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Exploring Microaggressions Among Trans Populations: Effects on Feelings of Social Exclusion

Stephanie M. AuBuchon
Illinois State University, smaubuc@ilstu.edu

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EXPLORING MICROAGGRESSIONS AMONG TRANS POPULATIONS:
EFFECTS ON FEELINGS OF SOCIAL EXCLUSION

STEPHANIE M. AUBUCHON

48 Pages

Those who identify as transgender face subtle discrimination in the form of microaggressions, which are behaviors and statements, often unconscious or unintentional, that communicate hostile or derogatory messages, particularly to members of marginalized social groups (Nadal et al., 2016). This study explored the microaggressions that transgender participants experience and the psychological effects on their feelings of social exclusion. Specifically, we hypothesized that transgender individuals experience microaggressions that make them feel socially excluded. The participants' ages ranged from 18-66 and identified as nonbinary, agender, demiboy, genderqueer, male, or female. Utilizing online survey participants recalled memories of microaggressions or non-microaggressive control memories before rating their emotional responses to those experiences. The results showed that transgender individuals experience a variety of complex microaggressions, which can show feelings of significant social exclusion. Specifically, the type of microaggressive experience can significantly impact feelings of relational value. Given the complex nature of these microaggressive experiences and severe feelings of social exclusion, there may be a variety of mental health impacts that transgender individuals experience.

KEYWORDS: transgender, microaggressions, social exclusion, mixed methods

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STEPHANIE M. AUBUCHON

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Fulfillment of the Requirements
for the Degree of

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STEPHANIE M. AUBUCHON

COMMITTEE MEMBERS:

Leandra Parris, Co-Chair

Eric Wesselmann, Co-Chair

Brea Banks

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CHAPTER I: INTRODUCTION

There are approximately 1.4 million adults in the United States that identify as transgender (Flores, Herman, Cates, & Brown, 2016). However, these statistics may not be accurate due to a variety of reasons, such as legal ramifications associated with being out or lack of inclusive options in some censuses. Therefore, there may exist many more individuals who identify as transgender that are not part of these data. The term “transgender” broadly encompasses a population of individuals whose gender identity and expression are different from their anatomical sex assigned at birth (Brill & Pepper, 2008). Individuals identifying as transgender tend to identify on a continuum of the male-female binary, as their sex assigned at birth is either incorrect or not a complete representation of their identity (Nadal, 2013). For the remainder of this paper, transgender populations will be referred to as transgender individuals to be inclusive of these groups.

Transgender individuals are continuing to be marginalized and subject to discrimination across the globe (Nadal, Whitman, Davis, Erazo, & Davidoff, 2016). In Western culture, experiences can be more subtle than blatant aggressions (Lilenfeld, 2017). This form of prejudice is known as microaggressions (Nadal, Davidoff, Davis, & Wong, 2014), which are unconscious or unintentional behaviors and statements that communicate hostile or derogatory messages to members of marginalized social groups (Nadal et al., 2016). Specifically, microaggressions can be verbal comments (e.g., subtle racial slights), behaviors (e.g., ignoring individuals of underrepresented backgrounds), or environmental decisions (e.g., having only gendered bathrooms; Sue et al., 2007). It is important to study microaggressions and their effects because many transgender individuals experience these prejudices daily, which can have negative effects on mental and physical health.

Research suggests that those who experience microaggressions may undergo several cognitive and emotional processes when deciding how to react or respond to microaggressions (Sue et al., 2007). Furthermore, it has been hypothesized that although microaggressions may seem minimal, the accumulation of microaggressive experiences may lead to severe psychological distress (Sue, 2010; Sue et al., 2007). Overall, transgender individuals are much more likely to experience gendered microaggressions compared to their cis-gender (gender identity matches anatomical sex at birth) counterparts (Chang & Chung, 2015). Because it is important to gain a better understanding about transgender individuals' experiences in regards to microaggressions, one purpose of this study is to gain a better understanding of which kind of microaggressions transgender individuals experience and how these experiences affect their feelings of social exclusion.

Furthermore, it is important to examine the transgender population because they are a marginalized population with little known about their thoughts and emotions regarding microaggressions and social exclusion. This study allows researchers to interact with this population and gain a better insight by asking the participants to think of these negative experiences and then share information both quantitatively and qualitatively. Therefore, researchers uses a mixed methods design to allow for qualitative examination of transgender participants' perceptions and experiences and quantitative examination of the ostracizing effects of microaggressions.

The following research questions were proposed: (1) What microaggressive experiences do transgender participants describe? (2) What effects do they report on social exclusion as a result of these microaggressions? and (3) of the reported microaggressions, are certain types and themes more or less associated with social exclusion?

CHAPTER II: LITERATURE REVIEW

Transgender Populations

The term “transgender” broadly covers a population of individuals whose gender identity and expression are different from their anatomical sex assigned at birth (Brill & Pepper, 2008). Individuals identifying as transgender tend to identify on a continuum of the male-female binary, as their sex assigned at birth is either incorrect or not a complete representation of their identity (Nadal, 2013). There are a variety of terms that are used to describe one’s gender identity, including: transgender male-to-female, transgender female-to-male, transsexual, genderqueer, transgenderists, androgyne, demigender, gender nonconforming or asexual, intersexed (Calton, Cattaneo, & Gebhard, 2016). A transman is understood to be an individual who is biologically-born as a female but identifies or lives life as a male. This term could also be referred to as FTM, meaning “female to male.” A transwoman represents the opposite, as this term includes individuals who are born biologically as a male but identifies or lives as a female. This term could also be referred to as MTF, meaning “male to female” (Corning, 2017). Importantly, not all individuals who are transgender identify with the terms FTM or MTF, and some may view these labels as offensive or politically incorrect. Many individuals who are transgender do not feel that they became male or female rather that their core identities have always been male or female throughout their lives (Corning, 2017).

The term transsexual is used to describe individuals who have undergone medical treatments, such as sex reassignment surgery and/or hormone treatments. The period in which these medical treatments occur is referred to as a gender transition (Wahlig, 2015). Specifically, hormone therapy involves estrogen treatments for transgender women and testosterone treatments for transgender men (Newfield, Hart, Dibble, & Kohler, 2006; Sanchez, Sanchez, &

Dandoff, 2000). Sex reassignment surgery is more invasive and can be a long transition process. For transgender women, the surgery includes: changed external genitalia for both aesthetics and functionality, breast enlargement, changes in body hair, and redistribution of fat tissue (Soli et al., 2007). For transgender men, there is liposuction for fat redistribution, mastectomy or breast reduction, and hysterectomy. Many desired traits, like deep voice, increased body and facial hair, and reduction in fat can be gained from hormone treatment (Rachlin, 1999). It is important to note that not all people who identify as transgender have undergone medical treatments (Solomon, 2012).

Transgenderists is used to describe individuals who identify with the gender opposite of their anatomical sex, but do not have sex reassignment surgery. The term androgyne is used to identify individuals who do not use masculine or feminine language (e.g., boy and girl) and may describe themselves as being in between genders. Demigender is a non-binary gender identity that has a partial connection to a certain gender. Gender nonconforming or agender refers to individuals who do not conform to societal expectations of gender roles, such as, attire, physical appearance, or mannerisms. Individuals who identify as intersexed were born with both male and female anatomical characteristics (Calton et al., 2016). Genderqueer refers to individuals who do not identify with gender labels. Also, some individuals who identify as genderfluid present different genders depending on the circumstance or situations (Solomon, 2012). Lastly, the term cis gender refers to individuals whose anatomical sex at birth matches their gender identity (Ferrante, 2011).

