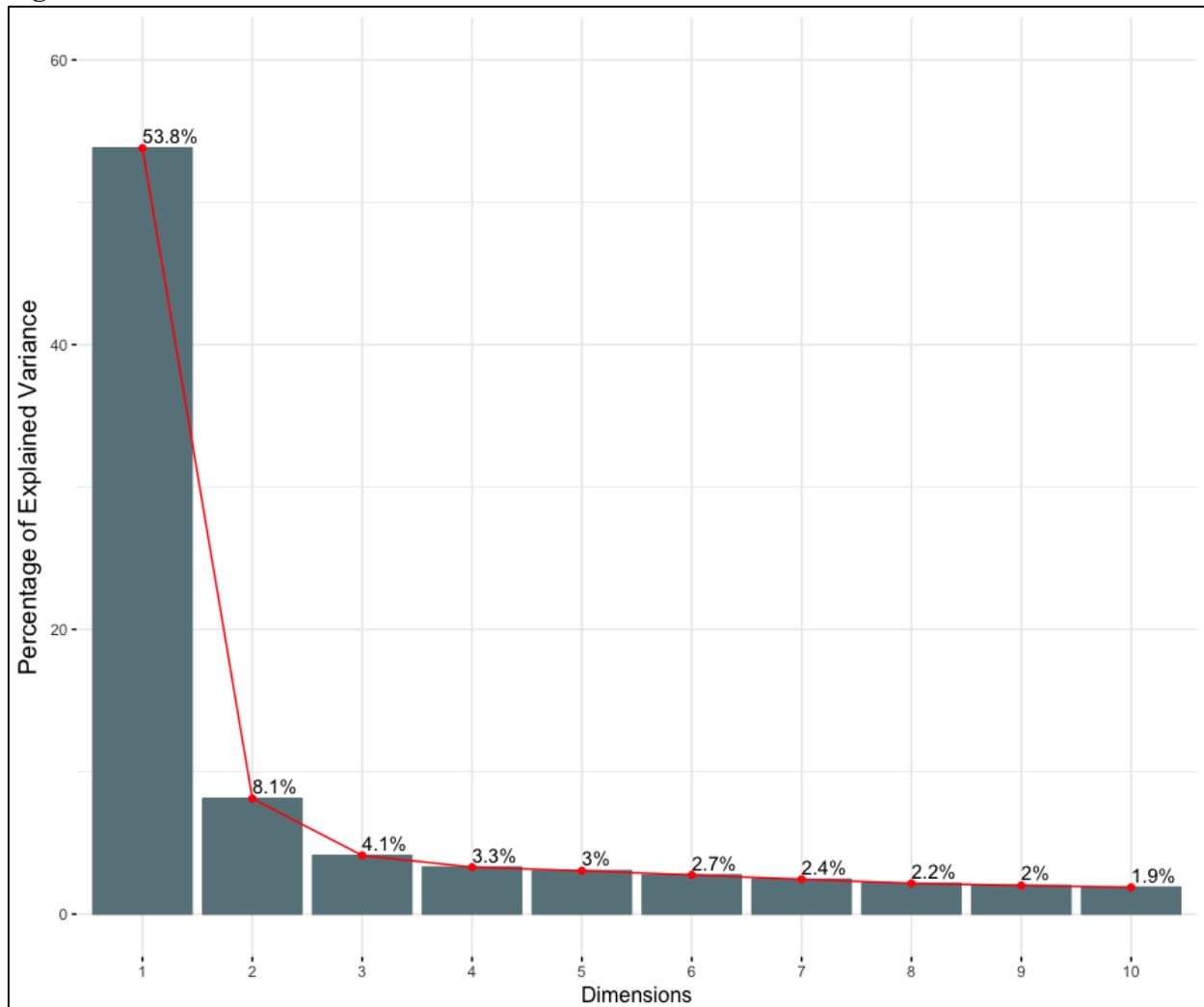
As noted above, there were 672 respondents to the Qualtrics-based quantitative survey; there was, however, considerable missingness among responses, reflecting partial completion of the survey. To address missing values, two actions were taken. The first was to set an 80% completion cut-off level, whereby respondents who completed less than 80% of the survey were removed. With implementation of this cut-off level, the total number of respondents was reduced to 233. The second action taken to address missingness was imputation of remaining missing values, which was accomplished using a multivariate imputation by chained equations (MICE) method, an approach that is applicable to ordinal Likert-type variables and has been shown to be less biased than complete-case analysis (Lee & Carlin, 2010). Reliability of the 26 primary scale items was assessed using a Cronbach’s alpha coefficient before and after imputation took place on the reduced data set ($N = 233$); before imputation $\alpha = .973$, and after imputation $\alpha = .965$.

