Daily Microaggressions and Mood Among Young Gay and Bisexual Men

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ABOUT CURRENTS

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Introduction

In the United States, young gay and bisexual men, especially young gay and bisexual men of color (YGBMC), are at an increased risk for poor health outcomes as compared to their heterosexual counterparts (Caceres et al., 2017; King et al., 2008; Marshal et al., 2011). The Centers for Disease Control and Prevention (CDC) estimates that nearly 70% of all new HIV diagnoses among individuals aged 13 years or older are gay and bisexual men, and of these diagnoses 39% are African American men (CDC, 2017). Furthermore, evidence suggests that YGBMC experience a greater mental health burden compared to their non-racial/ethnic and heterosexual counterparts (Remafedi, 2002; Rosario, Schrimshaw, & Hunter, 2004). More specifically, accumulating empirical and theoretical evidence suggests that the health disparities observed among YBGMC cannot be explained by individual-level risk factors alone, such as condomless intercourse and injective drug use (Millett, Flores, Peterson, & Bakeman, 2007; Millett et al., 2012). Rather, the increased risk for poor health outcomes are linked to the stigma and discrimination that many YGBMC face within their daily lives, known as minority stress (Hatzenbuehler, 2009; Meyer, 2003). To this end it is very important to employ research designs that assess the everyday experiences of stigma and/or discrimination.

A specific form of everyday discrimination that has been understudied in the context of YGBMC, and that is becoming increasingly more visible in everyday social media, is microaggressions. These are “brief, commonplace daily verbal, behavioral, and environmental indignities … that communicate
hostile, derogatory, or negative” (Sue et al., 2007, p. 273) messages to members of marginalized groups such as YGBMC. For example, a microaggression targeted toward people of color may be “Where are you really from?” thus insinuating that they are not truly “American” because of the color of their skin. An example of a microaggression toward lesbian, gay, and bisexual (LGB) individuals could be the question “Which one of you is the ‘man’ in the relationship?” which may subtly indicate homophobia and/or heterosexism to LGB individuals. Under the current political climate, it is likely that the negative rhetoric surrounding sexual minority individuals and people of color impacts the everyday health and well-being of these populations. Studies consistently find that sexual minority individuals and racial and ethnic minority groups frequently cite exposure to microaggressions and that these microaggressions contribute to diminished well-being (Burn, Kadlec, & Rexer, 2005; Nadal et al., 2011; Ong, Burrow, Fuller-Rowell, Ja, & Sue, 2013; Platt & Lenzen, 2013; Shelton & Delgado-Romero, 2011).

To date, there are very few studies examining how daily exposure to microaggressions specifically among YGBMC impacts the health and well-being of this population (Balsma, Molina, Beadnell, Simoni, & Walters, 2011). The majority of the literature utilizes either cross-sectional designs and/or only measures one type of microaggression (Nadal et al., 2011; Ong et al., 2013; Flanders, 2015; Fredricksen-Goldsen, Kim, Bryan, Shiu, & Emlet, 2017; Gattis & Larson, 2017; Jones & Galliher, 2015; Livingston, 2017; Nadal, Whitman, Davis, Erazo, & Davidoff, 2016). For instance, studies may ask if racial/ethnic microaggressions are related to depression. Such a study may be limited in assessing potential causal mechanisms (i.e., do microaggressions cause depression?). In addition, studies that focus only on racial/ethnic microaggressions may miss microaggressions based on other identities, such as in this case, sexual minority identity. Furthermore, the within-person design can illuminate how daily changes in exposure to microaggressions impact daily changes in mood. Thus, it is imperative that research focuses on understanding how exposure to daily microaggressions impact daily health and well-being of sexual minority populations of color.
Research Questions

This study was guided by two research questions:

1. When young gay and bisexual men experience increased homonegative microaggressions on any given day, is this associated with an increase in negative mood?
   a. Is this association more prevalent among YGBMC compared to young gay and bisexual White men?
2. When YGBMC experience increased racism from within the LGB community on any given day, is this associated with an increase in negative mood?

