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The Impact of Prejudice on Women's Wellbeing: A Moderated-Mediation Rejection Identification Model on Feminist Identity

Liana Shaw
University of Maine - Main, shaw.re1na@gmail.com

THE IMPACT OF PREJUDICE ON WOMEN'S WELLBEING:

A MODERATED-MEDIATION REJECTION-IDENTIFICATION MODEL

BASED ON FEMINIST IDENTITY

by

Liana Shaw

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Advisory Committee:

Dr. Shannon McCoy, Professor of Psychology, Advisor
Dr. Cynthia Erdley, Professor of Psychology
Dr. Patty Goodhines, Assistant Professor of Psychology
Dr. Margaret Killinger, Professor of Honors and Rezendes Preceptor for the Arts

ABSTRACT

The study's purpose was to assess sexism's impact on women's wellbeing based on the Rejection-Identification Model (Branscombe et al., 1999), in which perceived prejudice increases group identification, which in turn buffers the negative consequences of prejudice on wellbeing. Surveys were administered via Qualtrics. Using PROCESS analyses in SPSS, Study 1 (n = 1,083) investigated whether or not these relationships between prejudice, group identification, and wellbeing were moderated by feminist identity (Model 59; Hayes, 2018). Results showed that while women higher in feminist identity *do* experience greater depression in response to perceived prejudice, they also have a significantly stronger relationship between group identification and well-being -- providing a buffer on the effects of prejudice via group identification. Study 2 (n = 760) analyzed a similar model (Model 89; Hayes, 2018) which integrated *collective action* -- which is collaborating with others to address the issue of prejudice. Results showed that the relationship between *personal* prejudice (perceptions of prejudice towards oneself *personally*) and group identification is not moderated -- meaning perceptions of personal sexism may hurt all women similarly. In response to group prejudice, the indirect effect of collective action was significant for both women higher *and* lower in feminist identity. These results suggest collective action may be a useful tool for protecting women's wellbeing in the face of prejudice. Study 1 suggests women lower in feminist identity may experience less impact of prejudice on well being *initially* -- but without the protective benefits of group identification. Study 2's results demonstrate collective action *against* prejudice may provide *longer*-term rewards by buffering the effects of prejudice on women's wellbeing, *as well as* addressing the pervasiveness of sexism.

ACKNOWLEDGEMENTS

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INTRODUCTION

Sexism and prejudice can operate in many different ways within society -- institutionally, interpersonally, and even *internally.* Sexism can result in gender-based violence; an estimated one in *three* women worldwide have experienced physical and/or sexual violence at least *once* (World Health Organization, 2021). Note that this prediction does not include sexual harassment.

More often, prejudice against women is present in a subtle and "socially acceptable" form, with sexist beliefs -- largely around women's *roles* and capabilities -- running rampant until they become entrenched within government, healthcare, workplaces, etc. As such, many have become ambivalent to modern sexism, and those who speak up against it -- particularly women who identify as feminists -- experience condemnation and/or violence. As such, women who identify as feminists in particular are exposed to large amounts of prejudice; consider the international backlash against the *Me Too* movement, which aimed to address sexual harassment, assault, and exploitation particularly within the entertainment industry.

Denying sexism is positively reinforced by society -- but doing so *also* denies the pain associated with being a target of prejudice. What *are* the consequences of perceived sexism for women's wellbeing? How do women cope; by embracing their shared group identity as women, or by working *with* other women to combat sexism? Is this different for women who identify as feminists, compared to those who do not? I believe that this research will demonstrate that lack of commitment to engage in collective -- or *group* -- action *against* sexism and prejudice is a short-term benefit that comes with a long-term cost -- both for the individual, and for women as a whole.

Perception of Prejudice

Prejudice involves preconceived notions and negative attitudes towards a particular group identity based on differences in sex, gender, race, ethnicity, sexuality, disability, etc. Examples of prejudice include transphobia, racism, and sexism. Prejudice can be blatant, or subtle; it can be unconscious, or otherwise. Hostile sexism, such as "I hate all women," is easy to spot -- but this is understandably, and deservingly, unpopular within society (Nguyen et al., 2024). More common, however, is *covert*, or subtle, sexism. Sexist beliefs may not *intend* to come across as malicious, but nonetheless impose stereotyped beliefs such as women being fragile or incompetent. This is known as "benevolent sexism": "subjectively positive attitudes towards women characterized by a sense of affection, idealization, and protection" (Nguyen et al., 2024). Thus, a person may not consider their beliefs sexist, or their intent harmful, while simultaneously perpetuating prejudice against women.

One can recognize that their social identity group -- a group with whom they share an important, or *salient,* identity -- may experience prejudice, while simultaneously minimizing the impact of sexism in their personal lives. In other words, women may accept the idea that sexism exists (*group* prejudice) while refusing to believe that they experience it in their day-to-day lives (*personal* prejudice).

Social group identities held low in society's regard, such as historically less privileged groups, tend to rate group prejudice as being greater than discrimination against oneself, even *when* they are *objectively* being discriminated against (Crosby, 1982, 1984). On the other hand, those who identify as white men were more likely to attribute their failures to discrimination *except* in the condition where they were explicitly

told none of the raters were biased against their group identity (Crosby, 1982, 1984). This has been replicated in more modern experiments, which found that women are far more likely to perceive the confederate's performance feedback as prejudicial when the confederate was *blatantly* sexist and when women in *general* are the target of that feedback (Fisher, 2021) -- meaning women are more likely to dismiss the confederate's behavior as prejudice not *just* when it is subtle, but even when it targets them *personally.* Instead, these women were more likely to attribute their performance feedback to personal failure as opposed to prejudice -- even when it was overtly sexist.

One reason for this discrepancy between perception of *personal* vs. *group* prejudice is that people may want to maintain a sense of control (Moghaddam & Studer, 1997); if it doesn't affect them personally, they may feel they have more control over the outcomes in their lives, allowing them to experience less psychological distress than feeling helpless in the face of pervasive prejudice.

Regardless of the reason, if group identities low in social regard are prone to discount group discrimination as being personally relevant, this may influence both the relationship between prejudice and wellbeing *as well as* their commitment to engage in collective action -- working with others *against* group prejudice. Women may be more likely to take action against prejudice when it is perceived to be *personally* relevant (Lindsey et. al, 2015). For women to want to take action *against* prejudice, they must first *perceive* it: but what are the *consequences* of perceiving prejudice?

Consequences of Sexism on Well-Being

In general, women perceiving prejudice on the basis of their gender report poorer mental functioning, health, and life satisfaction (Hackett et al., 2019). In modern times,

sexism and other prejudice remains *rampant* even on social media. After being exposed to sexist content on the internet, women experience increased depression and anxiety, decreased self-esteem, *and* increased likelihood to anticipate *more* bias in the future (Buie, 2023).

The effects of prejudice reach beyond psychological consequences. Women who chronically perceive sexism are found to have higher levels of cortisol (Townsend et al., 2011). Gender bias has also been found to negatively affect women's workplace performance, thus influencing women's career and life outcomes (Xu et al., 2023). Even *subtle* discrimination significantly impairs task performance -- mediated by a decrease in available cognitive resources (Walker et al., 2021). More so, interpersonal discrimination has been found using cross-sectional, prospective, and experimental designs to contribute to a disparity in *physical health* outcomes for disadvantaged group identities (Richman et al., 2018). With the effects of prejudice so *far* reaching, women are likely to choose one of many coping strategies: but what *are* these coping strategies, and which one proves most effective in protecting women's wellbeing?

Group Identification

Group identification, also known as identity salience/centrality, is an individual's sense of belongingness within a particular social, cultural, or subcultural group. Levels of group identification are likely to vary among women. Some researchers have found that high levels of salience for a stigmatized group identity can be linked to increased psychological distress (Gerlach, 2021). With increased identity-centrality, individuals may perceive greater amounts of discrimination (Begeny & Huo, 2017) -- perhaps due to increased awareness. As such, it makes sense some women may choose to distance

themselves from the group identity *instead* in an effort to cope with the distress caused by discrimination (Yip, 2016; Zitelny et al., 2022). This is known as *dis-identification*: psychological distancing from a threatened social identity so as to protect oneself. For many, however, exposure to prejudice increases group identification, which, in turn, was associated with increased self-esteem *and* life satisfaction (Outten, 2015).

Women who are exposed to blatant sexism, but are high in gender group identification and *affirmed* by members of their gender group, experience *protected* self-esteem compared to women who do *not* receive affirmation from members of their group identity (Spencer et al., 2016). This demonstrates group identification *may* be a useful coping strategy for those experiencing prejudice.

Furthermore, individuals who score high on group identification are *more* likely to use coping strategies such as collective action, group affirmation, and in-group support; on the other hand, they are *less* likely to resort to in-group blaming and avoidance or denial of prejudice (Bourguignon, 2020). In Bourguignon and colleagues' study, group identification was not found, in and of itself, to significantly positively predict psychological well-being -- but collective action was, demonstrating *this* may be the mechanism through which group identification improves women's outcomes in response to prejudice. The feminist movement in response to sexism is the *perfect* example of this collective action. If we are truly interested in protecting women's health, it makes sense we *must* explore if *feminist* identity -- via group identification and collective action -- could buffer the effects of prejudice.

Feminist Identity

Feminism is about *all* genders having equal rights and opportunities.

Intersectional feminism recognizes the diversity of women's identities and experiences, acknowledging not just *gender* but other forms of prejudice rooted in socioeconomic status, race, mental and physical ability, etc.

Feminist identity can be predicted by women's social gender identity, exposure to feminism, gender-egalitarian attitudes, and non-stereotyping of feminists (Leaper & Arias, 2011). Feminist identity has numerous benefits; for one, self-identified feminists are more likely to seek opportunities for social support from members of their shared group gender identity (Leaper & Arias, 2011).

Interestingly, Boytos and colleagues (2020) found that gender has a statistically significant effect on the presence of agentic vs. communal themes in narrative identity, with males' gearing towards agentic themes and females' being stronger in communal themes. Research suggests active commitment in feminism -- resolving oneself to working towards a nonsexist world -- may play a role. Those who endorse feminist beliefs *and* show active commitment (Saunders & Kashubeck-West 2006) did *not* show a statistically significant effect of gender and were less likely to express gender typicality; in other words, feminist women engaging in collective action showed *more* themes of agency compared to both non-feminists *and* those who *label* themselves as feminist but do not show active commitment -- resolution to work towards a nonsexist world (Boytos et al., 2020). However, the research does not show that feminist orientation leads to a *decrease* in communal themes. Feminist orientation, therefore, may simply allow women to represent *both* themes (communal and agentic) as opposed to non-feminists embracing one alone -- communal (Boytos et al. 2020). Agency has been shown to increase self-esteem, optimism, and psychological adjustment (Adler 2012; Adler et al. 2008; Austin

& Costabile 2017). Development of a feminist identity, therefore, may lead to more positive psychological outcomes in general compared to non-feminists.