Following data reduction, imputation, and reliability assessment, exploratory analyses were conducted in an effort to calculate an overall TIDE score for each participant. First, for each participant, means were found of the 26 primary item scores, which gauged intensity of feelings related to experiencing identity defense events, and of the scores of the follow-up items, which asked participants to report the frequency of each of those events. This step was followed

by an assessment of correlation between these means to ascertain whether, across participants, endorsement of the primary items correlated proportionally with endorsement of frequency items. Pearson's r for the correlation was .50 ($p < .001$), suggesting that the two mean scores were fairly highly correlated. This finding led to the decision to use the mean score of the intensity items as the TIDE score for participants. The mean of frequency items, while not used in the formulation of the TIDE score, was utilized in some analyses (described below).

Given that this study was the first implementation of the TIDE scale questionnaire, there

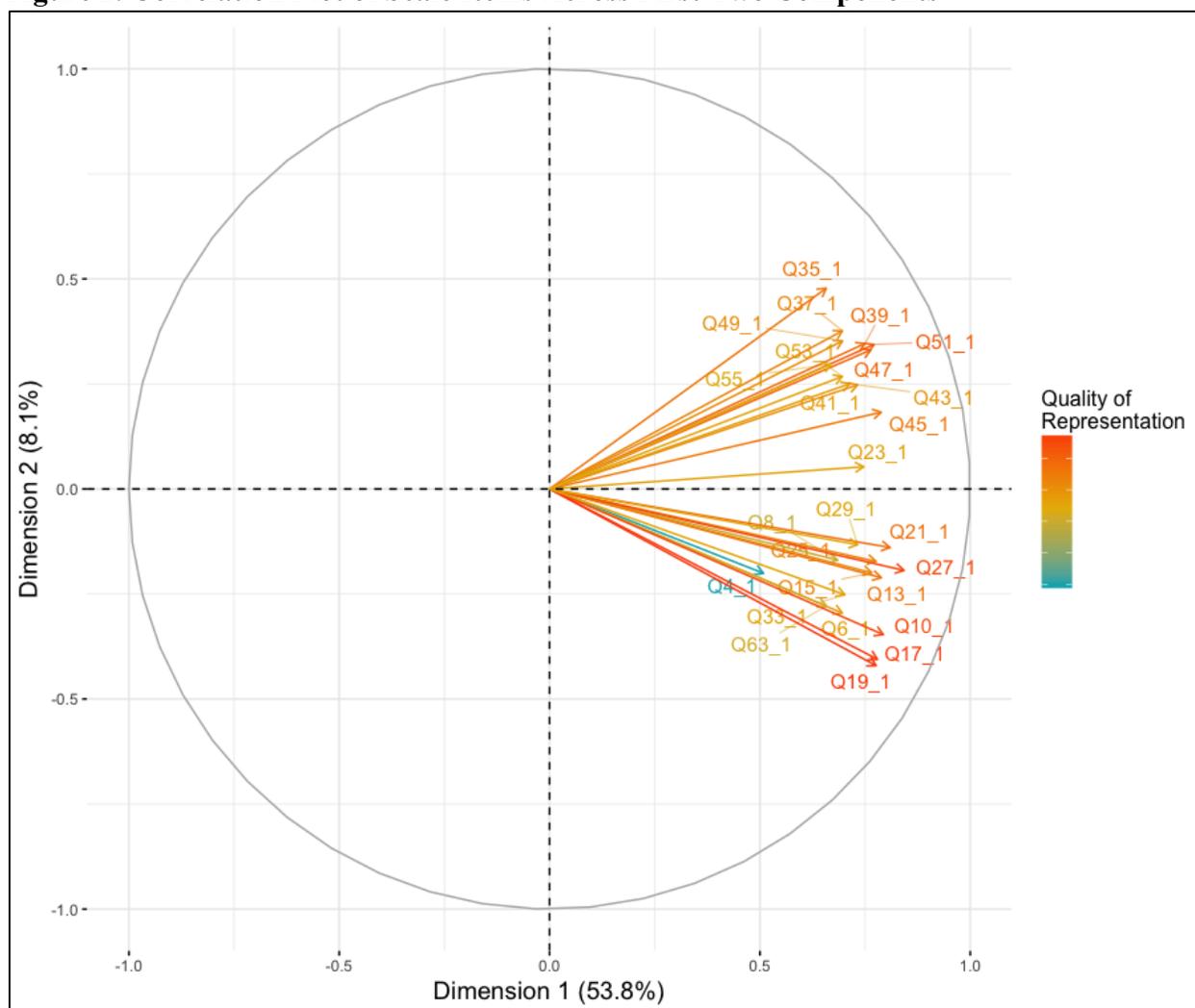
Figure 1. Scree Plot of TIDE Scale Items