Additionally, many individuals who are transgender identify as their gender being on the spectrum of feminine and masculine because their gender identity is fluid. Specifically, people who identify as either transgender or cis gender may view gender as dynamic and existing along

a continuum, rather than it being fixed or binary (Nadal, Skolnik, & Wong, 2012). Thus, many individuals may identify along a “feminine spectrum” or “masculine spectrum” rather than identifying strictly as male or female. It is important to note that there are many labels that exist that were not described above, and these definitions may not fit how they identify (Nadal et al., 2012). Therefore, from this point on the use of “trans individuals” will describe anyone who may identify in the above terms, identify with other terms, or their identity does not match their biological sex at birth (Johnson, 2013).

Trans individuals have demonstrated that an important protective factor for them is resiliency, which can help lead to more positive outcomes (Meyer, 2003). Specifically, resilience is defined as individual variables that protect marginalized group members from the deleterious effects of marginalized stressors (Meyer, 2003; Mizock & Lewis, 2008). Singh, Hays, and Watson (2011) found that trans individuals report their resiliency is a way for them to combat the transphobia they experience. Being resilient is important for trans individuals because resiliency is strongly associated with lower levels of psychological distress and can help protect underrepresented groups from marginalized stressors (Singh, Hays, & Watson, 2011). Singh and colleges (2011) found that if trans individuals can identify barriers, like being aware of the oppression they face, then they can increase their resiliency. Resiliency can also be increased by defining one’s own gender identity, having a sense of hope for the future, increasing sense of self-worth, and participating in social activism (Singh et al., 2011).

For trans individuals, resiliency is associated with more adaptive coping with discrimination and trauma; however, there are other protective factors, such as social and family support, that are beneficial as well (Moody & Smith, 2013; Smith & Gray, 2009). If people who identify as trans have a supportive family, it can help them cope with the stigma and

discrimination that they face (Bariola et al., 2015). Additionally, having a social supportive community, can also be a protective factor for trans individuals (Bockting, Miner, Romine, Hamilton, & Coleman, 2013). It is most beneficial if the social support comes from others in the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) community, as they share similar experiences allowing them to better understand what trans individuals may be going through (Bariola et al., 2015). Overall, if trans individuals can increase their protective factors, like resilience and support systems, this can help them decrease the psychological distress they encounter when dealing with discrimination and trauma.

However, there are risk factors that can lead to the deterioration of trans individual's mental and physical health. According to the Minority Stress Model (Meyer, 2003), populations that are socially stigmatized face chronic stress due to prejudice, discrimination, social exclusion, and violence. Further, trans individuals are also marginalized in their communities and face hostile home, school, social, and work environments daily. These experiences can put marginalized individuals at risk for poor mental health (Seelman, Woodford, & Nicolazzo, 2017).

Specifically, one form of discrimination and stigma that trans individuals encounter is social exclusion. Social exclusion occurs when an individual feels physically or psychologically isolated from others. As social creatures, humans need to belong and be included in groups, but by being socially excluded, it threatens this need causing a myriad negative physical and psychological consequences (Ahmed Mohammed, & Williams, 2007). For example, when people are excluded, they experience pain, sadness, and anger (Williams & Nida, 2011). Also, those who are ostracized lack a sense of belonging, self-esteem, valued existence, and control being met (Williams & Nida, 2011).

Being in a hostile environment can lead to trans individuals experiencing a high degree of abuse and violence, such as hate crimes that include, verbal insult, threatened physical assault, harassment, and physical assault (Wittern & Eyler, 2012). According to the National Coalition of Anti-Violence Programs (NCAVP, 2006), about 321 hate crimes, a crime motivated by prejudice, directed toward trans individuals occur every year. Trans individuals are also 2.3 times more likely to be victims of discrimination compared to cisgender individuals (Chang & Chung, 2015). Additionally, Grant and colleagues (2011) found that trans individuals in Grades K--12 reported startling rates of harassment (78%), physical assault (35%), and sexual violence (12%) using the National Transgender Discrimination Survey (Chang & Chung, 2015). The San Francisco Department of Public Health (The Transgender Community Health Project, 2000) surveyed over 500 trans individuals. MTF and FTM participants reported experiencing verbal abuse (83%, 85%), physical abuse (37%, 30%), employment discrimination (46%, 57%), and housing discrimination (37%, 20%). Furthermore, researchers found that trans individuals experienced higher rates of physical (43-60%) and sexual violence (43-46%) (Hendricks & Testa, 2012). Unfortunately, most of these crimes are unreported because trans individuals fear that law enforcement officers will mistreat them (Xavier & Simmons, 2000).

Trans individuals experience higher prevalence of victimization compared to people who are cisgender throughout their life time. This can have a detrimental effect one's mental and physical health. Specifically, when individuals experience victimization, they are at increased risk for developing serious mental disorders, poor health, leading to morbidity and mortality (Ahmed et al., 2007; Cramer, McNeil, Holley, Shumway, & Boccellari, 2012).

Internalized stigma and victimization increase trans' daily chronic stress, which can lead to higher rates of anxiety, depression, eating disorders, post-traumatic stress disorder, suicidal

ideation, suicide attempts, self-harm, substance abuse, and victimization (Chang & Chung, 2015). Specifically, compared to cisgender match controls, trans individuals had an elevated risk of having diagnosable anxiety, (26.7% vs 10.0%), depression (50.6 vs 20.6%), suicide ideation (31.1% vs 11.1%), suicide attempt (17.2% vs 6.1%), and self-harm (16.7% vs 4.4%).

Additionally, a significantly greater proportion of trans youth compared to cisgender controls lack access to inpatient mental health care (22.8% vs 11.1%) and outpatient mental health care (45.6% vs 16.1%) services (Reisner et al., 2015). Furthermore, prejudice and victimization can affect trans' self-esteem, with more blatant prejudice or victimization they encounter having a detrimental impact on feelings of self-worth and self-image (Seelman et al., 2017). Overall, trans individuals have many risk factors that put them at higher risk for discrimination, social exclusion, stigma, and violence, which can lead them to being at increased risk for developing mental and physical disorders.

Microaggressions

Prejudice often manifests in more subtle forms than it did decades ago. From this perspective, prejudice has not declined, but it has merely become more indirect and insidious. Compared with overtly prejudicial comments and acts, they are commonly understood to reflect less direct, although no less pernicious, forms of genderism (Lilienfeld, 2017). Therefore, some of the prejudice that trans individuals are experiencing today may be in this subtler form, known as a microaggressions. Microaggressions are behaviors and statements, often unconscious or unintentional, that communicate hostile or derogatory messages, particularly to members of marginalized social groups (Nadal et al., 2016). Specifically, microaggressions can be verbal comments (e.g., subtle racial slights), behaviors (e.g., ignoring marginalized individuals), or environmental decisions (e.g., having only gendered bathrooms; Sue et al., 2007).

Microaggressions are “othering” statements or actions. That can make victims feel as though they are not included with the rest of the general population.

There are three categories of microaggressions that one can experience. Microassaults include overt verbal or nonverbal insults and behaviors (Nadal et al., 2016). However, due to microassaults usually being less covert, these may be considered macroaggression due to their overt nature (Lilienfeld, 2017). However, the other two categories of microaggression fit this concept’s covert nature more closely. Microinsults are statements or actions that may slight or demean a person’s marginalized identity (Nadal et al., 2016). Microinvalidations are those behaviors or remarks meant to exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of members of marginalized groups (Nadal et al., 2016).

Specifically, there have been 12 microaggression themes that trans individuals report encountering (Galupo et al., 2014; Nadal et al., 2014).

(1) Transphobic and/or incorrectly gendered terminology: Individuals use denigrating language, incorrect gender pronouns, or both. One example would be publicly questioning a person’s gender.

