The Relationship of Gender-Based Microaggressions and Internalized Sexism on Mental Health Outcomes: A Mother-Daughter Study

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THE RELATIONSHIP OF GENDER-BASED MICROAGGRESSIONS AND INTERNALIZED SEXISM ON MENTAL HEALTH OUTCOMES: A MOTHER-DAUGHTER STUDY

by

Nicole D. Feigt

A thesis submitted in partial fulfillment of the requirements for the degree of EDUCATION SPECIALIST in School Psychology

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ABSTRACT

The Relationship of Gender-Based Microaggressions and Internalized Sexism on Mental Health Outcomes: A Mother-Daughter Study

by

Nicole D. Feigt, Education Specialist
Utah State University, 2018

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Although research is emerging on the subtle slights that women experience, there needs to be more information on how often these microaggressions occur, their impact on mental health, and how views on gender roles may influence their impact. This study examined how mothers and daughters experience gender-based microaggressions, internalized sexism, mental health symptoms, and how those variables are related both individually and in the mother-daughter relationship. The sample included 102 mother-daughter pairs. Adolescents were 14 to 18 years old, and mothers were 34 to 68 years old. Participants ranged in geographical location, sexual orientation, religion, social class, and more. Mothers and daughters answered surveys including a demographic questionnaire, the Gender-Microaggressions Scale, Ambivalent Sexism Inventory, the Patient Health Questionnaire-9 for depression, and the General Anxiety Disorder-7 for anxiety. On the individual level, multiple variables were correlated. For mothers and daughters, more
microaggressions experienced in the past month was related to greater mental health
distress in regards to depression for mothers, \( r(102) = .428, p < .001 \), and for daughters,
\( r(102) = .408, p < .001 \). and for anxiety from mothers, \( r(102) = .407, p < .001 \) and
daughters, \( r(100) = .485, p < .001 \). When looking at the dyad, there were also significant
correlations. They were correlated in terms of microaggressions they experienced in the
past month, \( r(100) = .679, p < .001 \), total score of the Ambivalent Sexism Inventory,
\( r(100) = .661, p < .001 \), depression, \( r(100) = .568, p < .001 \), and anxiety, \( r(100) = .531, p < .001 \). For mother’s depression, a mother’s level of ambivalent sexism approached
significance in terms of moderating the relationship between microaggressions and
mental health, \( R^2 = .03, F(1, 98) = 3.76, p = .055 \). This study demonstrates that
microaggressions are related mental health distress in adolescent girls and middle-aged
women. It also highlights the relationship between mothers and daughters, which point
towards the home unit being a factor in socialization of roles and identification of sexist
discrimination. While this study was not experimental, it provides evidence that the way
women experience microaggressions, including how views of sexism may impact those
experiences, should be investigated further.
The Relationship of Gender-Based Microaggressions and Internalized Sexism on Mental Health Outcomes: A Mother-Daughter Study

Nicole D. Feigt

Subtle occurrences of discrimination, insults, and slights against gender can impact women of all ages, although little research has been done on the mental health impacts of these events on adolescents or middle-aged women. Additionally, a person’s own views on sex roles and sexism may impact how these events affect them. The following study examined the relationship between mothers and daughters on variables related to ambivalent sexism, gender-based microaggressions, and anxiety and depression. One hundred two mothers and their adolescent daughters completed various online surveys through the use of a Qualtrics panel. The sample was fairly representative, with respondents varying in social class, age, religious preference, and geographical location. Mother and daughter participants separately completed various online measures related to microaggressions, sexism, and mental health. Results indicated that mothers and daughters reports of mental health outcomes, experiences of microaggressions, and ambivalent sexism were very correlated. Additionally, for both mothers and daughters, there was a positive correlation between experiences of gender-based microaggressions and increased symptoms of anxiety and depression. A moderation analysis was done to see if a women’s level of benevolent sexism acted as a moderator to the relationship between experiences of microaggressions and mental health. Although no significant
interactions were found, the results did approach significance for the dependent variable of mother’s depression. This study highlights the occurrence and impact of gender-based microaggressions on two under-researched populations, and also begins to explore how views about gender roles may interact with mental health.
ACKNOWLEDGMENTS

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I also owe a great deal of thanks to Utah State University, and specifically to the College of Education and Human Services (CEHS). I am so thankful to have received the CEHS Graduate Student Research Award, which allowed me to collect data from a unique sample of mother and daughter pairs. I have an immense amount of gratitude for the college and university that helped foster my love for knowledge, critical thinking, and research.