was an interest in assessing scale performance and structure, particularly dimensionality of the scale and correlation among items. Figure 1 shows a scree plot, which was visually inspected to initially assess for dimensionality. As indicated by the scree plot, 53.8% of the explained variance is retained by the first component, and 66% of the variance is retained by the first three components cumulatively. Additionally, inspection of eigenvalues for each component revealed eigenvalues of greater than 1 for the first three components only.

Following initial assessment of scale dimensionality, correlation among items was

Figure 2. Correlation Plot of Scale Items Across First Two Components



considered. Figure 2 illustrates a variable correlation plot across the first two components (retaining 61.9% of the cumulative variance). Positively-correlated items are those which group together, and item proximity to the outer correlation circle is an indicator of the quality of representation of items on the dimensions shown. As indicated, all scale items are positively correlated, and all items except for one (Q4_1) are well represented across the first two dimensions of the scale, with the most substantial representation in the first dimension.

The Cronbach's alpha coefficient ($\alpha = .965$), while indicating high reliability of the intensity scale items, also suggests the presence of redundancy across those items and, when considered alongside the positive correlation of items noted above, the potential of item reduction toward a more parsimonious instrument. To address these considerations, a future step will be to apply an Item Response Theory (IRT)-based analysis to the scale items with the highest contribution to the first three components of the scale. The IRT analysis will also serve to more fully characterize the fit of the scale to the underlying latent construct of transgender identity defense-related stress.

Main Findings. Hypothesis 1, that transgender people would identify a wide range of microaggressions as requiring defense of their identity, was confirmed primarily through the qualitative portion of this study. In the three focus groups, participants articulated roughly 15 different, real-life microaggressions, and 11 media-based microaggressions, with each of the 11 being the a media-based emulation of a real-life microaggression (e.g. "I have been told by someone else that my chosen identity is 'not real.'" vs. "I have heard people in the media say that my chosen identity is 'not real.'") Further, each of these 15 distinct microaggressions could be identified as one of Nadal, Davidoff, Davis and Wong's four transgender-based microaggressions as related to defense of identity: public questioning of one's identity (PQI),

being identified as psychologically abnormal (IPA), denial of one's transgender identity (DTI), and objectification based on genitalia (OBG) (2014). Further, the positive correlation of the scale's items across respondents suggests some interrelationship among the microaggressions transgender people experience, and lends support to the existence and experience of the Transgender Identity Defense Emotion construct.

With regard to hypothesis 2, using one-way analyses of variance (ANOVAs), with Type II sums of squares given the unbalanced nature of the comparisons (Langsrud, 2003), scores on the TIDE measure for respondents identifying as transgender were compared to scores for individuals who did not identify as transgender, and scores for individuals who identified as lesbian, gay, or bisexual (LGB) but not as transgender. When compared to participants who did not identify as transgender, transgender respondents had TIDE measure scores which were significantly higher than non-transgender respondents, $F(1, 231) = 14.10, p < .001$. Transgender participants had an average TIDE score of 5.01 (out of 7; $SD = 1.36$), while non-transgender participants had an average score of 4.19 ($SD = 1.75$). This comparison had a moderate effect size (Hedges' $g = .56$). Transgender individuals also scored significantly higher on the TIDE measure, $F(1, 203) = 12.02, p < .001$, when compared with individuals who identified as LGB but not as transgender. This comparison also had a moderate effect size (Hedges' $g = .65$).