(2) Assumption of universal transgender experience: One assumes that all transgender persons are the same. One example would be all transgender people undergo gender-affirming surgeries.

(3) Exoticization: Trans individuals are dehumanized or treated like objects. One example would be people treating a transgender person as a “token” or pursuing them because of their transgender identity.

(4) Discomfort or disapproval of the trans individuals' experience: Trans individuals are treated with disrespect or condemnation. One example would be a person becoming judgmental after learning about a friend's transgender identity.

(5) Endorsement of gender normative and binary culture or behaviors: One may make statements or behave in a way that communicates to a trans individual that they are expected to be or act in gender-conforming ways. One example would be trying to make a trans individual appear or behave that is typical for the sex they were assigned at birth.

(6) Denial of the existence of transphobia: Cisgender individuals invalidate a trans individuals' experience by denying that transphobic experiences exist. One example would be when one states that no one dislikes or fears individuals that identify as transgender.

(7) Assumption of trans individuals' sexual pathology or abnormality: Trans individuals are treated as if they are psychologically abnormal or sexually deviant. One example of this would be beliefs that trans individuals are all associated with HIV/AIDS or are sex workers.

(8) Physical threat or harassment of trans individuals: Trans individuals are teased, intimidated, or bullied because of their gender identity. One example would be an individual who identifies as trans is physically hurt due to their identity.

(9) Denial of individual transphobia: Cisgender people deny that they have transphobic biases. One example would be if someone made a microaggression and when confronted about it, they may state that they are not transphobic.

(10) Denial of personal body privacy: Statements or behaviors in which cisgender people objectify trans individuals' bodies. One example would be someone asking intrusive questions about a trans individual's genitals.

(11) Familial microaggressions: Subtle or unintentional forms of discrimination occurs within the family. One example would be a family member stating that the trans individual cannot be transgender because it goes against their religion.

(12) Systemic and environmental microaggressions: These are covert forms of discrimination that occur on an institutional or community level (Galupo, Henise, & Davis, 2014; Nadal et al., 2014). One example would be not having gender inclusive bathrooms in public places.

Due to the unintentional nature of microaggressions, the recipient of these aggressions often find themselves in a catch 22. If they say nothing, they risk becoming resentful or inadvertently encouraging further microaggressions from the same person. However, if they do say something, the deliverer may deny having engaged in prejudice and accuse them of being hypersensitive, which could lead the recipients to be reluctant to call out future microaggressions (Sue et al., 2007).

Effects of Microaggressions on Mental Health

Trans populations are already at a higher risk for developing mental health disorders due to chronic stress from overt form of prejudice, discrimination, and violence. However, microaggressions can increase trans individuals' risk for negative outcomes even further. As described above, research suggests that those who experience microaggressions may undergo several cognitive and emotional processes when deciding how to react or respond to microaggressions (Sue et al., 2007). Furthermore, it has been hypothesized that although microaggressions themselves may seem minimal, the accumulation of microaggressive experiences may lead to severe psychological distress (Sue, 2010; Sue et al., 2007). Nadal's (2016) Microaggression Theory assert three major domains of microaggressions responses: (a)

emotional reactions, (b) cognitive reactions, and (c) behavioral reactions. These reactions to the psychological distress give insight into how microaggressions effect trans individuals' mental health (Nadal et al., 2014).

Relevant to emotional reactions, trans individuals can experience various emotions and range of intensity in response to microaggression, such as anger, betrayal, distress, hopelessness/exhaustion, and feeling invalidated and/or being misunderstood (Nadal et al., 2014). Regarding cognitions, trans individuals reported rationalization of others' discriminatory behavior, the difficult position of struggling with double-bind situations, engaging in cognitions around vigilance and self-preservation, and thoughts regarding resiliency and empowerment (Nadal et al., 2014). Lastly, in the behavioral domain, trans individuals can take different types of actions or inactions in response to microaggressions, such as direct confrontation, indirect confrontation, and passive coping (Nadal et al., 2014). Overall, microaggressions can be detrimental to trans individuals' mental health due to their accumulation of microaggressive experiences.

Additionally, microaggressions can severely impact the mental health of members of marginalized social groups. Studies correlated experiences of microaggressions with higher prevalence of depressive symptoms, negative emotional intensity, and binge drinking (Blume, Lovato, Thyken, & Denny, 2012; Nadal et al., 2014; Wang, Leu, & Shoda, 2011). Also, trans individuals' experiences of microaggressions correlated with lower levels of self-esteem and psychological well-being (Nadal, Wong, Griffin, Davidoff, & Sriken, 2014; Nadal, Wong, Sriken, Griffin, & Fujii-Doe, 2015; Solórzano, Ceja, & Yosso, 2000; Sue, Capodilupo, & Holder, 2008). Furthermore, trans individuals who experienced microaggressions are not only associated with greater psychological distress, but a recent analysis of the National Transgender

Discrimination Survey data found a relationship between experiences with an environmental or systemic microaggression and life-long suicidality (Seelman et al., 2017). Due to the prevalence of microaggressions and other subtle manifestations of discrimination as a more “acceptable” way of expressing prejudice in today’s world (Woodford et al., 2014), trans individuals may regularly feel the impact of microaggressions on their overall mental health and well-being.

Social Exclusion

Those who experience microaggressions may be experiencing a form of social exclusion, which is defined as one is being kept from others physically or emotionally (Seidel et al., 2013). Humans have fundamental psychological needs to be connected to others, such that, they are sensitive to any cue that there is a threat to their social relationships (Wesselmann et al., 2016). Theorists have created models to organize the diverse theoretical and operational definitions of experiences that threaten social connections (Wesselmann et al., 2016). Most theorists conceptualize social exclusion as having two core experiences, which are rejection and ostracism. Specifically, rejection is defined as being explicitly told or implied that one is not wanted in a social relationship (Blackhart, Knowels, Nelson, & Baumeister, 2009; Williams, 2007). This type of social exclusion can come in the form of direct negative attention, like one using dehumanizing language or hurtful laughter (Wesselmann et al., 2016). Whereas, ostracism is defined as one being ignored by an individual or group (Wesselmann et al., 2016). Therefore, these victims of ostracism are not receiving any attention at all. Ostracism comes in the form of others averting their eye contact, not having information, or uncomfortable silences (Wesselmann et al., 2016).

Additionally, some theorists also argue that other types of negative social experiences can involve being socially excluded, such as discrimination and stigmatization (Goffman, 1963; Kerr

& Levine, 2008; Kurzban & Leary, 2001; Richman, Martin, & Guadagno, 2016).

Microaggressions are a form of discrimination and stigmatization, which can be considered types of exclusion (Richman & Leary, 2009). Moreover, microaggressions are “othering” statements or actions, and they can make victims feel as though they are not included with the rest of the general population (Nordmarken, 2014). Therefore, it can be assumed that people who experience microaggressions, may be experiencing similar outcomes caused by these different types of social exclusion.

Social exclusion can be measured using the recall task, in which participants spent time recalling an autobiographical memory and typing it into an essay format (Pickett, Gardner, & Knowles, 2004). When one recalls a negative memory and writes about it, that individual experiences those emotions almost as strongly as when they had initially experienced that negative and painful situation (Wesselmann & Williams, 2017). This paradigm is commonly used in social exclusion research (Wesselmann & Williams, 2017).