To my family, friends, and fellow peers who have helped me through this process, I thank you. I could not have done this without your support.

Nicole D. Feigt
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CHAPTER I

PROBLEM STATEMENT

Although instances of overt sexism have become less frequent in the past decades, psychologists, educators, and employees have begun to notice more covert forms of gender bias and discrimination (Swim, Aikin, Hall, & Hunter, 1995). Covert forms of discrimination can be corrosive in that they may leave the recipient feeling put down but unable to clearly articulate the reason (Sue et al., 2007). The term microaggressions has been described as brief, commonplace messages that devalue or degrade an individual because of their membership in an oppressed group (Sue et al., 2007). In the last decade, extensive research has emerged examining the prevalence and effects of microaggressions against individuals based on their race or ethnicity. Growing research highlights similar issues involving microaggressions against persons on the basis of other group memberships, such as women, lesbian, gay, bisexual, transgender (LGBT) individuals, and individuals with disabilities. This study focuses on gender microaggressions specifically perpetrated towards women and data were gathered to understand the relationship between gender microaggressions and women’s mental health.

In order for microaggressions to exert their influence, discriminatory expressions have to be received in some form by the intended target. Women’s ability to recognize gender microaggressions may heavily depend on their own attitudes and beliefs about women’s value in society and their adherence or nonadherence to gender roles (Capodilupo et al., 2010). A rich literature has described women’s internalized
oppression, or women’s adoption of negative attitudes that limit their ability to succeed or achieve otherwise attainable goals (Bearman, Korobov, & Thorne, 2009). In the examination of the relationship between microaggressions and women’s mental health, it seems critical to examine internalized oppression as a mediator between the two.

Finally, developmental considerations are critical to both experiences of discrimination and identity development (Smetana, Campione-Barr, & Metzger, 2006). Most research on gender-based microaggressions has been conducted with college-aged women. Very little research exists with adolescent girls who are at a critical developmental juncture in terms of identity development (Erikson, 1963) as well as older women, whose life experiences likely shape their attitudes toward the self and their perceptions of microaggressions. Although many theories point to the family as a central unit of socialization, there are no known studies that examine the impact of mothers’ internalized oppression and experiences with microaggressions on their daughter’s mental health.

The focus of the present study was to answer the following research questions:

RQ1a: What is the relationship between experiences of gender-based microaggressions and mental health outcomes for mothers?

RQ1b: What is the relationship between experiences of gender-based microaggressions and mental health outcomes for daughters?

RQ2a: Does internalized sexism moderate the relationship between experiences of gender-based microaggressions and mental health outcomes in mothers?

RQ2b: Does internalized sexism moderate the relationship between experiences of gender-based microaggressions and mental health outcomes in daughters?

RQ3: What is the relationship between mothers and daughters on (a) internalized
sexism, (b) experiences of microaggressions, (c) depression, and (d) anxiety?

RQ4: Does a mother’s level of internalized sexism and/or her experiences of gender-based microaggressions predict her daughter’s mental health outcomes?
CHAPTER II
LITERATURE REVIEW

The following literature review summarizes both current and past research involving sexism, everyday sexist events, microaggressions, and their outcomes on women. The different facets of sexism, specifically benevolent and hostile sexism, will be explored, along with their varying effects on women. Research involving a hidden and insidious form of discrimination, microaggressions, is discussed. This review will also cover the theory of internalized sexism and self-objectification. Studies looking at the mechanisms behind these internalizations are discussed. This review ends with a statement of why this study was needed to fill in and expand upon the current literature.