Most importantly, there are different levels of feminism, and women who engage with the movement at higher levels may reap more benefits. The Feminist Identity Development Model (Downing & Roush, 1985) outlines five stages women must work through in order to develop an authentic and positive feminist identity: passive acceptance, revelation, embeddedness- emanation, synthesis, and active commitment. In the passive acceptance stage, women are either unaware of or completely deny prejudice against their gender identity, and acceptance of gender stereotypes is common. By the final stage, active commitment, the individual has resolved to take action towards addressing prejudice. In other words, simply *identifying* as a feminist may not, in and of itself, reap the same benefits as those who are highly involved. Recent research demonstrates that women who score high on the synthesis and active commitment scales of the Feminist Identity Development Model have higher self-esteem and lower levels of depression in response to traumatic events compared to women who score low on the synthesis and active commitment scales and *high* on the passive acceptance scale (Kucharska, 2018).

Group identification and collective action have been shown to protect aspects of women's physical and psychological well being, as well as feminist identity. What we *don't* know is whether or not the relationships between prejudice, group identification, and collective action are *different* for women for whom feminist identity is important. To explore these issues, we will test a theoretical moderated-mediation model based on an

existing model which establishes the relationship between prejudice, group identification, and wellbeing: the Rejection-Identification Model.

Rejection Identification Model & Moderated-Mediation RIM

Our model was based on the Rejection-Identification model or RIM (Branscombe et al.,1999), which theorized that in response to perceiving prejudice, individuals may turn towards members of their ingroup for psychological comfort or perhaps even to engage in active commitment to social justice. This increase in group identification can buffer prejudice's impact on well-being (see Figure 1, the Rejection-Identification Model, below). These findings were replicated in recent research, which showed that perceived discrimination *increased* group identification, contributing to protected self-esteem (Alparslan & Akdoğan, 2022).

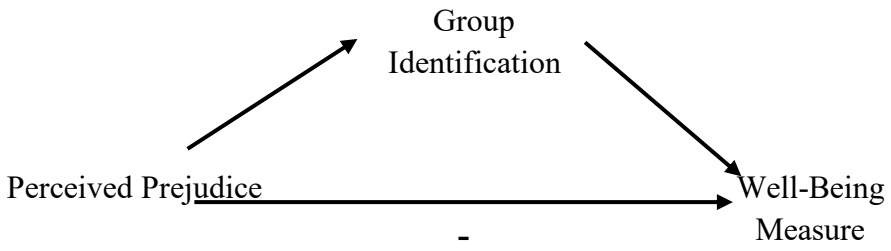

Figure 1. Rejection-Identification Model

We propose a moderated-mediation Rejection-Identification Model, in which group identification mediates the relationship between perceived prejudice and women's well-being. We propose that feminist identity *moderates* the relationships between perceived prejudice and group identification, perceived prejudice and well-being, and lastly group identification and well-being. In other words, we believe these relationships will be different for feminists and non-feminists (see Figure 2, the proposed mediated-moderation RIM, page 9). We predict that while feminist identity may moderate the

relationship between prejudice and well-being for the worse -- experiencing more negative psychological outcomes, such as increased depression, initially -- the buffering effect of group identification will be greater.

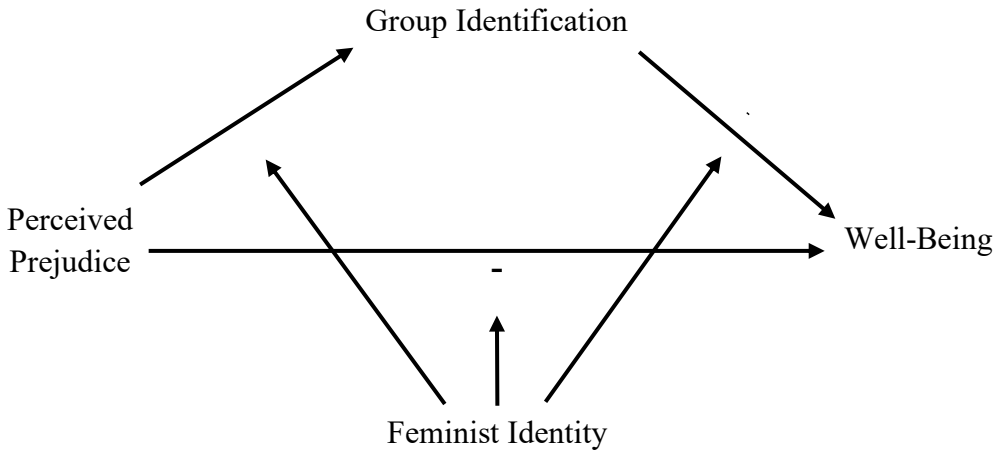

Figure 2. Moderated-mediation Model 59, with gender group identification as a moderator and feminist identity as a mediator.

STUDY 1

Methods

Procedure

In Study 1, we used de-identified, archival data collected by the psychology department from students at the University of Maine throughout 2014-2016 (IRB approved for Psychology Department Prescreen each year data collected prior to the survey). The survey was administered via Qualtrics using measures for group identification for gender, perceived sexism for self and group, feminist orientation, demographics, socioeconomic status, self-esteem, and depression. We utilized PROCESS analyses in SPSS (IBM Corp, 2020) to explore the relationship between perceived prejudice, group identification, well-being, and feminist identity. We tested first with Model 59 (Hayes, 2018) to see how feminist identity moderates the three relationships.

Participants

The majority of this study's participants were students taking Introduction to Psychology courses at the University of Maine. Students received research credit, required by the course, as compensation for their participation. Participants responded to a 15-item demographic survey (Appendix J), containing items which measure age, gender, sex, race, ethnicity, sexuality, political affiliations, religiosity, and spirituality (N = 1,083; mean age = 18.90, SD = 2.45; 88.7% White/Caucasian, 1.7% Asian/Pacific Islander, 1.0% Native American, 1.5% Latinx, 1.6% Black/African American, .6% Other, and 4.4% Multiracial; 0.5% of participants did not indicate their ethnicity on the survey). This study only analyzed the data for students who identified as women.

Measures

Perception of Prejudice

2 items measure perceptions of sexism towards oneself, i.e. personal prejudice, (Appendix A), where participants rated "*Sexism will prevent me from reaching some of my goals*" and "*I will likely be a target of sexism in the next year.*" on a scale of 0 (strongly disagree) to 6 (strongly agree). The scale was sufficiently reliable in our sample; $r(1,095) = .67$, $p < 0.001$.

To measure perceived group prejudice, an additional 2 items were used, where participants rated "*Members of my gender group are negatively affected by sexism"* and "*My gender group will likely be a target of sexism in the next year"* on the same scale (Appendix B). This measure was reliable in our sample; $r(1,091) = .74$, $p < .001$.

Group Identification

Group identification for women was measured using the four-item Importance to Identity subscale (Appendix C) of Luhtanen and Crocker's (1992) Collective Self-Esteem Scale. The sub-scale contained 4 items (such as "*Being a woman is an important reflection of who I am"*) on a Likert scale of 0-6, with 0 being "strongly disagree" and 6 being "strongly agree." Items 3 and 4 were reverse-scored, so that higher scores indicated greater group identification.

While this scale is widely used within research, reliability scores are notoriously low. 2 items developed by the McCoy lab were added: ("*My gender group's successes are my successes,"* and "*When someone criticizes my gender group it feels like a personal insult"*) and were effective in improving the scales' reliability (Cronbach's alpha = .71).

Depression

To measure psychological well-being, we used a variety of measures to assess both depression and self-esteem. To measure *depression*, we used the Beck Depression Inventory (Beck et al., 1961; Appendix D). The use of the Beck Depression Inventory to measure depression is widespread throughout research and clinical applications. Items measured content relating to self-dislike, self-criticalness, suicidal thoughts, crying, agitation, loss of interest, indecisiveness, worthlessness, loss of energy, changes in sleeping pattern, irritability, changes in appetite, concentration difficulty, tiredness or fatigue, and loss of interest in sex. The items were answered on a scale of 0-3, with 0 being inapplicable, 1 being applicable some of the time, 2 being applicable most of the time, and 3 being applicable all of the time/to the greatest extent. For example:

0 I do not feel sad

1 I feel sad.

2 I am sad all the time and I can't snap out of it.

3 I am so sad and unhappy that I can't stand it.

The BDI contains 21 items, none of which are reverse-coded. Scores were interpreted by adding up the numbers reported, with the highest possible score being 63 and the lowest possible score being 0. A range of 1-10 was considered normal, 11-16 was considered mild mood disturbance, 17-20 was considered borderline clinical depression, 21-30 was considered moderate depression, 31-40 was considered severe depression, and

over 40 was considered extreme depression. The scale was reliable within our sample (Cronbach's alpha = .93).

Self-Esteem

To measure *global* self-esteem, we used the Rosenberg Self-Esteem Scale (Rosenberg, 1965; Appendix E). While this was not used for hypothesis testing, this scale *was* used to assess for straight lining (as it contains reverse-scored items that are useful to assess whether a participant is answering the same *regardless* of the question). The scale contains 10 items, which were answered using a 6-point Likert scale ranging from strongly agree to strongly disagree. A self-report of "strongly agree" was given 0 point, "agree" was given 1 point, and so on. Items 2, 5, 6, 8, and 9, however, were scored in the *reverse*, meaning a response of "strongly disagree" was given 1 point, "disagree" was given 2 points, and so on. Scores were averaged on a scale from 0-6 such that higher scores indicated higher self-esteem.