Effects of Social Exclusion

Several studies have shown that people who are excluded from their social connections feel a range of negative emotions, including alienation, anger, disappointment, distress, helplessness, jealousy, sadness, and shame (Hutchison & Abrams, 2007). Additionally, when one is being excluded it can also make them feel more anxious, depressed, lower their self-esteem and their overall psychological well-being (Hutchison & Abrams, 2007). Thus, social exclusion impacts one’s basic psychological needs and sense of self. Specifically, their basic psychological needs are deteriorated due to their feelings of belonging and life satisfaction being reduced, sense of meaningful existence and hope decreasing, and relational value diminishing (Gonsalkorale & Williams, 2007).

Therefore, when one is socially excluded, they feel a reduction in self-efficacy, which undermines perceptions of control (Chen, Williams, Fitness, Newton, 2008; Hutchinson, Abrams, & Christian, 2007; Leary, Tambor, Terdal, Downs, 1995; Seidel et al., 2013). When one's basic need for control has been threatened, there is a tendency for victims of social exclusion to become aggressive (Williams, 2001). Specifically, Leary and colleagues (2006) suggest that the more that exclusion diminishes an individual's sense of control, the more likely that person will respond with aggression. Overall, there are a variety of negative effects due to social exclusion, but all of these effects can combine to cause the victims of social exclusion to feel social pain.

Chen and colleagues (2008) found that when people were asked to recall physically or socially painful events, those in the social exclusion group recalled a greater amount of pain, especially who recalled experiences that involved rejection or ostracism. Not only is the pain greater, but the recall of this pain can affect one's cognitive abilities for longer (Chen, Williams, Fitness, and Newton, 2008). Therefore, those who are victims of social exclusion can relive their social pain with the similar levels of pain as when they experienced it, and it can affect them for long periods of time, which also slows their cognitive functioning. This means that those who have experiences any type of social exclusion, like microaggressions can be reliving that social pain daily.

Present Study

Purpose of the Study

Microaggressions are subtle or slighter insults that are perpetrations against individuals holding marginalized identities (Nadal, 2013). Jones and colleagues (2016) suggest that microaggressions have comparable negative outcomes to more direct and overt forms of discrimination and prejudice. However, microaggressions still need further research to strengthen

our understanding of the phenomenon. People need to belong, and social exclusion (experiences that make individuals feel physically or psychologically isolated from others) threatens this need, causing a myriad negative physical and psychological consequences (Ahmed et al., 2007). However, further research is needed surrounding the effect of microaggressions on trans individuals' perception of being socially excluded to strengthen our understanding of the phenomenon (Lilienfeld, 2017). We address this by investigating microaggressions toward trans individuals within the well-established theoretical context of social exclusion research. This study proposes the following research questions: (1) What microaggressive experiences do trans individuals participants describe? (2) What effects do they report on social exclusion as a result of these microaggressions? and (3) of the reported microaggressions, are certain ones more or less associated with social exclusion? The researcher hypothesized that trans individuals experience a variety of microaggressions, which may lead them to feel socially excluded. This will add to the current literature surrounding of what types of microaggressions occur most frequently and their effects (Galupo, Henise, & Davis, 2014; Nadal et al., 2014). The researcher also hypothesized that some of the microaggressions, such as, experiencing both a microaggression and macroaggression will be found as more socially excluding than just one or the other. These findings will increase our understanding about what types of microaggressions that trans individuals are experiencing and their perceived effects on feelings of social exclusion. This information may allow us to know what specific areas to provide prevention and intervention for trans individuals.

CHAPTER III: METHODS

The current study used archival data that was obtained as part of a project in 2017.

Design

Researchers employed a mixed methods design, (i.e., simultaneous qualitative → quantitative design). The qualitative data consists of an examination of the specific type and theme of 12 commonly used microaggressions (Galupo et al., 2014; Nadal et al., 2014). Quantitative data consisted of rating on how ostracized the microaggression made participants feel using three modified ostracism scales commonly used in ostracism literature (Carter-Sowell, 2010; Williams, 2009; Wirth, Sacco, Hugenberg, & Williams, 2010). Lastly, the researchers used quantitative data analyses to determine if any of the 3 types or 12 themes were associated with higher feelings of social exclusion based on the three measures.

Participants

The participants ($n = 32$) in the study ages ranged from 18-34 ($M = 22.5$ years, $SD = 4.29$). The sample included 17.9% individuals identifying as nonbinary, 3.6% identifying as agender, 3.6% identifying as a demiboy, 3.6% identifying as FTM, 7.1% identifying as genderqueer, 14.1% identifying as trans women, 7.1% identifying as male, and 43% identifying as transmasculine, or trans male (see Appendix B). As for the participants' ethnicity and race, 75.0% identified as European American/White, 3.1% identified as Latino/Latina, 12.5% identified as Bi-racial/Multi-racial, and 9.4% identified as Other (see Appendix C).

Measures

Researchers used a questionnaire to obtain participants' perception of feeling ostracized after recalling a time they experienced a microaggression. Specifically, researchers first asked participants to write an essay providing the details about a time they experienced a

microaggression. After completing this recall task, participants responded to several items, which indexed how they recalled feeling during their described autobiographical event. Using the research conducted by Wirth and colleagues (2010) participants completed three items assessing their perceived relational value (e.g., “How important did you feel you were to this person(s)”; see Appendix A). These items were answered on a 5- point rating scale rating them from 1 not at all to 5 extremely. Reliability was acceptable ($\alpha = .91$). Then, participants completed a battery of items commonly used in social exclusion research (Williams, 2009). All items were answered on a 5-point rating scale, ranging from 1 not at all to 5 extremely. Specifically, they completed two items assessing their feelings of being excluded and ignored (Spearman-Brown coefficient = .59). These two items are often averaged together and treated as manipulation checks in social exclusion research (Williams, 2009; see Appendix A). Participants also completed a measure of basic psychological need satisfaction (i.e., belonging, control, meaningful existence, and self-esteem). We did not have a priori hypotheses about how microaggressions may affect the different needs, so we combined them into one overall index , which was reliable ($\alpha = .96$), as is common practice in social exclusion literature (Williams, 2009; see Appendix A).

Procedure

Researchers recruited trans participants from Tumblr and Reddit, which are social media outlets. The questionnaire was shared by people using both of these social media sites. The description of the study stated that researchers were looking for people who identify as trans individuals to answer open ended questions about their experiences. This study used the Recall Paradigm, which is common for social exclusion research (Wesselmann et al., 2016). Chen and colleagues (2008) found that those who are asked to recall their social pain from being socially excluded remembered this pain more vividly than the physical pain condition. Therefore, by

having the participants relive their social exclusion, they are reliving that social pain in vivo. Using random assignment, participants either recalled the details of their previous Wednesday (control condition; $N = 12$), or a time when they experienced a microaggression because of their gender identity ($N = 20$). Specifically, the participants in the control condition received this prompt:

Please describe, in as much detail as possible, what your last Wednesday was like. What were you feeling at that time? Again, please describe this in as much detail as you can remember; really try to relive that experience.

The participants in the experimental condition received this prompted:

Please describe, in as much detail as possible, a time where you experienced a microaggression because of your gender identity. “Microaggressions” refer to behaviors, whether verbal or nonverbal, conscious or unconscious, that put down LGBT individuals. What were you feeling at that time? Again, please describe this in as much detail as you can remember; really try to relive that experience.

Afterwards, participants completed various dependent measures common to exclusion research (e.g., relational value, basic need satisfaction, and ostracism). Specifically, participants recorded the level of painful feelings, psychological needs satisfaction, relational evaluation, and perceived ostracism that they recalled feeling during the remembered event. Then, all participants completed an inclusion-focused prompt that facilitate recovery for any lingering distress that may occur after reliving a microaggression. Lastly, the participants were exposed to a paragraph to read that debriefed them about the purpose of the survey. This debriefing also contained social support networks (online resources and telephone numbers) for people experiencing any distress while writing about the time they experienced microaggressions.