To examine the frequency of identity defense events, ANOVAs were also used to compare the mean frequency of reported identity defense events among transgender-identifying participants compared with those who did not identify as transgender. Compared with those who did not identify as transgender, transgender participants reported a significantly higher frequency of reported identity defense events, $F(1, 231) = 9.48, p = .002$ (Hedges' $g = .46$). Similarly, transgender-identifying participants reported a significantly higher frequency of identity defense

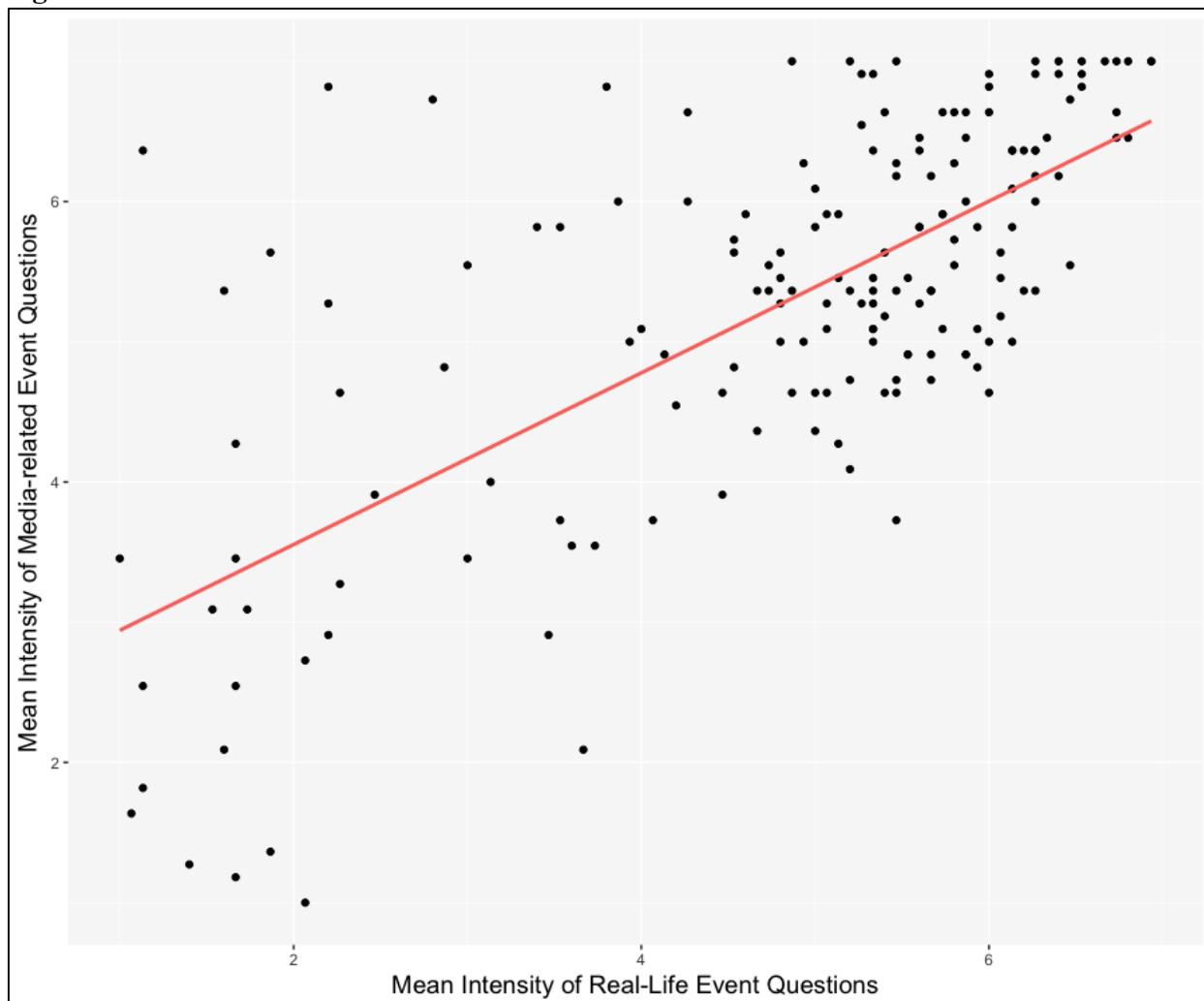
events, $F(1, 203) = 5.03, p = .03$, when compared with individuals who identified as LGB but not as transgender (Hedges' $g = .42$). Taken together, these findings suggest that the intensity of transgender identity defense emotions, as measured by the TIDE scale and its correlated frequency measure, is greater among individuals who identify as transgender than those who do not, including those who identify as other sexual minorities. These findings aligns with similar studies, which shows transgender people's sense of having their identities invalidated was part of their daily discourse (Nadal, Davidoff, Davis & Wong, 2014). Moreover, these findings indicate that microaggressions which specifically relate to denial of identity are more prevalent in transgender people. This supports the basic concept of TIDE: that transgender people are affected by a strain on identity to a greater degree than other people, even those within the LGBTQ spectrum.