To measure social state self-esteem and performance state self-esteem, we used the social self-esteem and performance self-esteem subscales from the State Self-Esteem Scale (Heatherton & Polivy, 1991; Appendix F). While these measures were not used for hypothesis testing, these *were* used to help describe the sample for each study. 7 items (items 1, 4, 5, 9, 14, 18, and 19) measured performance self-esteem (such as "*I feel confident about my abilities"*), and 7 items (items 2, 8, 10, 13, 15, 17, and 20) measured social self-esteem (such as "*I feel concerned about the impression I am making,*"). For the purposes of this study, items relating to appearance-self esteem were removed. Items 3, 6, 7, 11, 12, and 16 measure appearance self-esteem and were thus excluded from this study. Items 2, 4, 5, 7, 8, 10, 13, 15, 16, 17, 18, 19, 20 are reverse-scored such that higher

scores indicate higher self-esteem in that area. To interpret these results, scores were averaged such that higher numbers indicate higher self-esteem. Scores ranged from 0-6.

Feminist Identity

To measure feminist identity in Study 1, we used a simple self-identification measure: "*I am a feminist*" (Appendix G). Participants rated their level of agreement on a scale of 0 (strongly disagree) to 6 (strongly agree).

Results

Our hypotheses were that exposure to prejudice will be positively related with group identification and negatively impact well-being, and increased group identification will help buffer the negative effects of prejudice on well-being. We hypothesized that these relationships would be stronger for feminists compared to non-feminists, with feminism moderating the relationships between prejudice and well-being, prejudice and group identification, and group identification and well-being. We tested these hypotheses with PROCESS for SPSS (Hayes, 2018) with bootstrap estimation of the indirect effects (95% CI, 5,000 samples). We tested Model 15 (see Figure 3, page 15) after Model 59 showed path a was not moderated by feminism within our data. Participants 1 standard deviation above the mean for feminist identity were considered "higher feminist," and participants 1 standard deviation *below* were considered "lower/non-feminist." The data met assumptions for the proposed analysis (missing data did not exceed 10% supporting appropriateness of listwise deletion).

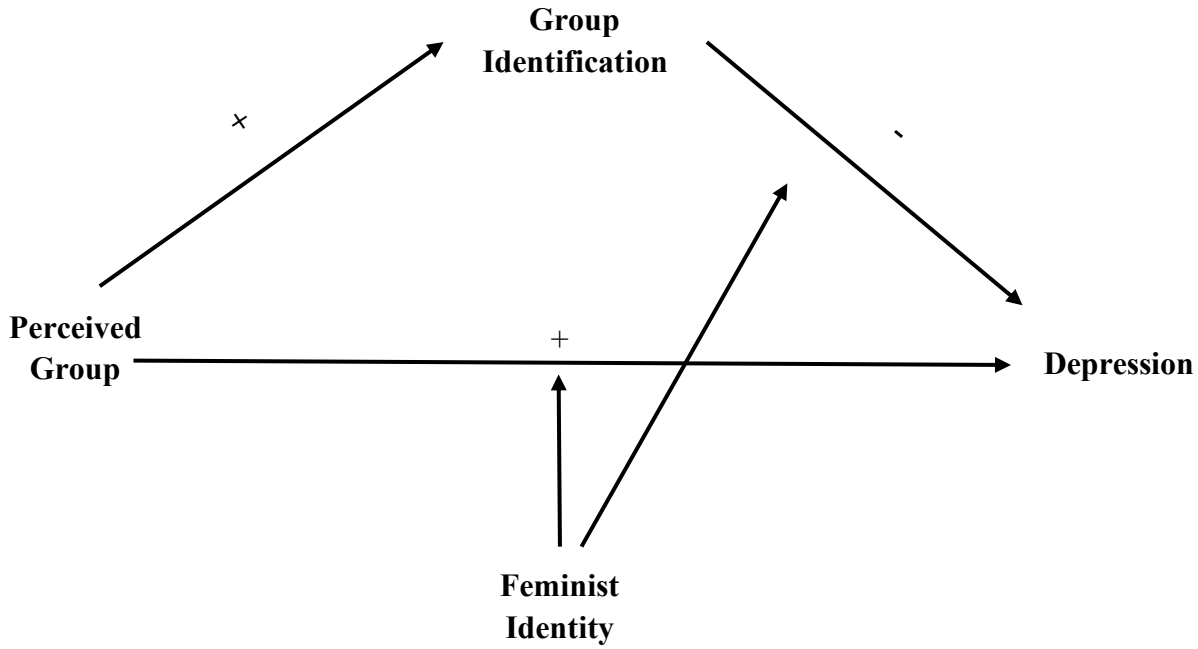

Figure 3. Theoretical model 15 for women higher in feminist identity.

Outliers

First, we checked for straight-lining. Participants who answered the exact same on *all* of the questions on the Rosenberg (1965) self esteem scale (*SD* = 0) were excluded from the results of our study (*n* = 14) so as to ensure data quality. Next, we checked for outliers. Individuals who were outliers for more than one predictor variable were not considered for data analysis (*n* = 3).

Descriptives & Correlations

On average, participants perceived greater amounts of prejudice towards one's group than towards oneself personally (see Table 1, page 17), consistent with previous research (Crosby, 1982, 1984). In terms of feminist identity, the mean response was 2.91 on a 0 to 6 scale -- just below "*neither agree nor disagree."* Women's gender group identification was slightly higher on average, with the mean response being 3.60 -- closer to "*somewhat agree.*" Responses to our measure for depression were most varied (*SD* =

9.20) -- which makes sense, considering scores may range from 0 to 52. The mean response to the BDI was 9.99. A score of 1-10 is interpreted as normal, and 11-16 is considered mild mood disturbance -- meaning the average participant bordered on the line between normal amounts of depression and mild mood disturbance.

Feminist identity was positively correlated with women's group identification (r = .49). Personal *and* group prejudice were positively correlated with feminist identity, group identification, and depression. Note that a *positive* correlation with depression meant a *negative* impact on women's wellbeing. Depression was *negatively* correlated with self-esteem (global, social state, *and* performance state). Feminist identity was negatively correlated with social state self-esteem and group identification was not correlated with any of our well-being measures; however, we will test if this is because feminist identity *moderates* the outcome.

Variables	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
1. Personal Prejudice	1	.82*	.43*	.33*	.20*	-.26*	-.30*	-.23*
2. Group Prejudice		1	.49*	.36*	.19*	-.20*	-.27*	-.14*
3. Feminist Identity			1	.47*	.02	-.03	-.12*	-.02
4. Group Identification				1	-.02	.03	-.08	.05
5. Depression					1	-.70*	-.61*	-.58*
6. Global Self-Esteem						1	.71*	.70*
7. Social State Self-Esteem							1	.64*
8. Performance Self-Esteem								1
Descriptives *M*(*SD*)	2.44 (1.61)	3.36 (1.39)	2.91 (1.92)	3.60 (.98)	9.99 (9.20)	4.30 (1.08)	3.30 (1.41)	3.99 (1.13)
Range	0-6	0-6	0-6	0-6	0-52	0-6	0-6	0-6

Table 1. Pearson r correlations. Means, followed by standard deviation in parentheses, for each variable presented in the last row. Note: * p < .05, N = 1018. Pearson r correlations.

Model Results: Group Prejudice → Group Identification → Depression

First, we tested the impact of *group prejudice* on depression (N = 1,037). We tested Model 15 as we discovered path a, the relationship between group prejudice and group identification, was not moderated by feminist identity within our data for Study 1.

Our model accounted for 6 percent of the variance in women's depression, R^2 = .06; $F(5, 1031) = 12.32$, $p < .001$. The main effect of group prejudice on group identification was significant (b = .26, $p < .001$, 95% CI [.22 , .30]) but not moderated by feminist identity within our sample. In other words, the more women perceived sexism, the more important being a woman was to their identity -- regardless of feminist identity. The main effect of group prejudice on depression (b = 1.69 , $p < .001$, 95% CI [1.22, 2.15]) was significant and moderated by feminist identity, meaning women higher in feminist identity experienced increased depression (b = .31 , $p < .004$, 95% CI [.10, .52]). The main effect of group identification on depression was significant (b = -.86 , $p <$ .008 , 95% CI [-1.50, -.22]) and moderated by feminism (b = -.31, $p < .044$, 95% CI [-.61, -.01]), meaning women higher in feminist identity experienced greater impact of group identification on protecting wellbeing.

These relationships, therefore, were different for women who were higher in feminist identity compared to those who were *lower.* Higher-feminist identity women did experience a *stronger* impact of group prejudice on depression (Group Prejudice → Depression: b = 2.28, $p < .001$, 95% CI [1.67, 2.90]) compared to lower feminist-identity women (b = 1.09 , $p <.001$, 95% CI [.48, 1.70]), but *also* experienced a strong buffer, through group identification, for the effects of group prejudice on depression (see Figure

4, page 19; Group Identity → Depression: b = -1.45, p < .002, 95% CI [-2.36, -.55). Lower-feminist identity women did not experience a statistically significant buffering effect (see Figure 5, page 20; b = -.27, p > .51, 95% CI [-1.09, .54]). Importantly, the indirect effects were significant for higher-feminist identity women (b = -.37, 95% CI [-.64, -.12), but were *non-significant* for lower-feminist identity women (b = -.07, 95% CI [-.31, .15]), providing further evidence that the protective effect of group identification depends on a woman's level of feminism.

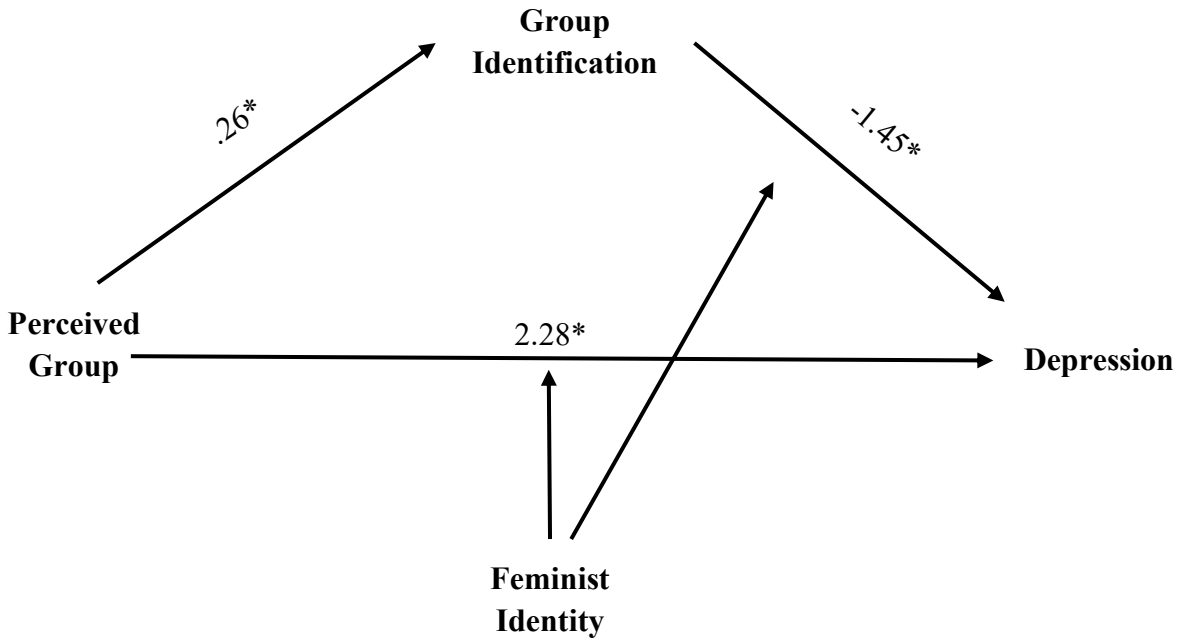

Figure 4. Model 15 for higher feminist identity women, looking at depression in response to perceptions of group prejudice.