Data Source and Procedure

This multilevel dataset comes from a larger a five-day daily diary project aimed at examining the dynamic associations between features of closer relationships, sexual minority stress, and health among a racially diverse sample of young gay and bisexual men (ages 18–29). Data were collected from 2014 to 2015 in an urban environment on the East Coast. This analysis consists of a diverse sample of 66 sexual minority men.

Participants completed an online baseline survey, which gathered information regarding demographics, physical health, mental health, and a variety of psychosocial and behavioral constructs. Participants were then given further information about the five-day daily diary components of the study. Each day, participants were sent three text messages or emails with a link to a brief survey that assessed mood, stress, experiences of discrimination, and substance use. At the end of each of the five days, participants received a text message link to a slightly longer nightly survey. After day five of the study, participants returned materials to the research staff and completed a debriefing interview. The idiographic approach was used to model within-person change (Conner, Tennen, Fleeson, & Barrett, 2009). This method allowed us to determine if a young man experiences more microaggressions
in any given day compared to his average, does he also experience poor negative mood?

To assess daily microaggressions, we used the Homonegative Microaggression Scale (HMS; Wegner & Wright, 2016) and the LGBT People of Color Microaggressions Scale (Balsam et al., 2011). To assess mood, we utilized the Positive and Negative Affect Schedule (PANAS) scale (Watson, Clark, & Tellegen, 1988). Because it was important to demonstrate an effect above the effect of daily stressful events (DISE; Almeida, Wethington, & Kessler, 2002; e.g., experienced an argument and/or an event at work that was stressful) and everyday discrimination (EDS; Williams, Yu, Jackson, & Anderson, 1997; e.g., being discriminated against based on race or sexual orientation), we controlled for these concepts in all models. We utilized linear mixed modelling for the analyses. In sum, participants completed the daily diaries in order to examine how perceived exposure to microaggressions on a daily basis was associated with negative mood over a five-day period.

Results

The average age among young, White gay and bisexual men and YGBMC (non-White, including non-White, young, biracial men) was 23 years old. Among YGBMC (N = 35), 95% of the sample identified as gay whereas 5% identified as bisexual, 85% had at least a college degree versus some college, 90% had an annual income of at least $11,000, and 49% were in a relationship. Among young, White gay and bisexual men (N = 31), 83% identified as gay whereas 17% identified as bisexual, 68% had at least a college degree versus some college, 64% had an annual income of at least $11,000, and 47% were in a relationship.

Homonegative Microaggressions

Among all young gay and bisexual men, the experience of microaggressions concerning stereotypical knowledge and behavior—for instance, people telling an individual to have safer sex due to his sexual orientation—above their average level on any given day is associated with greater negative mood on that same day. In addition, experiencing above average stressful events on any given day is associated with poorer mood on that same day. We also found that YGBMC experienced less negative mood on the same day of higher than average levels of microaggressions or stressful events than young, White gay and bisexual men.
LGBT Microaggressions

When assessing the association between the total amount of LGBT people of color microaggressions and negative mood experienced by YGBMC, we found that on days where YGBMC experience more microaggressions than average, they also experience greater negative mood. We also found that on days when YBGMC reported more daily stressful events than normal, they also experienced greater negative mood. Furthermore, when examining the LGBT heterosexism subscale—for instance, feeling misunderstood by people in one’s ethnic/racial community—we found the above-mentioned association between LGBT microaggressions and negative mood to be amplified. In additional exploratory analysis, we found these associations more pronounced among single young men and on weekend days versus weekdays. In summary, we found that that the effects of daily microaggressions based solely on sexual orientation were not more pronounced for YGBMC than for young, White gay and bisexual men. However, evidence suggests that exposure to more than average microaggressions related to the intersection of sexual orientation and racial/ethnic identity had an overall negative impact on the daily mood of YGBMC.