Sexism

“Sexism is the systematic inequitable treatment of girls and women by men and by society as a whole” (Bearman et al., 2009, p. 11). A key component to sexism is an institutionalized system of power that ensures and maintains higher status, authority, and access to resources of the oppressor over the oppressed. This component of sexism is present in oppression against any group. Power, along with prejudice, creates oppression (Bearman et al., 2009, p. 14). When individuals view oppression as only involving prejudice, they sometimes believe that prejudicial biases alone can cause oppression, leading to claims of “reverse sexism.” While both women and men can certainly hold individual biases towards men, those biases do not have the backing of a social inequity.
Hostile and Benevolent Sexism

According to Glick and Fiske’s (1996) Ambivalent Sexism Theory, sexism is a multidimensional construct that encompasses more than just antipathy towards women. In their theory, the existence of male dominance in society (economic, political, and social institutions) conflicts with the intimate interdependence of sexual reproduction, thus creating ambivalence. Glick and Fiske introduced two complementary forms of sexism, hostile sexism and benevolent sexism. Hostile sexism is an obvious and blatant negative view towards women often including the idea that women seek to control men through feminist ideology or seduction, are less competent than men, and are better suited for childcare (Dardenne, Dumont, & Bollier, 2007; Glick & Fiske, 2001). Past research also shows that hostile sexism is related to adopting negative stereotypes of women (Glick et al., 2000) as well as adopting traditional gender role beliefs that limit women’s roles to nurturing children, doing housework, and sacrificing her career for her husband’s (Chen, Fiske, & Lee, 2009). In contrast, benevolent sexism is viewed as subjectively favorable, containing chivalrous ideology that supports protecting women who adopt traditional roles (Glick & Fiske, 2001). While benevolent sexism may have a positive overtone, the underlying message advances an ideology that restricts women’s activities to traditional gender roles and stereotypes. Women often reject hostile sexism, but many endorse instances of benevolent sexism.

One of the most highly used self-report measures of hostile and benevolent sexist attitudes is the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996). This scale asks the participant to rate their disagreement/agreement with a statement and elicits two
subscale scores, one for benevolent sexism and one for hostile. In one large-scale study of the ASI across cultures, a sample of more than 15,000 participants in 19 countries was gathered (Glick et al., 2000). This large study revealed several important findings. The study had participants complete the ASI, and the researchers also looked at two measures of national gender equality for each country. The first measure, the Gender Equality Measure (GEM) assesses women’s (in comparison to men’s) participation in the economy (women’s share of earned income, percentage of administrators and managers). The other measure used was the Gender-Related Development Index (GDI), which focuses on longevity, knowledge, and standard of living. Overall, findings showed that as means for benevolent and hostile sexism increased, both the GDI and GEM for the nation decreased. Additionally, the authors found a high correlation between both men and women’s scores of hostile and benevolent sexism. Ultimately, they found that while women and men consistently rejected hostile sexism, they endorsed benevolent sexism. Finally, they found that the strength of the hostile/benevolent sexism correlation was itself negatively correlated with a nation’s overall sexism level. This suggests that the more independent a nation’s hostile sexism score is from its benevolent sexism score, the higher the nation scores on overall sexism. This finding was replicated on the individual level as well.

Benevolent sexism can be particularly corrosive. Higher endorsement of benevolent sexism by women has been linked to mate selection, particularly showing women’s preference for their role to be as a subordinate assistant while the man is the authoritative provider (Chen et al., 2009). In one study, women had worse outcomes on
work performance when they experienced benevolent sexism than when they experienced hostile sexism (Dardenne et al., 2007). The authors proposed that women were more likely to doubt their abilities to perform a task only when benevolent sexism was presented because it suggested women’s inferiority and it could not easily be externally attributed. Not surprisingly, these women rated situations where benevolent sexism occurred as not being any more sexist than the control situation in which no sexism occurred. In contrast, these women performed better after experiencing hostile sexism, and the authors attributed this to an increased motivation to perform. There is another line of research that suggests that subtle messages communicating inferiority, known as microaggressions, have deleterious effects on mental and physical health.