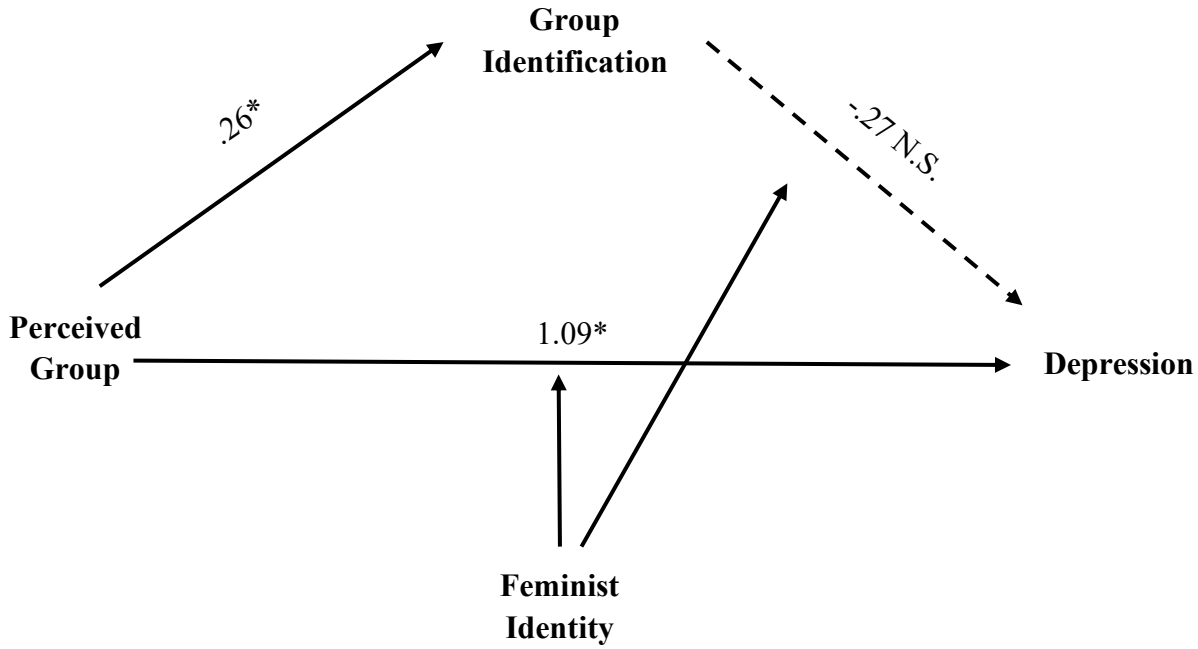

Figure 5. Model 15 for lower feminist identity women, looking at depression in response to perceptions of group prejudice. Note the dotted line / N.S. represents nonsignificant findings.

Model Results: Personal Prejudice → Group Identification → Depression

Next, we tested the impact of *personal* prejudice on depression (N = 1,038). We tested Model 59 to see if path a, b, *or* c would be moderated by feminist identity.

Like group prejudice, our model accounted for 6% percent of the variance in women's depression, R^2 = .06; $F(5, 1032) = 12.44$, $p < .001$. The main effect of personal prejudice on women's depression was significant (b = 1.42, $p < .001$, 95% CI [1.03, 1.80]) and moderated by feminist identity (b = .18, p = .049, 95% CI [.001, .36]). The main effect of personal prejudice on group identity was significant (b = .09, $p < .001$, 95% CI [.05, .13]) and not moderated by feminism (b = .01, p = .328, 95% CI [-.01, .02]). The main effect of women's group identification on depression was significant (b = -.81, p = .13, 95% CI [-1.45, -.17]) and not moderated by feminism (b = -.22, p = .144, 95% CI [-.52, .08]), meaning gender group identification buffers the effects of *personal* prejudice on women's depression regardless of feminist identity.

Women higher in feminist identity (see Figure 6, page 21) experience a stronger positive -- and therefore more *harmful* -- relationship between perceived personal prejudice and depression (b = 1.76, p < .001, 95% CI [1.28, 2.25] compared to women lower in feminist identity (see Figure 7, page 22; b = 1.07, p < .001, 95% CI [.53, 1.61]). The indirect effects were significant for both higher-feminist (b = 1.76, 95% CI [-.25, -.03]) *and* lower feminist identity women (b = 1.07, 95% CI [.53, 1.61]), indicating that for personally relevant sexism, group identity buffers depression for all women.

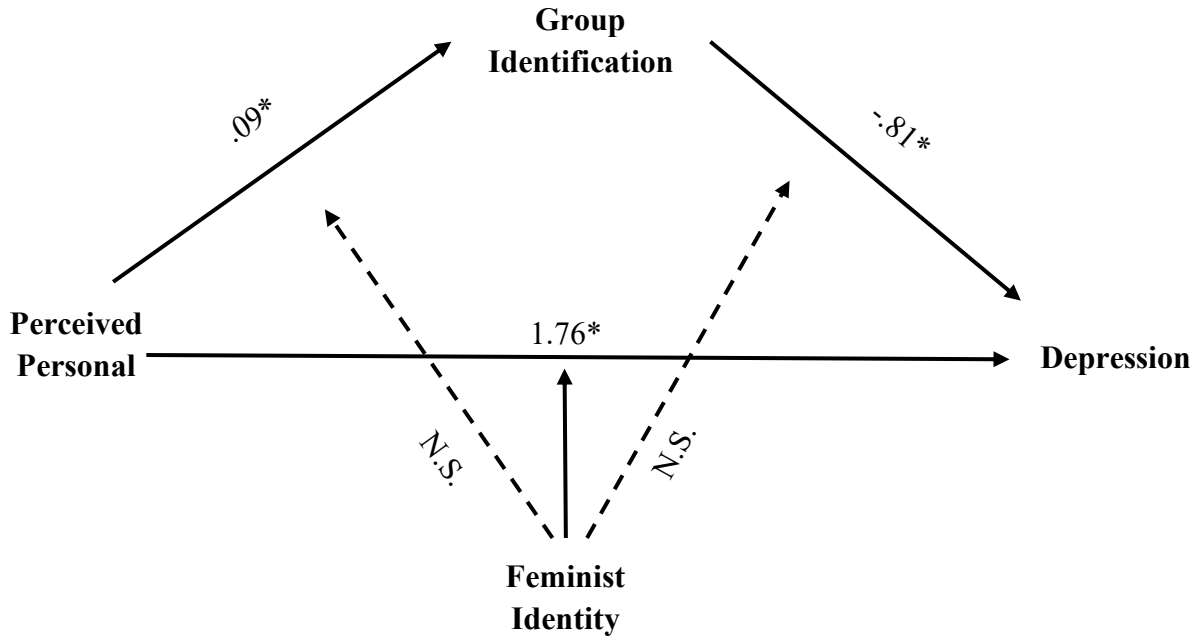

Figure 6. Model 59 for higher feminist-identity women, looking at depression in response to perceptions of personal prejudice. Note the dotted line / N.S. represents nonsignificant findings.

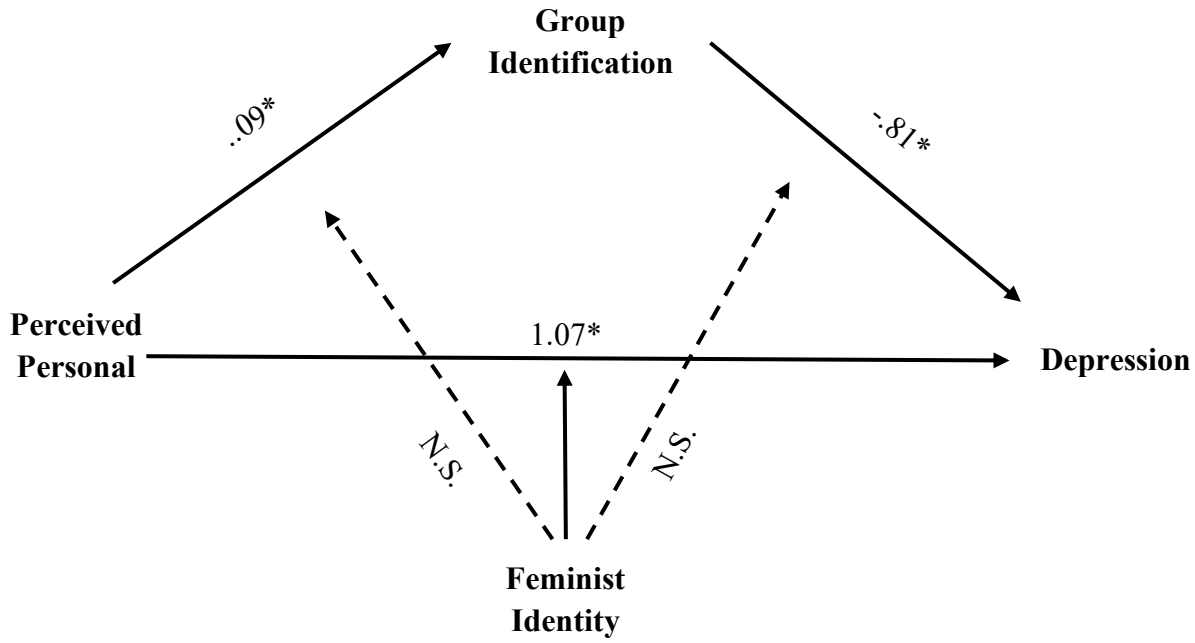

Figure 7. Model 59 for lower feminist-identity women, looking at depression in response to perceptions of personal prejudice. Note the dotted line / N.S. represents nonsignificant findings.