Concerning the third hypothesis, that transgender individuals with higher overall emotional distress would report increased intensity and frequency of situations requiring transgender identity defense, transgender participants reporting greater overall emotional distress (i.e., endorsing 4 or greater on the item, "Overall, on scale of 1 □ 7, how would you sum up your average level of negative emotions in regards to defending your identity within larger society?") had significantly higher TIDE measure scores, $F(1, 167) = 92.67, p < .0001$, than transgender respondents endorsing less than 4 on that item (Hedges' $g = 1.80$). High-endorsing transgender respondents had an average TIDE measure score of 5.44 ($SD = .91$), compared with low-endorsing transgender respondents who on average scored 3.48 ($SD = 1.57$) on the measure. Similarly, high-endorsing transgender respondents also reported a significantly higher frequency of identity defense events, $F(1, 167) = 21.36, p < .0001$, when compared with low-endorsing transgender respondents (Hedges' $g = .87$). These findings suggest that the TIDE scale provides

insight into the overall level of negative emotions experienced by transgender people, even in comparison with other sexual minorities.

Hypothesis four, that real-life microaggressions will have a greater impact on defense-related emotions than media-based microaggressions was not confirmed, as a comparison of overall TIDE measure scores for individuals who more highly endorsed items pertaining to real-life events compared with individuals who more highly endorsed items describing media-based events was nonsignificant, $F(1, 167) = .06, p = .81$. It should be noted, however, that

Figure 3: Correlation of Mean Scores on Real-Life and Media-related Event Items



endorsement of items related to in-person and media events was highly correlated ($r = .69, p < .0001$; Figure 3), suggesting that within the current sample, transgender participants similarly endorsed both sets of items (that is, individuals who endorsed greater experience of real-life microaggressions were likely to also endorse high experience of media-based microaggressions).

Discussion

Taken independently, the affirmative – and even the non-affirmative – evidence regarding the four hypotheses are clear: transgender people exhibit a unique form of identity denial, its intensity and correlated frequency can be measure on the TIDE scale, and whether it comes from the transgender person’s real-life environment or the media they are exposed to (or both), the effect is evident. Or, to put it more simply: TIDE is a measurable experience. The implications of this are considerable and wide-ranging. In line with Chang & Chang’s understanding of the high rates of various types of dysfunction within transgender people, it is possible that TIDE could serve as an identifiable and measurable cause of chronic stress, depression, substance abuse, and suicide (Chang & Chung, 2015).

Given the implication of the TIDE construct that behaviors of (largely) cisgender actors contribute to higher TIDE in transgender people, education among cisgender individuals regarding TIDE and its potential effects on the stress on transgender people is possible. No, this is not always a good thing: for those who are truly transphobic and have an intent to cause harm, this study offers greater information on how to do so. That said, the transphobic discourse which transgender persons encounter – from real people and the media, morning D.J.’s and the President of the United States – is already high. To put it another way: while this evidence in the wrong hands could be used irresponsibly, for many transgender people, it probably cannot get much worse.

The opposite side of this moral coin, of course, is that given the pilot study's findings that strongly suggest the existence of TIDE construct, for many transgender people this information could serve to improve their lives. As previously discussed, microaggressions are subtle, often nonverbal, and at times non-intentional nature (Sue et al., 2007). Each day, there are people within the personal sphere of the transgender people that are unintentionally committing acts that are raising the levels of TIDE among the transgender people they respect and value. With this study, these otherwise supporting and affirming people can now be engaged with this evidence for the purposes of changing their behavior. They can go from being an unconscious actor that denies a transgender person their identity, to being one who supports it consciously and directly. And while this assertion may sound overly optimistic, the primary researcher on this study has used the evidence gained here to encourage their friends and family that their support has been unintentionally undermined by the use of phrases like, "If you want to be taken as a real woman, you'll need to learn to walk like one," and "When are you going to change your voice, so you sound like a real woman?" The primary researcher, already considering herself a "real" woman, has taken the onus on herself to provide her friends and family with the insights of this study in an effort to request a change in their behavior – a request that they are now attempting to honor.