CHAPTER IV: RESULTS

Research assistants coded the open-ended responses in the microaggression condition utilizing deductive-inductive process to analyze the data (Nastasi, 2009). Starting with literature-based types and themes of microaggressions, and then allowed the codes to be revised and changed to what was identified in the data. By allowing the data to dictate the codes, grounded theory content analysis guidelines were employed (Strauss and Corbin, 1998). In other words, the codes and themes were grounded in the data, such that, the data informed researchers on how to code the reported microaggressive experiences. The researcher identified themes and created a coding manual, which was then applied by two research assistants using a constant comparative design with interrater reliability (IRR) calculated for each open-ended response (Strauss and Corbin, 1998; Nastasi, 2009). Discrepancies were discussed until 100% consensus was met (Nastasi, 2009). Coding and IRR was analyzed using MaxQDA (VERBI Software, 1989-2017), which allows for mixed methods, linguistic, and word count analyses. The researchers had a license for this program and have conducted multiple studies with it (e.g., Parris, Varjas, Meyers, Henrich, & Brack, *in progress*; Troisi, Parris, & Taylor, 2017).

To analyze the quantitative data, researchers conducted a Multivariate Analysis of Variance (MANOVA) to compare conditions feelings of social exclusion on three scales (relational value, basic needs satisfaction, and ostracism). Then, the researchers used a Bivariate Correlation to determine how correlated the condition is to the three dependent variables. Lastly, the researchers conducted a one-way ANOVA to determine if experiences written about macroaggressions, microaggressions, or both had participants report more feelings of social exclusion. The researchers then conduct post-hoc analyses to examine if the pattern of results differs depending upon microaggression category.

Research Question One

The initial procedure (Stage 1) of this study was to evaluate three Level 1 types of microaggressions that occurred in the microaggression experience responses: *microassault*, *microinvalidation*, *microinsult* (see Figure 1). Next, the twelve Level 2 themes that further categorized the microaggressive experiences reported: *transphobic and/or incorrectly gendered terminology*, *assumption of universal transgender experience*, *exoticization*, *discomfort or disapproval of the trans individuals' experience*, *endorsement of gender normative and binary culture or behaviors*, *denial of the existence of transphobia*, *assumption of trans individuals' sexual pathology or abnormality*, *physical threat or harassment of trans individuals*, *denial of individual transphobia*, *denial of personal body privacy*, *familial microaggressions*, *systemic and environmental microaggressions*. However, it was difficult to fit these Level 2 themes into the Level 1 types of microaggressions because they were theoretical similarities. Specifically, it was difficult to code these themes separately because these themes blended together and were hard to tease apart (i.e., the themes co-occurring frequency was 52.38%). Additionally, the coders did not agree on themes throughout, which impacted the use Level 1 coding as well. The intercoder reliability was 45.00% when coding for both the three types of microaggression and the 12 themes. No consensus could be reached on Level 2 themes coded; therefore, Level 2 codes were taken out. Then, the coders were instructed to code for just the three types of microaggression, microassaults, microinsults, and microinvalidations, which was Stage 2 of coding (see Figure 1). The intercoder reliability was 54.76% at this stage of coding because it was difficult to separate microinvalidations and microinsults. Therefore, due to microinvalidations and microinsults co-occurring frequently (38.10%) that the researcher decided to make a Stage 3 of coding with two new Level 1 types: *macroaggression (microassaults)*, *microaggression (microinvalidations and*

microinsults), and *both* (see Figure 1). Once this was established, coders recoded the responses and had a 76.19% agreement. Then, after talking through the codes that were different for each response, they reached an agreement of 100%. There were 21 participants that responded to the experimental microaggression prompt, but one was not included due to lack of complete response.

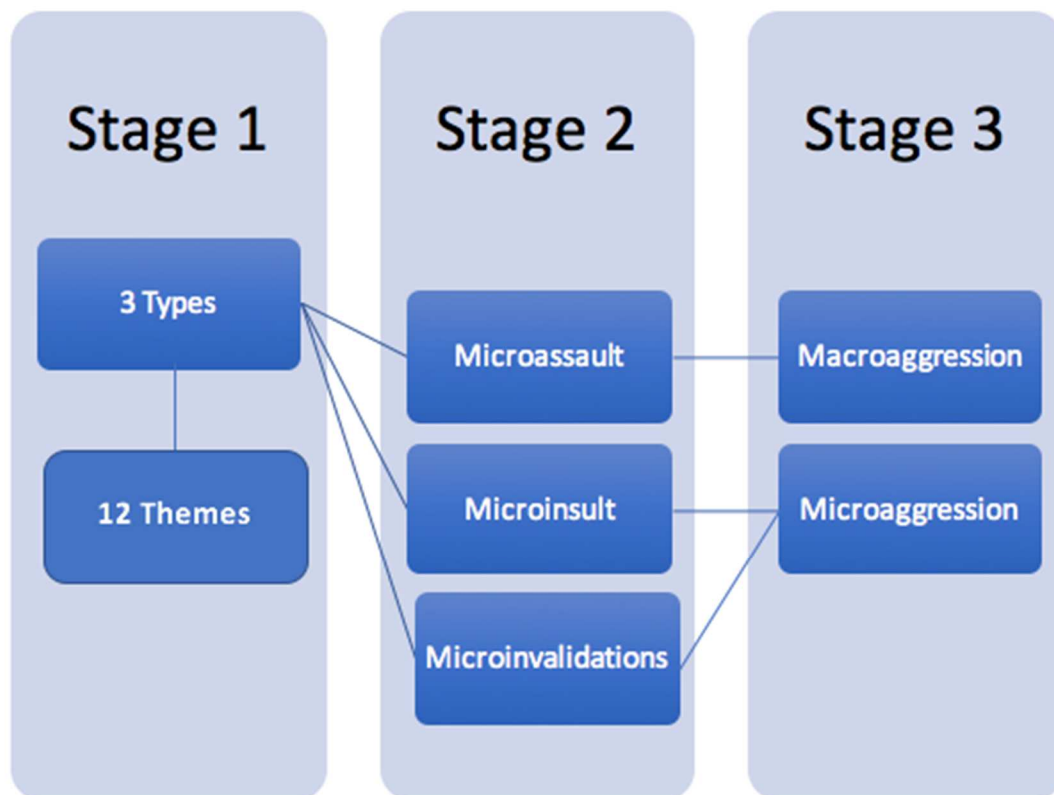


Figure 1. The Stages of Coding the Qualitative Data

Macroaggression

Macroaggressions include overt verbal or nonverbal insults and behaviors (Nadal et al., 2016). Sue (2010) defines these experiences as microassaults, but due to the nature of these aggressions of being less covert, they are considered macroaggression due to their overt nature (Lilienfeld, 2017). For example, a participant stated, “this person that lives in my neighborhood

that used to love calling me a fag from his car whenever he drove by.” This is an example of an overt form of discrimination against this person and their identity. Another participant said

“I was playing a video game tournament, and it's customary to shake hands after a match... but after a match with someone who has a well-documented attitude towards women in the community, they refused to shake my hand and ran away instead.”

Another example, one participant discussed their experience with their coworker

“...took me to a conference room, made fun of my clothes, told me I had no right to request male pronouns (which she never used with me despite me emailing her about that a year earlier) and told me I didn't look like a man and never would.”

There are other examples of individuals purposefully harming others by making statements relevant to the participant's gender identity. There were five participants that reported experiencing such macroaggression.