**Internalized Sexism and Misogyny**

The internalization of gender stereotypic attitudes and behaviors has been described under a variety of terms. One term that is used often in this literature is *misogyny*, or the cultural viewpoint that perpetuates males as dominant and women as subordinate in society (Piggot, 2004). *Internalized sexism* occurs when a woman embodies and enacts the sexist attitudes and behaviors she has experienced onto herself and other women. Researchers often cite passive acceptance of sexist attitudes as one of the main manifestations of internalized sexism (Szymanski, Gupta, Carr, & Stewart, 2009). One way to measure passive acceptance is through on Downing and Rousch’s (1985) Feminist Identity Development model. According to this theory, women who are higher on the Passive Acceptance subscale have internalized the sexist ideas of men
being superior to women, accepted traditional gender roles without question, and deny the existence of cultural or individual sexism (Szymanski, 2005). One study involving 104 undergraduate and 83 faculty/staff women indicated that perceived sexist events (as measured by the Schedule of Sexist Events Scale) were positively related to women’s psychological distress, as measured by the General Severity Index (GSI) and Brief Symptom Inventory (BSI; Moradi & Subich, 2002). In that study, the Feminist Identity Development Scale (FIDS) was also administered. Two subscales from the FIDS that are of interest to this study are the Passive Acceptance (PA) subscale and the Revelation subscale. The PA scale measures how much a woman endorses statements regarding denial of individual and institutional discrimination against herself and women in general. The Revelation subscale measures a woman’s endorsement of statements involving knowledge of sexism, anger against a sexist society, and feelings of guilt regarding one’s own involvement in the systematic oppression of women. The study found that a women’s level on the subscale Passive Acceptance (PA), as well as the recency of sexist events (compared to lifetime events) accounted for 1% (p < .05) of the variance in GSI scores (Moradi & Subich, 2002). This study also indicated that a woman’s level of Revelation was positively related with how many sexist events she reported (Moradi & Subich, 2002).

One of the most documented facets of internalized sexism is sexual objectification and self-objectification. Sexual objectification (SO) occurs when a person’s body, specific body parts, or sexual functions are separated from their identity; that is, they are seen as objects often for the use and pleasure of others (Fredrickson, Roberts, Noll,
Quinn, & Twenge, 1998). This can occur in direct encounters as well as indirect, systemic environmental encounters. Multiple studies show that women experience SO events more often than men (Swim, Hyers, Cohen, & Ferguson, 2001; for a review, see Fredrickson & Roberts, 1997). One does not have to look far to see the environmental SO of women. One review by the American Psychological Association (2007) looking at depictions of women in magazines, commercials, music lyrics and videos, prime-time television programs, sports media, internet sites, and video games, revealed that women more often than men are depicted in sexualized and objectifying manners (e.g., portrayed in ways highlighting their body parts or sexual readiness, in provocative clothing, serving as decorative objects). Self-objectification occurs when a woman internalizes experiences of being sexually objectified and believes that she should be looked at and evaluated based off of her appearance (Fredrickson & Roberts, 1997). Fredrickson and Roberts coined this process as objectification theory, which posits that as women are exposed to the pervasive cultural idea of their bodies being sexual objects, they begin to see themselves that way. A substantial body of research has linked self-objectification to disordered eating (Tiggemann & Williams, 2012), negative body image, risk taking, and self-harm (Muehlenkamp, Swanson, & Brausch, 2005) and supports a positive correlation between self-objectification and depression in adolescents (Grabe, Hyde, & Lindberg, 2007). A conflicting reaction to sexual objectification has been noted in which women may react positively to sexual advances or comments and feel desired by men. When a woman views sexist events in a positive light, she may be self-objectifying, which can lead to lower self-esteem, feelings of distress, and diminished feelings of importance/
appreciation (Muehlenkamp et al., 2005).

The internalization of standards or beliefs that serve to limit a person’s potential has been termed *internalized oppression* (David, 2014). Specifically, internalized oppression is “a set of self-defeating cognitions, attitudes, and behaviors that were developed as one consistently experiences an oppressive environment” (David, 2014, p. 14). This oppression includes a distorted view of one’s potential, as well as that of others, on the basis of the particular dimension of identification (e.g., gender). Self-objectification has been looked at as a mediator that links experiences of sexual objectification with various negative outcomes (Moradi & Huang, 2008). Body surveillance, or “habitual monitoring of the body’s outward appearance” (Fredrickson & Roberts, 1997, p. 180), is considered to be a core aspect of self-objectification. Researchers also believe there is a strong link between self-objectification and body shame, or “an emotion that can result from measuring oneself against an internalized or cultural standard and perceiving oneself as failing to meet that standard” (Moradi & Huang, 2008, p. 378). Most meditational relations studies so far have focused on body shame in relation to body surveillance and self-objectification with eating disorder symptoms.