In this same area of possibility, the producers of media can now be directly addressed in terms of the impacts their output is having on transgender people. Again, those who seek to hurt transgender people – or simply are indifferent to the fact that they do – will not be impacted by this information. As in real-life, however, there are those who while seeking to be allies of transgender people may be inadvertently harming them. As discussed, many of contemporary media's "friendly" displays of transgender people portray them as inauthentically: as deceptive tricksters, as needing a cure for their condition, as possessing authenticity only as a result of

medicalization and/or gender confirmation surgery (Capuzza & Spencer, 2016; Kalter, 2008). Would the producers of such progressive programs such as *The L Word* and *Sex in the City* consider themselves perpetrators of anti-transgender microaggressions? (Capuzza & Spencer, 2016; Kalter, 2008). Likely not, and yet imbued in even these programs are the types of messages that increase levels of TIDE in transgender people. This study contributes evidence to hopefully stop or at least slow the false conceptions about the identity of transgender people that are negatively affecting so many of them. Given the modern, often LGBT-friendly audiences many shows seek to attract, it is the hope of the researchers that this information and awareness would be found valuable.

All of these actions, whether in the real-life or media-related worlds of transgender people, could make a real difference. This study's findings suggest that not only do these harmful events occur – for some transgender individuals, they occur with great frequency. Therefore, it is plausible that a reduction in either the intensity or frequency of identity defense events would lead to a beneficial outcome for transgender individuals experiencing elevated TIDE.

Is it also plausible – and worth further study – that a single high-intensity event could have an impact just as deleterious as repeated, accumulating smaller acts. For instance: while one transgender person may report that they by the end of the week they are at a state of High TIDE regarding repeated small criticisms of the way they present their physicality, a second transgender person might report they are at the same state of High TIDE as a result of just one, particularly demeaning, TIDE-related microaggression. In the case of the second person just one person making a choice not to enact a microaggression towards a transgender person could literally change that person's TIDE-related wellbeing. Now, it could certainly be asked what

could make one particular microaggression so much more damaging than another, or conversely, why do some microaggressions bother some transgender people less than others? This study does not offer those answers – but further studies may.

Recommendations for further research

The proposed future research directions mentioned above bear relationship to the concepts inherent in Swann's Self-verification Theory, mainly that when a microaggression that denies one's identity connects with prior self-concerns about one's critical assessment of themselves as a transgender person, the microaggression is more likely to have an effect (Swann, 1983). Unfortunately, Swann does not clearly confirm this assertion. For in his discourse that is more specific to this question, Swann believed that when the source of discrepant information was a person close to them in their everyday life, or what the transgender person considers a qualified source, self-verification is endangered. On the other hand, he also held discrepancy occurs when the discordant information is delivered by a large number of people. Magnitude or frequency? According to the TIDE scale, either may have deleterious effects, something which Swann seems to suggest might be possible. Clearly, more study is needed.

Additionally, as noted, there were no observed differences between media vs. real-life based microaggressions. While this hypothesis was not supported with the current data, this finding is not entirely unexpected. As noted in the literature review, diverse people can experience media-based microaggressions (Allen & Frisby, 2017), but to our knowledge no study has examined whether or not the same type of microaggression – differentiated only by its real-life vs. media source of origin – achieves primacy over the other, in terms of the effects it has on the receiver.

Most immediate, however, in the future of TIDE studies is the primary researcher's efforts to understand possible links between TIDE and suicide-related behaviors. The study will utilize Joiner's Interpersonal Theory of Suicide (ITS), which as established, posits that the joint interaction between three constructs – thwarted belonging, perceived burdensomeness, and capacity to take one's own life – makes it possible for a person to engage in a serious attempt at taking one's own life (Chu et al., 2017). What is proposed – based on this study supporting the existence of TIDE – is that transgender people may experience the ITS constructs differently than non-transgender individuals. Specifically, there is the possibility that TIDE can so uniquely damaging and can overwhelm those for whom perceived burdensomeness may not be a major concern. Additionally, it may be possible that while perceived burdensomeness remains a dominant construct, its manifestation is now so acutely associated with TIDE, that perceived burdensomeness becomes dependent on TIDE within the thwarted belonging construct. Because of TIDE-inducing microaggressions, the transgender person now feels this thwarted belonging so acutely, that the ensuing pain is eventually enough to result in a capacity to commit suicide.