Microaggression

Microaggressions included microinsults and microinvalidations. Specifically, these were statements or actions that may slighted or demeaned a participant's marginalized identity or excluded, negated, or nullified the psychological thoughts, feelings, or experiential reality of participants (Nadal et al., 2016). For example, a participant reported:

“During one of my last days at work before surgery, one of my bosses was talking to me about it and brought up other aspects of my transition that I wouldn't have discussed otherwise. At one point, she referred to cis women as real women, which implied that I'm not.”

This example demonstrated that her boss may not have realized that her comment was hurtful and invalidated or insulted the participant's gender identity. Another example,

“my teacher constantly referred to us as ladies because other than me, everyone else in the class was a cisgender female. Class would start and she would say Hello, ladies! and then her eyes would see me and she would change her statement to oh um I meant hello everyone! She continually misgendered me for the first few weeks, even after I kept correcting her.”

Although the teacher tried to correct her microaggression of misgendering the participant, but it continued to happen even after being corrected, which invalidated the participant. Overall, there were 12 participants reported experiencing a microaggression.

Both

The code *both* was used when a participant described a macroaggression and microaggression in the same situation. Therefore, they experienced both an overt and covert forms of aggression in the situation they wrote about. For example, one participant wrote:

“Word had gotten out that I was questioning my gender identity, and that I felt I was a boy. My ex and his friends had said that perhaps I was a lesbian instead, and was just butch. One of his friends, whom I still spoke with during English of Senior year, would often call me a 'tranny' as well as a 'special snowflake.’”

This example is microaggressive because those who stated that maybe the participant was a lesbian may not have said this to intentionally invalidate or hurt them, but the participant interpreted as such. However, the term tranny is a derogatory term. There were three participants that reported experiencing both a microaggression and macroaggression. Although we had originally hypothesized that participants would report experience a variety of microaggressions within the three types and 12 themes, analyses supported only three types (i.e., microaggressions, macroaggressions, and both).

Research Question Two

First, we examined all the open-ended responses to verify that participants responded to the prompt instructions. All the participants in the microaggression condition wrote about an event that involved some form of discrimination. In the control condition, all participants wrote about their daily experiences. However, nine participants (36.0% of control sample) reported experiencing some form of discrimination on that day, and three participants (12.0% of control sample) indicated anxiety due to being excluded. We conducted our analyses both with these participants in the analyses and with them removed. The patterns of the results were the same, but the effect sizes are weaker when these participants are excluded. Although these participants read and understood the prompt, they experienced discrimination as part of their previous Wednesday, so we provided the analyses with these participants excluded.

Correlational analyses were employed to examine the relationship between the prompt bivariate condition and their scores on the three social exclusion measures. Researchers first conducted a correlation to determine if there was a reason to control for age and race. Results showed that both age and race were not significantly correlated with the dependent measures, although results indicated significant correlations between condition and the dependent variables using Pearson's R . Specifically, there was a significant inverse relationship between those recalling a microaggressive experience and their rating of relational value, $r(32) = -.635, p < .001$ (see Table 1). This suggests that those who relived their microaggressive experiences have lower relational value, meaning they do not feel important or valued by others. Also, there was a significant inverse relationship recalling their microaggressive experience and the participants' rating of their basic needs satisfaction, $r(32) = -.803, p < .001$ (see Table 1). This means that those who wrote about experiencing a microaggression did not feel as though their basic needs

were being met. Lastly, there was a significant correlation between those in the microaggressive condition and their feelings of ostracism, $r(32) = .750, p < .001$ (see Table 1). This means that those who were in the experimental condition experienced higher feelings of ostracism.

There was a significant inverse relationship between the participants' rating of relational value and feeling of ostracism $r(32) = -.753, p < .001$ (see Table 1). This suggests that those who feel low relational value is correlated with more ostracized. Also, the results indicate a direct relationship between the participants' rating of relational value and feelings of basic need satisfaction $r(32) = .751, p < .001$ (see Table 1). This suggests that those who feel low relational value will also feel that low level of satisfaction of their basic needs being met. Lastly, the participants' ratings of ostracism indicate an inverse relationship with feelings of satisfaction of their basic needs being met $r(32) = -.789, p < .001$ (see Table 1). Thus, those with high levels of feeling ostracized may feel lower levels of satisfaction of their basic needs being met. These finding supports this study's second hypothesis that the participants that wrote about experiencing a microaggression would report higher levels of social exclusion.

Table 1

Correlation of Condition on Social Exclusion Measures

	Mean	SD	1	2	3
1. Condition	.63	.49			
2. Relational Evaluation	2.28	1.24	-.635**		
3. Basic Needs Satisfaction	2.34	.99	-.803**	.751**	
4. Feelings of Ostracism	2.33	1.18	.750**	-.753**	-.789**

Note: ** = Correlation is significant at the 0.01 level (2-tailed)

Researchers conducted a multivariate analysis of variance (MANOVA) to compare those who wrote about a time they experienced a microaggression (experimental) and those who wrote

about what they did last Wednesday (control) on multiple scales of social exclusion: Relational Value, Ostracism Scale, and Basic Needs Satisfaction. Table 2 provides the means, standard deviations, and cell size for this MANOVA. There was a significant multivariate effect for the condition on the dependent variables, Wilks Lambda = $F(3, 28) = .319, p < .001$, partial $\eta^2 = .681$. Specifically, participants in the experimental condition reported significantly lower levels of relational value ($M = 1.68, SD = .96$) compared to those in the control condition ($M = 3.28, SD = .98$), $F(1, 30) = 20.22, p < .001$. Participants in the experimental condition also reported significantly lower levels of basic needs satisfaction ($M = 1.74, SD = .37$) compared to those in the control condition ($M = 3.35, SD = .86$), $F(1, 30) = 54.49, p < .001$ (see Table 3). Finally, those in the experimental condition reported significantly higher levels of feeling of ostracism ($M = 3.90, SD = .97$) compared to those in the control ($M = 1.83, SD = .81$), $F(1, 30) = 38.491, p < .001$ condition (see Table 3).

Table 2

Descriptive Statistics of Condition on Social Exclusion Measures

Condition	Dependent Variable	Mean (SD)
Control ($n = 12$)	Relational Value	3.28 (.98)
	Basic Needs Satisfaction	3.35 (.86)
	Ostracism	1.83 (.81)
Microaggression ($n = 20$)	Relational Value	1.68 (.96)
	Basic Needs Satisfaction	1.74 (.37)
	Ostracism	3.90 (.97)

Table 3

MANOVA Results of Condition on Social Exclusion Measures

Source	Dependent Variable	df	F	Sig.	Partial Eta Squared
Condition	Relational Value	1	20.22	.001	.403
	Basic Needs	1	54.49	.001	.645
	Ostracism	1	38.49	.001	.562

Research Question Three

A one-way analysis of variance (ANOVA) was conducted to examine the effect of type of microaggression experienced (i.e., microaggression, macroaggression, and both) the relational value, basic needs satisfaction and ostracism scale. The main effect of type of microaggression on feelings of relational value was the only significant finding, $F(2, 29) = 6.28, p = .005$ (see Table 4). There were no significant differences for type on feelings of satisfaction of their basic needs being met ($F(2, 29) = 2.38, p = .11$; see Table 4). or feelings of ostracism ($F(2, 29) = 2.03, p = .149$; see Table 4).