Discussion of Study One Results

In accordance with the Rejection-Identification Model, our hypotheses were supported that perceptions of group prejudice would have a positive relationship with group identification, and that increased group identification would help buffer the impact of the negative relationship between group prejudice and well-being. Our hypotheses were *also* supported that these relationships would be stronger for higher-feminist identity women compared to lower-feminist identity women. The buffering (indirect) effect of group identification for women who highly identify as feminists was statistically significant, whereas this was not the case for women who identify less so -- or not at all -- as feminists.

Our model on personal prejudice operated differently, with the only relationship moderated by feminist identity being the relationship between personal prejudice and depression. In other words, feminist identity did not moderate the relationship between

prejudice and group identification, nor group identification and depression -- meaning *no buffering effects* in the face of personal sexism, but women higher in feminist identity experienced increased depression.

While feminist women *do* experience greater impact of perceived prejudice on well-being *initially*, they also *gain more* from having a stronger relationship between group identification and well-being. Feminists' well-being is *protected* via their group identification. Non-feminists still experience the painful implications of prejudice, but with the pathway of group prejudice to group identification to well-being being *nonsignificant*, they do not receive the same buffering effect. The question is: what *is* it about feminist identity that contributes to this effect? Modern research has found that prior exposure to prejudice is positively associated with collective action via increased group identification and commitment to social justice; in other words, group identification and collective action provide a way of coping on a group level (Chan, 2022). Consequently: is it the group identification with other feminists in and of itself which protects wellbeing? Or is it what feminists *do* when they engage in collective action?

We propose that perceptions of prejudice will be positively associated with group identification, group identification and prejudice itself will be positively associated with collective action, prejudice will *negatively* impact women's wellbeing (increasing depression), and that group identification and collective action will *buffer* these effects (decreasing depression). Lastly, we predict that feminist identity will moderate the relationships between prejudice and wellbeing, group identification and wellbeing, and collective action and wellbeing (see Figure 8, page 24). In other words, women higher in

feminist identity will experience greater impacts of prejudice on their wellbeing, but *also* experience stronger relationships/buffering effects of group identification and collective action. We predict women *lower* in feminist identity will either have weaker relationships between all three, or nonsignificant relationships entirely.

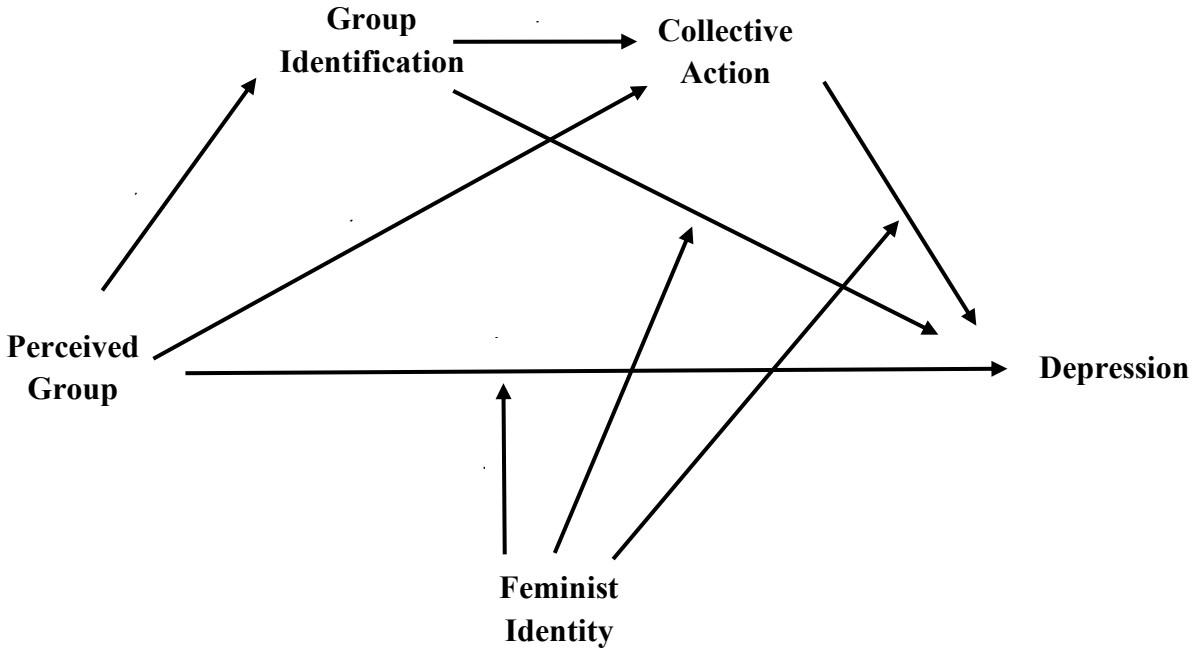

Figure 8. Theoretical Model 89 for women higher in feminist identity.

STUDY 2

Methods

Procedure

The procedure for Study 2 was identical to the procedure used in Study 1, except in Study 2 we integrated *collective action* into our model (thus we use a different model -- Model 89; Hayes, 2018).

Participants

The majority of this study's participants were, like Study 1, students taking Introduction to Psychology courses at the University of Maine from the years 2018-2019 (archival, de-identified data with IRB approval each year for Psychology Department Prescreening). Students received research credit, required by the course, as compensation for their participation. Participants responded to a 15-item demographic survey (Appendix J), which contained items measuring age, gender, sex, race, ethnicity, sexuality, political affiliations, religiosity, and spirituality (N = 760; mean age = 18.77, SD = 3.40; 87.5% White/Caucasian, 2.4% Asian/Pacific Islander, .8% Native American, 2.2% Latinx, 1.3% Black/African American, and 5.8% Multiracial). This study only analyzed the data for students who identified as women.

Measures

Perceptions of Prejudice

We utilized the same measures from Study 1 to measure perceived personal prejudice and perceived group prejudice. The scales were reliable for both perceived personal prejudice, $r(1,052) = .66$, $p < .001$, and perceived group prejudice, $r(1,054) = .79$, $p < .001$.

Group Identification

We utilized the same measure from Study 1 to measure group identification. The scale was reliable within the sample for Study 2 (Cronbach's alpha = .73).

Depression

We utilized the same measure from Study 1 to measure group identification. The scale was reliable within the sample for Study 2 (Cronbach's alpha = .95).

Feminist Identity

We utilized the same measure from Study 1 to measure group identification. The scale was reliable as there was only one item: self-identification as a feminist.

Collective Action

To measure collective action, we used an abbreviated version of the Feminist Identity Development Scale (Bargad & Hyde, 1991; Appendix H), a multidimensional measure of feminist identity with excellent internal consistency, test-retest reliability, and validity indices (Poll & Critchley, 2022). The FIDS proposed five stages women must go through to develop a positive feminist identity: passive acceptance, revelation, embeddedness-emanation, synthesis, and active commitment. The items used were *specifically* about active commitment -- women committed to dedicating their efforts towards combating sexism. While the original FIDS contained 48 items, we utilized a shortened version containing 5 items (including items such as "*I want to work to improve women's status"*). Items were answered on a 6-point Likert scale, with 0 being "strongly disagree" and 6 being "strongly agree." Scores were averaged such that high numbers indicate higher interest in collective action. The scale was reliable within our sample (Cronbach's alpha = .86).

Results

Outliers

We tested for straightliners (participants that rate the same responses on all items) by removing participants whose responses to the Rosenberg (1965) self-esteem scale had a standard deviation of 0. 13 straightliners were dropped. 12 outliers were dropped in addition; 7 outliers on group identification, and 5 outliers on our measure for depression. Thus, 25 participants were dropped from the study.

Descriptives & Correlations

The average participant from Study 2 was similar to the average participant in Study 1 (see Table 2, page 28). Notably, there were differences in sample size (Study 1 with n = 1,083 and Study 2 with n = 760). Additionally, Study 2's participants rated a *little* bit higher in depression (M = 12.40 compared to Study 1 depression M = 9.99). It is interesting to note that on the Beck Depression Inventory, scores from 1-10 are considered normal, whereas 11-16 are interpreted as mild mood disturbance. The average participant of Study 2 may have met the criteria for mild mood disturbance; whereas the average participant of Study 1 was just below the threshold, thus considered normal amounts of depression.

Variables	1	2	3	4	5	6	7	8	9
1. Personal Prejudice	1								
2. Group Prejudice	.36*	1							
3. Feminist Identity	.45*	.54*	1						
4. Group Identification	.31*	.36*	.48*	1					
5. Depression	.26*	.25*	.10*	-.02	1				
6. Collective Action	.38*	.42*	.61*	.56*	-.02	1			
7. Global Self-Esteem	-.29*	-.25*	-.11*	.03	-.76*	.04	1		
8. Performance Self-Esteem	-.23*	-.18*	-0.05	0.04	-.64*	0.01	.73*	1	
9. Social State Self-Esteem	-.31*	-.33*	-.18*	-.12*	-.64*	-0.06	.73*	.62*	1
Descriptives M(SD)	2.78 (1.63)	3.61 (1.48)	3.37 (1.95)	3.58 (1.01)	12.40 (11.03)	3.21 (1.18)	3.97 (1.19)	3.69 (1.24)	2.96 (1.50)
Range	0-6	0-6	0-6	0-6	0-52	0-6	0-6	0-6	0-6

Table 2. Descriptives and correlations for Study 2. Note * p < .05.

Feminist identity and depression were significantly correlated in this study, whereas this was not the case for Study 1. Group identity and depression remained *not* significantly correlated -- similar to Study 1. All other correlations were significant for both Study 1 and Study 2, including all correlations for the new potential mediator, with the exception of a statistically significant correlation between collective action and depression.