**Sexist Events**

Sexist events have been conceptualized as negative, everyday life events that put women and men down in a way that is pervasive and causes an excessive amount of stress (Szymanski et al., 2009). Examples of sexist events include traditional gender role
stereotyping and prejudice, unwanted sexually objectifying comments and behaviors, and derogatory or demeaning remarks (Szymanski et al., 2009). These events are perpetuated by societal and cultural norms that promote patriarchal values and traditional gender roles.

The prevalence of sexist events has been well documented in the literature. Many studies use the Schedule of Sexist Events (SSE; Landrine & Klonoff, 1995), which assesses exposure to sexism across various life domains. Experiences of sexism and harassment have been shown to have negative effects on career outcomes and mental wellbeing in U.S. women (Fitzgerald, Drasgow, Huland, Gelfand, & Magley, 1997). Some researchers have even speculated that the prevalence of women experiencing depression at twice the rate of men may be accounted for by women’s higher exposure to sexist events (Klonoff, Landrine, & Campbell, 2000). Landrine, Klonoff, Gibbs, Manning, and Lund (1995) further defined sexist events as stressors that can occur throughout one’s life, which can be thought of as distal predictors of psychological distress or set the stage for those symptoms later in life. Adding on to his idea was that recent sexist events (within the past year) or brutal/extreme discrimination or assault were proximal predictors with direct impact on psychological distress.

Contrary to the messages perpetrated by media and reinforced by individuals who believe that discrimination due to gender is a thing of the past, systematic data exists supporting the idea that sexist events are still very much present in women’s lives. For example, in one diary study conducted in the U.S., the average woman reported experiencing one to two sexist events every week (Swim et al., 2001). Overwhelmingly,
the focus of sexist events has focused on those that women experience, although it should be noted that sexist events have also been documented against men. In the diary study by Swim et al. men and women reported witnessing sexist events against men approximately every other week. These experiences were most likely to consist of traditional gender role prejudice, such as calling men “sissies” for showing emotions, or stating that “all men are pigs.”

**Microaggressions**

The term *microaggression* was first coined by Pierce (1970) to describe subtle instances of racism in an aptly titled chapter called “Offensive Mechanisms.” Pierce made a call for psychiatrists to consider “offenses” in addition to “defenses” and clarified that “most offensive actions are not gross and crippling” (p. 265). Most importantly, Pierce clarified that “The enormity of the complications they cause can be appreciated only when one considers that these blows are delivered incessantly (p. 266). Pierce located the expression of microaggressions at the individual level but clearly stated that society was responsible for the establishment and maintenance of microaggressions. Pierce noted “Just as the skillful coach teaches his charges certain rules about the offense, the society is unrelenting in teaching its white youth how to maximize the advantages of being on the offense towards blacks” (p. 269-270). Pierce’s important work did not find itself in the mainstream of multicultural psychology studies until Stanley Sue published his seminal piece “Racial Microaggressions in Every Day Life” (Sue et al., 2007).

Sue et al. (2007) defined microaggressions as brief, everyday verbal, behavioral,
and environmental acts that communicate hostile, negative, and insulting messages to oppressed groups. Microaggressions are believed to stem from stereotypes and negative views held by others, which often lead to the ambiguous nature of the microaggression. Oftentimes, the person who is saying the microaggression does not realize that they have offended someone, and sometimes they may even think they are being complimentary (e.g., saying to a Chinese American student “I can’t believe how well you speak English!”). Furthermore, microaggressions can be subtle to the receiver as well, sometimes leaving the receiver feeling bad without having an exact reason to pinpoint. Sue’s work on microaggressions began with examining microaggressions against individuals of oppressed racial and ethnic backgrounds. Since then, racial microaggressions have been associated with negative impacts on psychological and physical health (Flores, Tschann, Dimas, Pasch, & de Groat, 2010; Lambert, Herman, Bynum, & Ialongo, 2009; Torres & Ong, 2010). In the last decade, the work has expanded to examine microaggressions regarding gender and sexual orientation (Sue, 2010), disability status (Keller & Galgay, 2010), gender identity (Nadal, 2013), and religious minorities (Nadal et al., 2012). Scholars are also looking into the complexity of the experience those individuals with multiple, intersecting oppressed identities face (Nadal et al., 2015).