Table 4

ANOVA of Type of Microaggressive Experience on Social Exclusion Measures

Dependent Variable	df	F	Sig.
Relational Evaluation	2	6.28	.005**
Basic Needs	2	2.38	.111
Ostracism	2	2.03	.149

Note: ** = Correlation is significant at the 0.01 level (2-tailed)

A Bonferroni post hoc comparison indicated that the mean score for the type of microaggressive experience differed significantly for the relational evaluation measure, such that, those who experienced a microaggression ($M = 2.67, SD = 1.19$) had a statistically

significant feeling of higher relational value than those experiencing macroaggressions ($M = 1.07$, $SD = .15$) or both a microaggression and a macroaggression ($M = 1.22$, $SD = 0.38$) (see Table 5). However, that the mean score for the type of microaggressive experience did not differ significantly for the basic needs satisfaction measure, such that, those who experienced a microaggression ($M = 2.55$, $SD = 1.04$) did not differ significantly on their rating of their basic needs being met than those experiencing macroaggressions ($M = 1.81$, $SD = 0.46$) or both a microaggression and a macroaggression ($M = 1.57$, $SD = 0.20$) (see Table 5). Lastly, the mean score for the type of microaggressive experience did not differ significantly for the ostracism measure, such that, those who experienced a microaggression ($M = 2.88$, $SD = 1.42$) did not differ significantly on their feeling of ostracism than those experiencing macroaggressions ($M = 3.60$, $SD = 0.89$) or both a microaggression and a macroaggression ($M = 4.33$, $SD = 0.58$) (see Table 5). Therefore, the third hypothesis of this research study that certain types of microaggressions (microaggression, macroaggression, or both) do show a statistically different outcome depending on the variable, such that, it was significant for their feelings of relational evaluation, but not for basic needs satisfaction or feelings of ostracism. Specifically, those who experienced a microaggression had higher relational evaluation compared to those who experienced a macroaggression or both.

Table 5

Bonferroni Post Hoc Test for Microaggressive Experience on Social Exclusion Measures

Dependent Variable	Microaggression Type	Microaggression Type	Mean (<i>SD</i>)	Effect Size	Sig.
Relational Evaluation	Micro	Macro	2.67 (<i>1.19</i>)	0.69	.015*
		Both		0.63	.106
	Macro	Micro	1.07 (<i>.15</i>)	-0.69	.015*
		Both		-.257	1.00
	Both	Micro	1.22 (<i>.38</i>)	-0.63	.106
		Macro		.257	1.00
Basic Needs	Micro	Macro	2.55 (<i>1.04</i>)	.417	.368
		Both		.547	.302
	Macro	Micro	1.81 (<i>.46</i>)	-.417	.368
		Both		.324	1.00
	Both	Micro	1.57 (<i>.20</i>)	-.547	.302
		Macro		-.324	1.00
Ostracism	Micro	Macro	2.88 (<i>1.42</i>)	.302	.812
		Both		-.272	.240
	Macro	Micro	3.60 (<i>.89</i>)	-.302	.812
		Both		-.438	1.00
	Both	Micro	4.33 (<i>.58</i>)	.272	.240
		Macro		.438	1.00

Note: * = the mean difference is significant at the 0.05 level.

CHAPTER V: DISCUSSION

Jones and colleagues (2016) suggested that microaggressions have comparable negative outcomes to more direct and overt forms of discrimination and prejudice. However, microaggressions still need further research to strengthen our understanding of the phenomenon. Also, people need to belong, and social exclusion (experiences that make individuals feel physically or psychologically isolated from others) threatens this need, causing a myriad of negative physical and psychological consequences (Ahmed et al., 2007). Further research is needed surrounding the effect of microaggressions on trans individuals' perception of being socially excluded to strengthen our understanding of the phenomenon (Lilienfeld, 2017).

We addressed these holes by investigating microaggressions toward trans individuals within the well-established theoretical context of social exclusion research. We hypothesized that individuals experience a variety of microaggressions, which may lead them to feel socially excluded. We also hypothesized that some of the microaggressions, such as, microinvalidations and microinsults would be reported as more ostracizing than others due to their lack of direct negative attention as compared to microassaults (Chen et al., 2008).

The first hypothesis was supported, in that the participants experienced a variety of types of microaggressions. However, the original thought of having the experiences fit into the three types and 12 literature-based themes was not supported, as we identified, these data indicated that participants experienced macroaggressions, microaggressions, and situations in which both were present. The reality for these individuals is that when they experience any type of microaggression, they are encountering more than one of these themes or types in a single situation, which means that microaggressive experiences are much more complex than originally thought.

Previous research suggested that there are three types of microaggressions, like microassaults, microinsults, and microinvalidations. Microassaults are overt verbal or nonverbal insults and behaviors. Microinsults are statements or actions that may slight or demean a person's marginalized identity. Microinvalidations are behaviors or remarks meant to exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of members of marginalized groups (Nadal et al., 2016). However, due to microassaults usually being less covert, these may be considered macroaggression due to their overt nature (Lilienfeld, 2017). Results of the current study showed that trans individuals experience a variety of microaggression, which supports the current literature on the different types of microaggressions. This study supports Lilienfeld's (2017) argument for conceptualization as either macroaggression (overt) and microaggression (covert).

The second hypothesis that stated participants will experience feelings of social exclusion as a result of recalling their microaggressive experience was supported. Specifically, those who wrote about a time they experienced a microaggression reported a statistically significantly lower rating of relational value than those who wrote about their past Wednesday (control). This was also true for their feelings of satisfaction of their basic needs being met. Lastly, those who completed the microaggressive prompt reported a significantly higher rating of ostracism than those who completed the control prompt. This shows that when the participants are thinking about the times they had experienced a microaggression, they are reliving their social pain.

Thus, those who experience microaggressions may undergo several cognitive and emotional processes when deciding how to react or respond to microaggressions (Sue et al., 2007). This could be due to the idea that microaggressions are "othering" statements or actions and make victims feel as though they are not included with the rest of the general population

(Sue et al., 2007). Furthermore, it has been hypothesized that although microaggressions themselves may seem minimal, the accumulation of microaggressive experiences may lead to severe psychological distress (Sue, 2010; Sue et al., 2007). This study's results showed that trans individuals experience severe social exclusion. This is demonstrated by the findings that those who wrote about experiencing microaggressions reported much higher feelings of ostracism, dissatisfaction with their basic needs being met, and lower feelings of relationship value. Therefore, this study found similar findings as previous research, such that, those who experience microaggressions report having negative social and cognitive outcomes.

Lastly, the third hypothesis that certain types of microaggression will significantly impact the participants' feelings on the outcome measure. Those who had experienced a microaggression experienced a statistically significant higher level of relational value as compared to those who wrote about a macroaggression or both. However, the type of microaggressive experience was not significant for their feelings of satisfaction of their basic needs being met or their feelings of ostracism.

Therefore, this study added to the literature by showing another significant result of experiencing microaggressions, feelings of social exclusion. Additionally, these results showed that specific types of microaggression experiences (macroaggression, microaggression or both) can lead to more or less feelings of social exclusion variables. Moreover, those who wrote about microaggression had significantly higher levels of relational value than the others. This is a completely new finding for this area of research, such that, it was not the microaggression experience that showed lower levels of relational value, rather it was the macroaggressive and both experiences.

Overall, the results support and expand upon the previous literature. The first hypothesis that the trans individuals would experience a variety the different types of microaggressions was supported; however, these types were collapsed from microassaults, microinsults, and microinvalidations to macroaggressions and microaggressions. The possible explanation for this is that macroaggressions (microassaults) were much more overt and said with the intention to hurt the victim. Whereas, microaggressions (microinsults and microinvalidations) co-occurred often because it was hard to differentiate between the invalidation or insults because some of the invalidations were insulting for these covert or accidental microaggressions. For the second hypothesis, the possible explanation for this hypothesis being supported is that when a trans individual experiences a microaggression, they feel socially excluded due to the nature of this “othering” statement, which make them feel like they are not included with the rest of the general population. Lastly, the third hypothesis was partly supported in that trans individuals who experience microaggression felt significantly lower relational value compared to those who experience a macroaggression or both. A reason for this is that those who are victims of social exclusion can relive their social pain with the similar levels of pain as when they experienced it, and it can affect them for long periods of time as compared to physical pain (Chen et al., 2007). Therefore, those writing about the microaggressive experience is experiencing more pain than those in the macroaggressive situation. However, why the both group did not have the same outcome because they had experienced a microaggression is not understood, other than there was a very small sample in this group.