Model Results: Group Prejudice → Gender Identification → Collective Action → Depression

We first tested Model 89 using perceived *group* prejudice as the independent variable ($N = 740$). Our model accounted for 9% of the variance in women's depression, $R^2 = .09$, $F(7, 732) = 10.45$, $p < .001$. The direct effects of perceived group prejudice on group identification ($b = .25$, $p < .001$, 95% CI [.20, .29]) and collective action ($b = .20$, $p < .001$, 95% CI [.15, .24]) were both significant. Group identification was significantly positively associated with collective action ($b = .55$, $p < .001$, 95% CI [.48, .62]). The effect of perceived group prejudice on depression was significant ($b = 2.33$, $p < .001$, 95% CI [1.71, 2.96]), and this relationship was moderated by feminist identity ($b = .33$, $p = .022$, 95% CI [.05, .62]). Both women higher (Figure 9, page 30) and lower (Figure 10, page 31) in feminist identity had a significant relationship between prejudice and depression, but this relationship was *much stronger* for women higher in feminist identity ($b = 2.99$, $p < .001$, 95% CI [2.10, 3.89]) compared to lower ($b = 1.68$, $p < .001$, 95% CI [.89, 2.46]). Group identification was not significantly related to depression ($b = -.92$, $p = .052$, 95% CI [-1.86, .01]), and this relationship was not moderated by feminist identity ($b = -.01$, $p = .96$, 95% CI [-.47, .45]). Collective action was significantly negatively

associated with depression (b = -1.30, p = .004, 95% CI [-2.18, -.41]). This relationship was not moderated by feminist identity (b = -.12, p = .557, 95% CI [-.53, .29]).

In terms of indirect effects, the simple Rejection-Identification Model (prejudice → group identification → depression) was no longer significant for *anyone* (lower feminist identity, b = -.22, 95% CI [-.58, .09] or higher feminist identity, b = -.24, 95% CI [-.61, .11]). The indirect effect through collective action (prejudice → group identification → collective action → depression) was *only* significant for women higher in feminist identity (b = -.21, 95% CI [-.40, -.03] compared to b = -.14, 95% CI [-.31, .01]).

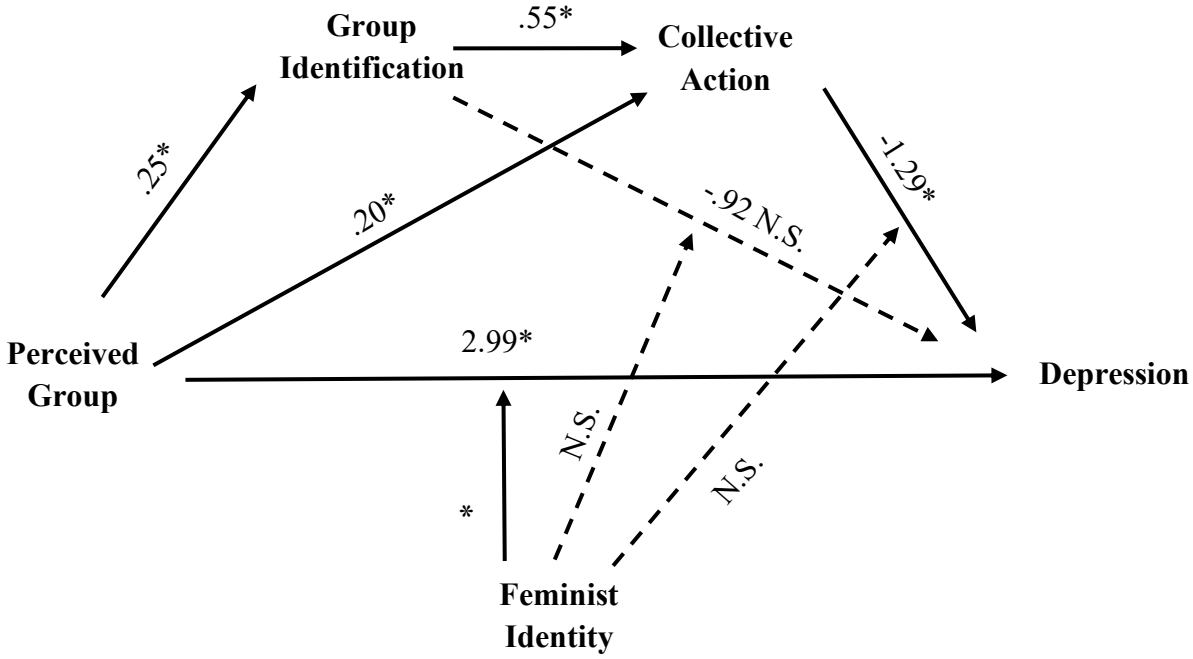

Figure 9. Model 89 for women higher in feminist identity when faced with perceived group prejudice. Note the dotted line / N.S. represents nonsignificant findings.

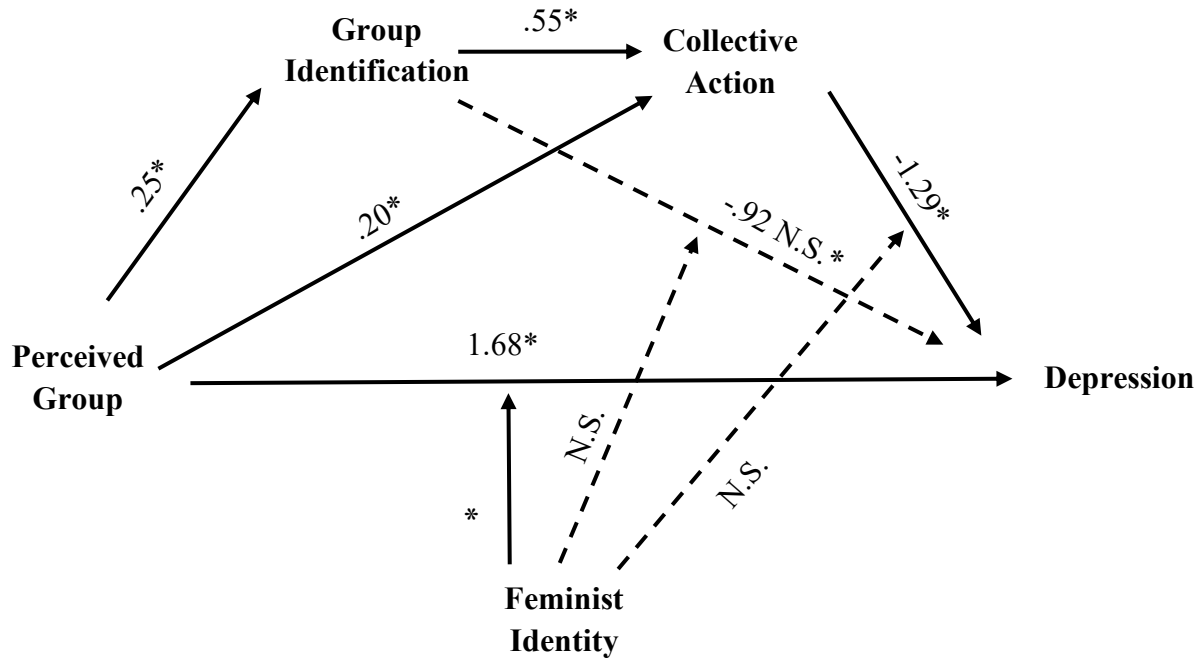

Figure 10. Model 89 for women lower in feminist identity, looking at depression in response to perceptions of group prejudice. Note the dotted line / N.S. represents nonsignificant findings.

Model Results: Personal Prejudice → Gender Identification → Collective Action → Depression

Model 89 for personal prejudice (N = 738) accounted for 9% of the variance in women's depression, R^2 = .93, $F(7, 730) = 10.75$, $p < .001$. Personal prejudice was found to positively predict group identity (b = .19, $p < .001$, 95% CI [.15, .24]). Both personal prejudice and group identification were positively associated with collective action (b = .16, $p < .001$, 95% CI [.12, .21] and b = .57, $p < .001$, 95% CI [.50, .64], respectively). Group identification was not directly associated with depression (b = -.80, p = .09, 95% CI [-1.74, .13]). Personal prejudice was positively correlated with depression (b = 2.02, $p < .001$, 95% CI [1.49, 2.55]), whereas collective action was *negatively* associated (b = -1.36, $p < .003$, 95% CI [-2.25, -.47]). No relationships were moderated by feminist identity (see Figure 11, page 32, for our model, which applies to women both higher and lower in feminist identity). The indirect effects of the pathway from perceived personal

prejudice to collective action to depression were significant for both women higher (b = -.22, 95% CI [-.45, -.03]) and lower (b = -.22, 95% CI [-.43, -.03]) in feminist identity. The same was true for the indirect effect of our complete model -- from perceived personal prejudice to group identification, collective action, and depression (higher feminist identity: b = -.15, 95% CI [-.31, -.02]; lower feminist identity: b = -.15, 95% CI [-.30, -.02]).

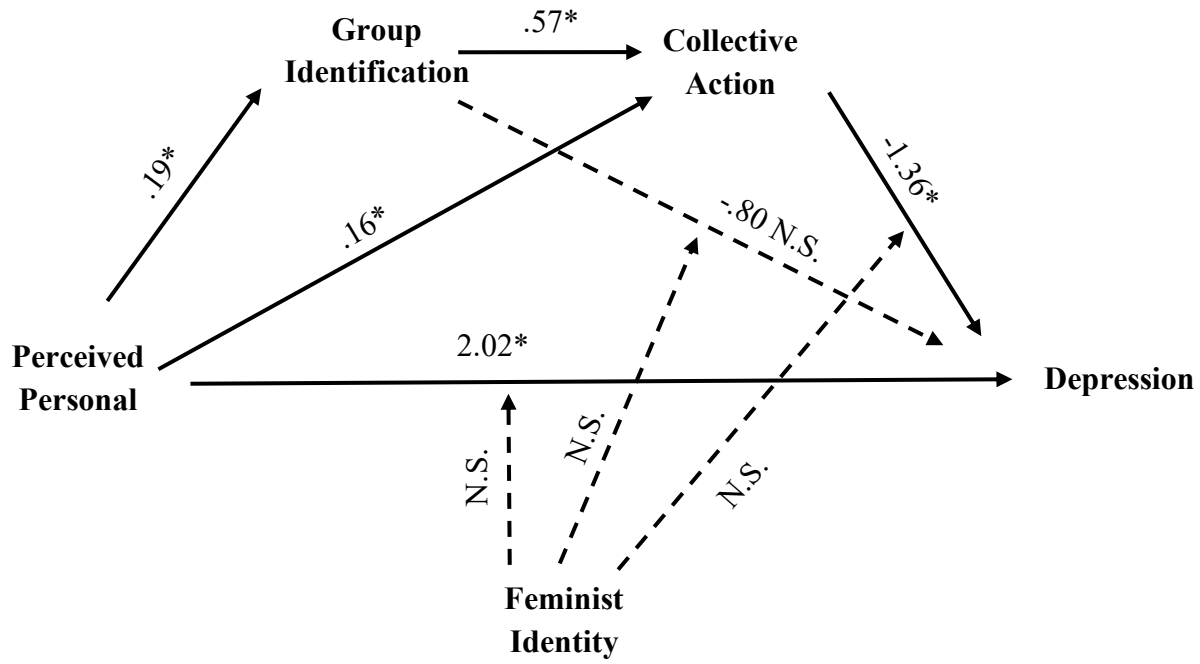

Figure 11. Model 89 for women both higher and lower in feminist identity, looking at depression in response to perceptions of personal prejudice. Note the dotted line / N.S. represents nonsignificant findings.