Gender microaggressions against women have been studied in multiple domains. In one study involving college-aged women, those who reported sexist events (e.g., cat-calls, unwanted gazing at their body) reported higher amounts of psychological distress and shame about personal appearance (Swim et al., 2001). Experiences of gender
microaggressions on college campuses have also been shown to positively correlate with higher anxiety, depression, and stress in women (Cushwa, 2013). In the therapeutic setting, microaggressions involving stereotypical comments about women, sexual objectification, and sexist intervention suggestions have been shown to reduce working alliance between client and therapist (Owen, Tao, & Rodolfa, 2010).

There are clearly identified themes of gender microaggressions that women may experience from men or women, including (a) sexual objectification, (b) second-class citizenship/invisibility, (c) assumptions of inferiority, (d) denial of reality of sexism, (e) assumption of traditional gender roles, (f) denial of individual sexism, (g) use of sexist language, and (h) environmental microaggressions (Nadal, 2010; Sue & Capodilupo, 2008). In a study aimed at validating the prevalence of these themes, Capodilupo et al. (2010) found that women most frequently experienced sexual objectification and assumption of traditional gender roles. In terms of sexual objectification, women reported instances such as hearing sexist language in their workplace, or being “cat-called” as they walk down the street. Examples of assumption of traditional gender roles that women endorsed were having family members telling them to “take care of the house” or “act more lady-like.” Both types of microaggressions, experiences of sexual objectification and assumption of traditional gender roles, were overwhelmingly endorsed by women in Capodilupo et al. study.

**Intergenerational Transmission of Benevolent Sexism and Gender Roles**

When considering the many environmental and interpersonal areas that expose
women to sexist beliefs and traditional gender roles, it is vital to recognize the large influence that the family unit has on children’s developing views. The transmission of traditional gender roles has been studied in recent decades due to the socialized nature of these roles. In a meta-analysis of 43 studies conducted in the Asia, Europe, Israel, and North America, the authors concluded that certain child outcome measures are related to their parents’ gender-related thinking, or gender schemas (Tenenbaum & Leaper, 2002). Specifically, one finding of this analysis was a significant association ($r = .19$) between parents’ gender schemas and their child’s occupation-related attitudes. Children whose parents held more egalitarian beliefs (in contrast to traditional gender roles, i.e., breadwinner and homemaker) were less likely to hold gender-stereotyped views about occupations. While both fathers and mothers have been shown to have influence on their children’s gender-based attitudes, multiple studies reveal a positive correlation between a mother’s gender role attitudes and her daughter’s (Ahrens & O’Brien, 1996; Kulik, 2005).

**Identity Development in Adolescence**

A primary psychological task of adolescence is the development of identity (Erikson, 1963). In identity theory, the core of one’s identity lies in their self-categorization into a role, as well as their perceptions of the meanings and expectations associated with that role (Stets & Burke, 2000). These categorizations and self-meanings define expectations toward behavior as well. Identity theory states that these behaviors, as well as group membership and role expectations, are all complex and intertwined aspects
of identity development (Stets & Burke, 2000).

Social, cultural, and psychological processes largely influence gender identity. Gender identity can include sexist attitudes, adherence to gender stereotypes, and a belief about what is appropriate behavior for men and women. Researchers historically looked at these ideas with a binary view of gender as being masculine and feminine, which provides a limited picture of the complexity of gender identity. Adolescence is considered a primary period of socialization into gender-related practices (Bearman et al., 2009). Pipher (1994) found that by the age of 14, girls have already been exposed and susceptible to internalized sexism. Adolescent girls continue to experience pressures of conforming to adult women roles throughout high school years (Alfieri, Ruble, & Higgins, 1996). Many of these experiences and internalizations will set the pathway for the rest of a girl’s life. It should also be noted that adolescence is a period of heightened risk for suicidal attempts, and girls are more likely to attempt suicide than boys (Nkansah-Amankra, 2013). Adolescent girls are at a higher risk for depression, anxiety, and suicide, and it is vital that the role of identity development be looked at with these factors. Additionally, studies have shown a direct link between women’s experiences of gender discrimination and psychological distress (Landrine et al. 1995). In adolescents, this link has also been found, as well as an interesting moderator of self-esteem (Moradi & Subich, 2004). To date, internalized sexism has not been examined as a moderator for the relationship of gender-based microaggressions and mental health outcomes.
CHAPTER III