Potential Limitations and Weaknesses

A limitation of this survey provides an immediate opportunity for further research, and thus its position at the head of this section. As originally conceived, this survey was intended to ascertain the existence of Slack TIDE (*Exhaustion*), a feeling of extreme mental fatigue when one feels their transgender status is being denied. That, however, was not possible, largely as a result of the way the scale was constructed, a process which began and ended with the primary researcher.

Originally, in the initial stages of scale conception, the primary researcher had planned to position Slack TIDE at the top end of the scale, perhaps as a separate construct entirely. As

discussed above, the researcher hypothesized apathy as being the final result of sustained periods of anger, the result of a sort a blown fuse within emotions. As they conducted the focus groups, however, numerous participants explained to them that they often went from not really caring about a particular type of microaggression to just becoming numb to it – only to one day explode in anger at a seemingly minor incident. As a result, though the researcher had intended the groups to serve solely as a means of articulating types of emotions that were being produced within them, they went back to the literature to examine research done by other scholars. There, they found that although the components of apathy may not be normally considered part of the spectrum between annoyance and anger, research suggests that apathy-related emotions can, possibly, be a precursor to anger. One 2014 study of transgender microaggressions found that after a time transgender people reported feeling exhaustion and hopelessness, and emotions that ranged from mild distress to intense anger, although the study did not specify where exhaustion nor any of the other emotions were located in relation to one another (Nadal et al., 2014). Similarly, a 2000 study of mental fatigue found that participants who scored higher on fatigue scales were also found to score higher on measurements of anger (Lorist et al. 2000). Here too, however, the study did not delineate which emotional condition may precipitate the other. This literature, along with studies of Rheumatoid Arthritis which delineated a relationship between fatigue and anger, and with the focus group members' responses, the researcher elected to put Slack TIDE in the middle of the pilot scale, in a linear relationship with the other scale emotions.

Following data collection, analysis revealed low and high TIDE within transgender people being higher than other LGB people, but the structure of the scale limited insight into the Slack TIDE construct. Consequently, these analyses likely only examined one construct: negative emotions, with the link between TIDE and apathy-related thoughts not fully

elucidated. As a result of this limitation, future investigation will evaluate the TIDE scale with two separate constructs: emotions and exhaustion be separated into the TIDE and Slack TIDE scales. It is anticipated that the behavior of the TIDE scale - with the “Exhaustion/Apathy” neutral point in the scale removed - with remain consistent with the findings delineated in this paper. Future applications, then, will be paired with another scale, one which measures a different though related construct to TIDE. Doing so is intended to allow the scale to respond to those transgender people who report that states of exhaustion/apathy regarding any particular microaggression can follow both feelings of low and high negative emotions. Finally, amongst all populations, including transgender individuals, there is a gap in the literature regarding the nature of the relationship between the constructs of emotions and apathy, including how and why people move between them. Therefore, this relationship, too, will be part of future study.

As noted, the realization that were items that needed to be changed within the next TIDE study began with feedback from those persons taking the study, usually via comments on the Facebook social networking site where the survey was heavily promoted. Indeed, the aforementioned reconceptualization of TIDE as two constructs working in concert began with such comments. Another area of concern to recipients was the lack of inclusion of race as a demographic category on this survey. The rationale for this decision was that, given the burden of deep consideration of identity-related issues, the primary researcher endeavored to not be unduly burdensome or exclusionary in requiring participants to contemplate and endorse any identity beyond that of gender or sexuality. In retrospect, however, the absence of this demographic question may have inadvertently messaged to potential participants that this study was not relevant to or inclusive of persons of color. This oversight will be corrected in future questionnaires implementing the TIDE measure.

Conclusion

The choice to make line of study outlined above the next steps for the TIDE scale is because beyond the hypotheses and theoretical possibilities, one simple fact remains: transgender people take their own lives at disproportionately great rates than others with marginalized identities (Herman, Haas, & Rodgers, 2014). One or several aspects of the lived experience of transgender individuals renders them at distinct risk within society, the LGBTQ community as a whole, and perhaps even within the ITS model. Perhaps it is that transgender people are not just seen as unequal; they are simply not seen. It is conceivable that this difference in acknowledgement is so profoundly impacting it alters some aspect of the ITS theory. Perhaps the chronic experience of TIDE contributes in some way to the terrible choice they feel forced to make.

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