Discussion of Study 2 Results

The results of our model of women's response to perceptions of *group* prejudice demonstrated that the indirect effect through collective action is *only* significant for women higher in feminist identity. The relationship between *personal* prejudice and group identification, however, was not moderated -- meaning perceptions of personal sexism may hurt all women similarly. The indirect effect of collective action *was* significant for women both higher and lower in feminist identity. In other words, women

-- regardless of feminist identity -- are likely to become more identified with women when they perceive themselves *personally* as a target of sexism. This makes sense in consideration that consequences of prejudice on wellbeing are *greatest* when prejudice is perceived as pervasive and *personally relevant* (Lindsey et. al., 2015). Additionally, collective action may be an effective tool in managing the impact of personal prejudice, even for women who are lower in feminist identity.

DISCUSSION

Part of engaging in the feminist movement -- as described in the Feminist Identity Development Scale (Downing & Roush, 1985) -- is active commitment. Active commitment to feminism means resolving oneself to working towards a nonsexist world. Collective action is a *critical* part of feminism at the active commitment stage, in which members which share a salient group identity work together towards their shared objective. Women who do not identify as feminists are less likely to challenge prejudice (Leaper & Arias, 2011**)**. Our results indicate that women lower in feminist identity experience less of an impact of sexism on their wellbeing compared to higher feminist identity women. The impact of the feminist movement on the pervasiveness of prejudice, however -- both interpersonally and entrenched in our society -- is undeniable. It may be argued that by choosing to avoid ever confronting prejudice, one is doing nothing to stop its pervasiveness and impact. Therefore, it is a short-term benefit for a long-term cost. Prejudice will continue to hurt, group identification will *not* provide the same protection, *and* prejudice will continue to persevere or *potentially* worsen.

Contributing to the issue is the fact that, both historically and even in modern times, feminism/the feminist movement has been framed as a bad thing (such as a "campaign" *against* men). Feminist women, therefore, may *experience* greater amounts of prejudice. Indeed, women who engage in feminist activism have been found to experience greater amounts of both gender and sexual harassment (Holland & Cortina, 2013). Furthermore, individuals from marginalized group identities are likely to *perceive* more prejudice (Oswald & Adams, 2023) -- perhaps being more aware.

While our research focused on women, in terms of future research, the relationships between prejudice, group identification, feminist identity, collective action, and wellbeing for *men* should also be explored. One key difference, which may contribute to a disparity in the results, is the *type* of prejudice itself. For instance, men are more likely to experience gender roles which pressure them to be strong, competitive, less emotional, and less affectionate. On the other hand, women are more likely to experience societal pressure to raise children, be subservient, etc.

In terms of future research, one of the limitations of our research is that the majority of the data was collected from students taking a basic psychology course at UMaine. First, college students may not accurately represent the body of America -- as many do not have *access* to secondary education. Secondly, while the class *does* count as a general education course, many students get this requirement met in other ways (such as the Honors program). As such, the *majority* of students taking the course are psychology majors. Psychology majors have likely *selected* this major due to a passion for helping others; a key part of many of these courses is teaching cultural sensitivity, cultural *competence*, and the importance of diversity, acceptance, and *advocacy*. As such: psychology majors may be quite different from the general population (potentially having generally higher levels of feminist identity). Additionally, many other potential moderators for the relationship between prejudice, group identity, feminism, collective action, and well-being must be explored, such as the potential impact of political identification, socioeconomic status, and intersectional identities. For instance, some research has found that importance and salience of social class to one's identity amplified the negative associations between social class and anxiety as well as social class and life

satisfaction (Rubin & Stuart, 2018). Bradshaw and colleagues (2016) looked at low-socioeconomic status children's perceptions of discrimination and the resulting impact on psychological wellbeing, finding that perceived discrimination leads to negative outcomes in terms of perception of safety, school integration, and psychological well being. Being a woman or having low socioeconomic status has been associated with increased exposure to secondary stressors, increased amounts of stress, and lower resilience; *however,* high levels of group identification was positively related to *increased* resilience and *lower* amounts of stress (Ntontis et al., 2023). Research must explore how these relationships work -- and if they work the same -- for people of differing socioeconomic status.

Lastly, overlapping minority identities *must* be considered. Our studies' *primary* limitation is that the participant demographic data is lacking in diversity in terms of race, ethnicity, nationality, religion, spirituality, and gender identity (aside from cisgender men and women). This is important because the experience of an individual with one particular minority identity may differ from the experience of someone with *many* overlapping minority identities, known as *intersectionality*. When it comes to intersectionality, those with more than one minority identity (such as being an ethnic minority as well as LGBTQ) have been found to suffer slightly less everyday discrimination at the cost of *also* experiencing higher internalized negativity (Sattler & Zeyen, 2021). These results, in accordance with intersectional invisibility theory, are hypothesized to be because of the lack of recognition and social support both from within their communities as well as from members of the out-group (Sattler & Zeyen, 2021) -- indicating a need to explore the relationships between group identification and wellbeing

in *diverse* populations. In accordance with these results, intersectional minority groups may be considered particularly at-risk for poor psychological wellbeing as a result of prejudice. This is supported by research into gender and ethnic disparities in suicidal ideation, which has found that the association between perceived prejudice and suicidal ideation, plan, and attempt is stronger in ethnic minority women than compared to ethnic minority men (Vargas et al., 2021). Considering both elevated risk as well as potential differences in the *amount* of prejudice, the *perception* of prejudice, group identification, active commitment, feminist identity, the *impact* of prejudice on wellbeing, and the *relationships between these*, research in these areas must be conducted within diverse populations so that the results may be more *representative* of many people's experience.

In terms of fighting against prejudice, interventions focused on prejudice reductions *have* been found to effectively reduce prejudice in real-world settings, and the *effects* of these interventions are long-lasting (Hseih et al., 2022). Perceptions of variability in those outside of one's group identity helps reduce prejudice (Brauer & Er-rafiy, 2011). In other words, when an individual understands group identities to be made up of *various* types of individuals, they are less likely to draw upon their assumptions of the group identity itself to make judgements and attributions. Other interventions, which have focused both on similarity between genders as well as variance *within* gender (ie, perception of variability), have likewise been effective (Spinner et al., 2021). Intergroup contact -- even *online* -- can be effective in not only *decreasing* prejudice, but also increasing collective action tendencies and out-group understanding (Schumann & Moore, 2022). Additionally, positive contact with feminist women may encourage men's solidarity with the feminist movement (Wiley et al., 2021). Non-confrontational

strategies which address the fact that men also suffer because of gender roles and stereotypes may be particularly effective in increasing men's willingness to engage in collective action (Vásquez et al., 2024).

Furthermore, these results demonstrate the potential benefits of encouraging group identification, feminist identity, and collective action amongst women. Group identification-building interventions aim to increase one's identification with a group identity in the interest of improving one's health. These interventions can come in many forms, including those organized around group-relevant decision making, those that focus on group-based therapy, those in which participants engage in shared activities, and reminiscence-based groups. According to meta-analysis, these social-identification building interventions have moderate to strong positive effects on overall health; interventions revolving around group-decision making and group therapy had the greatest effect (Steffens et al., 2021).

In terms of encouraging feminist identity and collective action, community interventions are *not* helpful without *engagement from* the community. For community interventions to improve health and well-being, it is critical that such interventions involve the *collaborative decision-making* of its community members (Lawrence, 2015). Indeed, community-*developed* interventions aimed to empower young women have proved effective in improving emotional regulation and mental health (Ford-Paz et al., 2019).

CONCLUSION

Personal prejudice worked differently in our models compared to group prejudice; as group prejudice is perceived more widely (Crosby, 1982, 1984), our models on group prejudice may have more of an impact on women's health. Study 1 showed only women higher in feminist identity experienced a buffering effect of group identification, and Study 2 demonstrated this buffer may be a result of the positive relationship between group identification and collective action. This research indicates increasing feminism, group identification, and collective action may protect women's wellbeing. While increased feminist identity may increase the direct effect of prejudice on wellbeing, the indirect effects we have shown indicate feminist identity, group identification, *and* collective action not only provide excellent group level coping -- but also the potential for social change.

Future research should explore these relationships in terms of intersectionality -- seeing how the relationships between prejudice, group identification, collective action, and wellbeing operate for individuals who have different/*overlapping* minority identities. Community interventions developed *by* members of the community (Ford-Paz et al., 2019), and involving shared decision making (Lawrence, 2015) on the community's behalf (Steffens et al., 2021), may be helpful to not only increase collective action -- which our results show may improve wellbeing -- but also to *decrease* prejudice in itself. In light of backlash due to misconceptions of the feminist label itself, collective action may provide opportunity for positive contact and collaboration *with* feminists -- a non-confrontational strategy which may be both effective (Wiley et al., 2021) and *unifying* (Vásquez et al., 2024).

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APPENDICES

Appendix A: Perceived Personal Prejudice Measure

1. Sexism will prevent me from reaching some of my goals.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

2. I will likely be a target of sexism in the next year.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

Appendix B: Perceived Group Prejudice Measure

1. Members of my gender group are negatively affected by sexism.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

2. My gender group will likely be a target of sexism in the next year.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

Appendix C: Importance to Identity Subscale from Collective Self-Esteem Scale

(Luhtanen & Crocker, 1992)

1. Being a woman is an important reflection of who I am.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

2. In general, being a woman is an important part of my self-image.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

3. Being a woman is unimportant to my sense of what kind of person I am.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

4. Overall, being a woman has very little to do with how I feel about myself.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

5. My gender group's successes are my successes.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

6. When someone criticizes my gender group, it feels like a personal insult.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

Appendix D: Beck Depression Inventory (Beck et al., 1961)

1.