Limitations

The main limitation of this study was the small sample size. There were only 32 participants that completed the study in a satisfactory manner. The attrition was 71.18% due to

lack of responding to prompts fully or survey questions. However, we did not know if it was because they did not experience microaggressions, if it was too painful to write about, or if they did not want to finish the prompts and questionnaires. If there was a larger sample size, the results may be more significant, which may give more significant results for the third hypothesis. Therefore, these results may be hard to generalize, but with a larger sample size in the future would be beneficial.

The other limitation was that some of the participants in the control had to be excluded because they wrote about experiencing discrimination on their previous Wednesday. Thus, it would be helpful to have a more specific control writing prompt that where they would be less likely to experience a microaggression.

Future Research

Future researchers should not only address the limitations above, but interact more with this population. For example, by having focus groups there could be more qualitative data that could help understand how often they experience microaggressions and the different types they have experienced. Another possible area to research is conducting this study with a younger population under the age of 18 to better understand how younger individuals who identify as transgender feel socially excluded. The reason for this is that younger individuals who identify as transgender are usually in school, which can expose them to hundreds of different peers in hallways, cafeterias, and classes. In these settings, there may be unsafe areas in which microaggressions and social exclusion can occur at a high frequency.

One of the other major areas to continue doing research in is intersectionality. In this study, we only focused on one marginal identity, gender identity. There needs to be more

research on the intersectionality of multiple marginalized personality, like age, ethnicity, gender identity, race, sexual identity and socioeconomic status.

Practical Implications

Overall, these findings increased our understanding about what types of microaggressions that trans individuals are experiencing and their perceived effects on feelings of social exclusion. This study showed that they are experiencing two types of microaggression rather than the three types or twelve themes. The unfortunate reality for these individuals is that when they experience any type of microaggression, they are encountering more than one of these themes or types in a single situation. This shows that microaggressive experiences are much more complex than experiencing one type or theme of microaggression in one situation once a day. Therefore, these complex microaggressive experiences may be more detrimental than originally thought. Thus, it is important for further research to show how complex a single microaggressive experience is to determine if this is more harmful than previously thought.

Also, when they experience a microaggression, they experience significantly more social exclusion (relational value, basic needs satisfactory, and ostracism). Moreover, different microaggressive experiences may make trans individuals feel significant social exclusion or ostracism. This information allows professionals to provide prevention and interventions for trans students experiencing microaggressions to focus on their relational value, basic needs satisfaction, and feeling of ostracism. This may improve trans individuals' experiences in their school or work environments.

Due to the complex nature of these microaggressive experiences and severe feelings of social exclusion, there may be a variety of mental health impacts that trans individuals are experiencing. Literature shows that microaggressions can have detrimental effects on one's

mental health; however, with these findings showing how complex a single microaggressive experience can be, there may be even larger effects on marginalized people's mental health.

Conclusion

This study's findings were that participants experienced a variety of types of microaggressions, like macroaggressions, microaggressions, or both. However, the original thought of having the experiences fit into the Level 2 of 12 supported themes was not supported. Also, participants experienced feelings of social exclusion as a result of writing their microaggressive experience was supported in that the results were statistically significant. Specifically, those who wrote about a time they experienced a microaggression, they reported a statistically significantly lower rating of relational value than those who wrote about their past Wednesday (control). This was also true for their feelings of satisfaction of their basic needs being met. Additionally, those who completed the microaggressive prompt reported a significantly higher rating of ostracism than those who completed the control prompt. This shows that when the participants are thinking about the times they had experienced a microaggression, they are reliving their social pain. Lastly, the results found that certain types of microaggression will significantly impact the participants' feelings on the outcome measure. Those who had experienced a microaggression experienced a statistically significant lower level of relational value as compared to those who wrote about a macroaggression or both. Overall, these findings not only support current literature, but also adds to it. Specifically, in showing that those who experience microaggressions have increased feelings of social exclusion, and that certain types of microaggression may impact these feelings. These results show the importance of continuing to research microaggressions that the transgender population experience and their impacts because this could inform future systemic and societal changes.

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APPENDIX A: ONLINE MEASURES

Basic Demographics (all open-ended)

Age: _____

Gender Identity: _____

Basic Need Satisfaction [Adapted from Williams, 2009, *Advances in Experimental Social Psychology*]

For each question, please choose the number that best represents the *feelings* you experienced during the event you recalled.

1) I felt “disconnected”.

1-----2-----3-----4-----5
Not at all Extremely

2) I felt good about myself.

1-----2-----3-----4-----5
Not at all Extremely

3) I felt invisible.

1-----2-----3-----4-----5
Not at all Extremely

4) I felt powerful.

1-----2-----3-----4-----5
Not at all Extremely

5) I felt liked.

1-----2-----3-----4-----5
Not at all Extremely

6) I felt useful.

1-----2-----3-----4-----5
Not at all Extremely

7) I felt I belonged.

1-----2-----3-----4-----5
Not at all Extremely

8) I felt I am unable to influence important aspects of my life.

1-----2-----3-----4-----5
Not at all Extremely

9) I felt insecure.

1-----2-----3-----4-----5
Not at all Extremely

10) I felt non-existent.

1-----2-----3-----4-----5
Not at all Extremely

11) I felt that other people interact with me a lot.

1-----2-----3-----4-----5
Not at all Extremely

12) I felt that everything was decided for me.

1-----2-----3-----4-----5
Not at all Extremely

13) I felt satisfied.

1-----2-----3-----4-----5
Not at all Extremely

14) I felt important.

1-----2-----3-----4-----5
Not at all Extremely

15) I felt like an outsider.

1-----2-----3-----4-----5
Not at all Extremely

16) I felt meaningless.

1-----2-----3-----4-----5
Not at all Extremely

17) I felt I have the ability to significantly alter events.

1-----2-----3-----4-----5
Not at all Extremely

18) I felt rejected.

1-----2-----3-----4-----5

Not at all Extremely

19) My self-esteem was high.

1-----2-----3-----4-----5
Not at all Extremely

20) I felt I have control over the course of events in my life.

1-----2-----3-----4-----5
Not at all Extremely

Basic Ostracism definition items [how did you feel then]?

21) I felt ignored.

1-----2-----3-----4-----5
Not at all Extremely

22) I felt excluded.

1-----2-----3-----4-----5
Not at all Extremely

Relational Evaluation items: [Adapted from Wirth, Sacco, Hugenberg, & Williams, 2010]

. For each statement, please click the option that best represents the feelings you were experiencing **during the situation you just described.**

	1-Not at all	2	3	4	5-Extremely
How valuable did you feel you were to this person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How close did you feel to this person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important did you feel you were to this person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX B: GENDER IDENTITY FREQUENCY TABLE

Gender	Self-Identified Gender	Frequency
Male	Transmale/FTM	11
	Transmasculine	2
	Male	1
	Demiboy	1
Female	Transgender woman/MTF	6
	Female	1
Nonbinary	Nonbinary	6
	Genderqueer	2
	Polygender	1
	Agender	1

APPENDIX C: RACE AND ETHNICITY FREQUENCY TABLE

Race and Ethnicity	Frequency	Percent
European American/White	24	75.0%
Bi-racial/Multi-racial	4	12.5%
Other	3	9.4%
Latino/Latina	1	3.1%