Discussion

Our findings suggest that utilizing a daily diary research design can help us understand the granular features of daily microaggressions on daily negative mood among young gay and bisexual men of color compared to young, White gay and bisexual men. First, our findings suggest that homonegative daily microagression may be more impactful for White gay and bisexual men on a daily basis compared to YGBMC of color. This finding may be due to a habituation effect, meaning that YGBMC are constantly exposed to microaggressions based on race and/or sexual orientation and thus have become used to these experiences. Therefore, it may be the case that YGBMC either do not notice daily sexual orientation–based microaggressions as often or do notice these microaggressions but they are not as impactful on the mood of YGBMC. This finding may, in part, be explained by the “weathering hypothesis” (Geronimus, 1992), which posits that the health of people of color may begin to decline in early adulthood due to prolonged exposure to social stress and institutional racism. Thus, it may be that daily exposure to microaggressions has a lagged effect on the mental health of YGBMC that is difficult to capture within a five-day diary period.
Furthermore, we found that YGBMC who experience more than usual daily microaggressions based on the intersection of their race/ethnicity and sexual orientation experienced significantly more negative mood in the same day than those who did not experience more than usual daily microaggressions. This is a vitally important finding considering that averaging across participants can mask key associations among YGBMC. Our results also suggest that prevention interventions aimed at reducing the impact of microaggressions, and thus improving well-being, must address the intersectional identities of YGBMC. As it stands, many of the local, state, and national policies implemented utilize a blanket approach to addressing discrimination among LGB populations. However, as this work and the work of others suggest, such policies can have limited impact on communities of young sexual minority men of color who are marginalized based on their race (from within and outside the LGB community) and sexual orientation.

In addition to providing key information on daily associations between microaggressions and negative mood, exploratory analysis illuminated that there may be key environmental and relational factors that need to be explored further. For instance, for LGB people of color, romantic relationship microaggressions seemed to impact negative mood more during the weekend. It may be the case that during weekends, there is greater exposure to the wider LGB community through parties and other LGB social events, and thus YGBMC may experience additional microaggressions by non-LGB of color that then lead to more negative mood. Based on our exploratory findings, future research might examine the ways in which within-person associations vary by context and relationships, such as whether or not someone is in a romantic relationship or not.
Implications and Next Steps

First, our findings suggest that there is an important need for additional research that uses within-person research designs and analyses to understand the ways in which microaggressions impact health and well-being specifically among YGBMC at the intersection of multiple marginalized identities. Second, there is a need to examine other health and behavioral outcomes as it pertains to microaggressions among YGBMC. Negative mood has been found to be associated with risky coping behaviors such as smoking, substance use, and sexual risk-taking. In addition, poor mood has been associated with clinical depression and/or anxiety. However, future research must make linkages between microaggressions and health risk behaviors clearer so that policies and interventions around reducing these negative outcomes can be more targeted and culturally relevant. Third, future research should focus on understanding key factors that may buffer the negative effects of daily microaggressions and health. For instance, is it the case that YGBMC who are given daily positive affirmation from a peer experience less subsequent negative mood in response to microaggressions? Examining such buffers are important moving closer to knowing exactly, when, where, and how to develop targeted prevention intervention programs for YGBMC.

Lastly, further exploration into how daily exposure to microaggressions influence the mental health and well-being of YGBMC may lead to the development of more sustainable mental health interventions. Such interventions could teach YGBMC more effective strategies to recognize and cope with the stress resulting from the exposure to microaggressions and other forms of minority stress. Moreover, it may also have important implications for clinical mental health services in that these professionals may begin to take into account the weathering effect that microaggressions may have on the mental health of their YGBMC clients. Such developments in intervention designs and clinical mental health services are critical for providing culturally competent and relevant care to YGBMC who may be at risk for poor mental health due to prolonged exposure to microaggressions and other forms of minority stress.
References


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