0 I do not feel sad.

1 I feel sad.

2 I am sad all the time and I can't snap out of it.

3 I am so sad and unhappy that I can't stand it.

2.

0 I am not particularly discouraged about the future.

1 I feel discouraged about the future.

2 I feel I have nothing to look forward to.

3 I feel the future is hopeless and that things cannot improve.

3.

0 I do not feel like a failure.

1 I feel I have failed more than the average person.

2 As I look back on my life, all I can see is a lot of failures.

3 I feel I am a complete failure as a person.

4.

0 I get as much satisfaction out of things as I used to.

1 I don't enjoy things the way I used to.

2 I don't get real satisfaction out of anything anymore.

3 I am dissatisfied or bored with everything.

5.

0 I don’t feel particularly guilty.

1 I feel guilty a good part of the time.

2 I feel quite guilty most of the time.

3 I feel guilty all of the time.

6.

0 I don’t feel I am being punished.

1 I feel I may be punished.

2 I expect to be punished.

3 I feel I am being punished.

7.

0 I don’t feel disappointed in myself.

1 I am disappointed in myself.

2 I am disgusted with myself.

3 I hate myself.

8.

0 I don’t feel I am worse than anybody else.

1 I am critical of myself for my weaknesses or mistakes.

2 I blame myself all the time for my faults.

3 I blame myself for everything bad that happens.

9.

0 I don't have any thoughts of killing myself.

1 I have thoughts of killing myself, but I would not carry them out.

2 I would like to kill myself.

3 I would kill myself if I had the chance.

10.

0 I don't cry any more than usual.

1 I cry more now than I used to.

2 I cry all the time now.

3 I used to be able to cry, but now I can't cry even though I want to.

11.

0 I am no more irritated by things than I ever was.

1 I am slightly more irritated now than usual.

2 I am quite annoyed or irritated a good deal of the time.

3 I feel irritated all the time.

12.

0 I have not lost interest in other people.

1 I am less interested in other people than I used to be.

2 I have lost most of my interest in other people.

3 I have lost all of my interest in other people.

13.

0 I make decisions about as well as I ever could.

1 I put off making decisions more than I used to.

2 I have greater difficulty in making decisions than I used to.

3 I can't make decisions at all anymore.

14.

0 I don't feel that I look any worse than I used to.

1 I am worried that I am looking old or unattractive.

2 I feel there are permanent changes in my appearance that make me look unattractive.

3 I can't make decisions at all anymore.

15.

0 I can work about as well as before.

1 It takes an extra effort to get started at doing something.

2 I have to push myself very hard to do anything.

3 I can't do any work at all.

16.

0 I can sleep as well as usual.

1 I don't sleep as well as I used to.

2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.

3 I wake up several hours earlier than I used to and cannot get back to sleep.

17.

0 I don't get more tired than usual.

1 I get tired more easily than I used to.

2 I get tired from doing almost anything.

3 I am too tired to do anything.

18.

0 My appetite is no worse than usual.

1 My appetite is not as good as it used to be.

2 My appetite is much worse now.

3 I have no appetite at all anymore.

19.

0 I haven't lost much weight, if any, lately.

1 I have lost more than five pounds.

2 I have lost more than ten pounds.

3 I have lost more than fifteen pounds.

20.

0 I am no more worried about my health than usual.

1 I am worried about physical problems like aches, pains, upset stomach, or constipation.

2 I am very worried about physical problems and it's hard to think of much else.

3 I am so worried about my physical problems that I cannot think of anything else.

21.

0 I have not noticed any recent change in my interest in sex.

1 I am less interested in sex than I used to be.

2 I have almost no interest in sex.

3 I have lost interest in sex completely.

Appendix E: Rosenberg Self-Esteem Scale (Rosenberg, 1965)

1. On the whole, I am satisfied with myself.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

2. At times I think I am no good at all.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

3. I feel that I have a number of good qualities.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

4. I am able to do things as well as most other people.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

5. I feel I do not have much to be proud of.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

6. I certainly feel useless at times.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

7. I feel that I'm a person of worth, at least on an equal plane with others.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

8. I wish I could have more respect for myself.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

9. All in all, I am inclined to feel that I am a failure.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

10. I take a positive attitude toward myself.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

Appendix F: State Self-Esteem Scale: Performance and Social State Self-Esteem Subscales

This is a questionnaire designed to measure what you are thinking at this moment. There is of course, no right answer for any statement. The best answer is what you feel is true of yourself at the moment. Be sure to answer all of the items, even if you are not certain of the best answer. Again, answer these questions as they are true for you **RIGHT NOW.**

1. I feel confident about my abilities.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

2. I am worried about whether I am regarded as a success or failure.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

3. I feel frustrated or rattled about my performance.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

4. I feel that I am having trouble understanding things that I read.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

5. I feel self-conscious.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

6. I feel as smart as others.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

7. I feel displeased with myself.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

8. I am worried about what other people think of me.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

9. I feel confident that I understand things.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

10. I feel inferior to others at this moment.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

11. I feel concerned about the impression I am making.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

12. I feel that I have less scholastic ability right now than others.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

13. I feel like I'm not doing well.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

14. I am worried about looking foolish.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

Appendix G: Feminist Identity

1. I am a feminist.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

Appendix H: Feminist Identity Development Scale (Shortened; Bargad & Hyde, 1991).

Instructions

On the following pages you will find a series of statements which people might use to describe themselves. Read each statement carefully and decide to what degree you think it presently describes you. Then select one of the six answers that best describes your present agreement or disagreement with the statement.

For example, if you strongly agree with the statement, "I like to return to the same vacation spot year after year," you would rate the statement with the number 6 in the space provided as shown below:

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

__6__ I like to return to the same vacation spot year after year.

Remember to read each statement carefully and decide to what degree you think it describes you at the present time.

0	1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

_____ 1. I want to work to improve women's status.

_____ 2. I am willing to make certain sacrifices in order to work toward making this society a non-sexist, peaceful place where all people have equal opportunities.

_____ 3. It is very satisfying to me to be able to use my talents and skills for my work in the women's movement.

_____ 4. I feel that I am a very powerful and effective spokesperson for the women's issues I am concerned with right now.

_____ 5. I have a lifelong commitment to working for social, economic, and political equality for women.

Appendix I: Socioeconomic Status Survey including MacArthur Scale of Subjective Social Status (Ostrove et al., 2000)

1. Which category best describes your family's yearly household income before taxes when you were growing up?

1	$5,000 or less
2	$5,000 - $10,000
3	$10,000 - $15,000
4	$15,000 - $20,000
5	$20,000 - $25,000
6	$25,000 - $30,000
7	$30,000 - $40,000
8	$40,000 - $50,000
9	$50,000 - $65,000
10	$65,000 - $80,000
11	$80,000 - $100,000
12	$100,000 - $125,000
13	$125,000 or more

Imagine this ladder represents society. At the top of the ladder are the people who are the best off, those who have the most money, most education, and best jobs. At the bottom are the people who are the worst off, those who have the least money, least education, worst jobs, or no job.

2. Where would you place your family as you were growing up on this ladder?

1	2	3	4	5	6	7	8	9	10
Lowest									Highest

3. Where would you place yourself at the present moment on the ladder relative to other people in the U.S.?

1	2	3	4	5	6	7	8	9	10
Lowest									Highest

Appendix J: Demographics Survey

1. What is your gender?

    0 Man
    1 Woman
    2 Other; please specify: _____

2. What sex were you assigned at birth on your original birth certificate?

    1 Male
    2 Female
    3 I would not like to disclose

3. Which of the following do you currently identify most closely with? If something else, please describe.

    1 Lesbian, gay, homosexual
    2 Straight, heterosexual
    3 Bisexual
    4 Queer
    5 Questioning or unsure
    6 Other; please specify: _____

1. I am sexually attracted to:

    0 Other sex only
    1 Other sex mostly
    2 Both sexes equally
    3 Same sex mostly
    4 Same sex only
    5 Neither

2. I identify myself as:

    0 Straight
    1 Bisexual
    2 Gay
    3 Other, please specify: _____

3. Age (in years): _____

4. What year are you completing this survey?

1	2008
2	2009
3	2010
4	2011
5	2012
6	2013
7	2014
8	2015
9	2016
10	2017
11	2018
12	2019
13	2020

5. What year of college are you in?

1	Freshman
2	Sophomore
3	Junior
4	Senior
5	5 or more years

6. What is your ethnicity?

1	White/Caucasian
2	Asian/Pacific Islander
3	Native American
4	Latinx
5	Black/African American
6	Other, please specify: _____
7	Multiracial

7. To what extent do you consider yourself a RELIGIOUS person?

1	2	3	4	5	6	7	8	9
Not at all				Moderately				Extremely

8. To what extent do you consider yourself a SPIRITUAL person?

1	2	3	4	5	6	7	8	9
Not at all				Moderately				Extremely

9. Do you believe in God?

1 Yes; I am a theist / I believe in God
2 No; I am an atheist / I do not believe in God
3 Uncertain; I am agnostic / I am uncertain as to the existence of God

10. What is your primary religious affiliation?

1 Protestant Christian (any or non-denomination)
2 Catholic
3 Buddhist
4 Hindu
5 Jewish
6 Muslim
7 Atheist
8 None
9 Other, please specify: _____

11. Please indicate the extent to which you consider yourself politically liberal or conservative.

1	2	3	4	5	6	7
Extremely Conservative	Conservative	Slightly Conservative	Neutral	Slightly Liberal	Liberal	Extremely Liberal

AUTHOR'S BIOGRAPHY

Liana Shaw, 21 at the time of this thesis, grew up in Carmel, Maine after being adopted by her biological grandmother. Throughout her childhood, she enjoyed roller skating, reading, swimming, and chess -- making it all the way to nationals with her middle school chess team. In high school, she found her passion in community service and care, founding a youth substance abuse prevention group as well as Hermon High School's first food cupboard. She graduated salutatorian of her class, earning her a full academic scholarship at the University of Maine.

At the University of Maine, she majored in Psychology with concentrations in abnormal and biological psychology. She minored in neuroscience and education; additionally, she was a student in the Honors College. Throughout her undergraduate experience, Liana discovered many new passions, including weight lifting and pole fitness, while maintaining a GPA above 3.95. For a year, she worked as a psychiatric technician at Northern Light Acadia Hospital; for another, she worked as a psychology undergraduate research assistant at UMaine. In the next few years, she hopes to attend graduate school, pursuing her interest in research.