METHODS

Participants

One hundred two mother-daughter pairs participated in our study. Mothers ranged in age from 34 to 68 years ($M = 48.36$, $SD = 8.06$). Daughters ranged in age from 15 to 18 years ($M = 16.45$, $SD = 1.01$). In regards to geographic location, the sample of mothers was mostly representative with slight over-representation in the South. Most mothers indicated that they were currently in a romantic relationship with one partner. As we would expect, fewer daughters indicated that they were currently in a relationship with one partner. The majority of mothers and daughters identified as “heterosexual or straight.” Mothers and daughters identified predominantly as Christian or Catholic. See Table 1 for full demographic characteristics of the sample.

Measures

Mothers and daughters completed an online survey containing demographic questions, a self-report microaggressions scale, an ambivalent sexism self-report measure, and a mental health self-report questionnaire. The online survey first presented a letter of information (in Appendix A) for the mother and then the mother’s portion of the survey began. At the end of the mother survey, the mother was instructed to pass the survey to her daughter and provide privacy to the daughter. The daughter then viewed a letter of information, and if she assented to participate, began her section of the survey.
Table 1

Demographic Characteristics of Mothers and Daughters in the Sample

<table>
<thead>
<tr>
<th></th>
<th>Mothers (N = 102)</th>
<th>Daughters (N = 102)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n)</td>
<td>%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>0</td>
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</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Black</td>
<td>7</td>
<td>6.9</td>
</tr>
<tr>
<td>Latino</td>
<td>7</td>
<td>6.9</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
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<td>0.0</td>
</tr>
<tr>
<td>Pacific Islander</td>
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<td>0.0</td>
</tr>
<tr>
<td>White</td>
<td>86</td>
<td>84.3</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Religion</strong></td>
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<tr>
<td>Agnostic</td>
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<td>5.9</td>
</tr>
<tr>
<td>Atheist</td>
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<td>2.0</td>
</tr>
<tr>
<td>Buddhist</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Catholic</td>
<td>31</td>
<td>30.4</td>
</tr>
<tr>
<td>Christian</td>
<td>44</td>
<td>43.1</td>
</tr>
<tr>
<td>Lutheran</td>
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<td>1.0</td>
</tr>
<tr>
<td>Methodist</td>
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<td>3.9</td>
</tr>
<tr>
<td>Mormon</td>
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<td>2.9</td>
</tr>
<tr>
<td>Pagan</td>
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<td>1.0</td>
</tr>
<tr>
<td>Presbyterian</td>
<td>4</td>
<td>3.9</td>
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<tr>
<td><strong>Sexual orientation</strong></td>
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<tr>
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</tr>
<tr>
<td>Bisexual</td>
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</tr>
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<tr>
<td>Questioning</td>
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<tr>
<td><strong>Social class</strong></td>
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</tr>
<tr>
<td>Poor</td>
<td>12</td>
<td>11.8</td>
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<tr>
<td>Working class</td>
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<tr>
<td>Affluent</td>
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<td>1.0</td>
</tr>
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<td><strong>Geographic region</strong></td>
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</tr>
<tr>
<td>Northeast</td>
<td>19</td>
<td>18.6</td>
</tr>
<tr>
<td>South</td>
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<td>35.3</td>
</tr>
<tr>
<td><strong>Relationship status</strong></td>
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</tr>
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<td>83</td>
<td>81.4</td>
</tr>
<tr>
<td>Not in a relationship</td>
<td>19</td>
<td>18.6</td>
</tr>
</tbody>
</table>
The mother and daughter portions of the survey were identical. These measures are described in more detail below. Means, standard deviations, minimums, maximums, and ranges for all the variables are found in Table 2.

**Demographics**

Mothers and daughters were asked to self-report on items related to gender, age, sexual orientation, religion, and ethnicity. Questions were carefully worded based off of current recommendations proposed by Hughes, Camden, and Yangchen (2016) to

<table>
<thead>
<tr>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Means, Standard Deviations, and Paired-Sample t-Tests for Main Variables</strong></td>
</tr>
<tr>
<td>Variables</td>
</tr>
<tr>
<td>ASI Total</td>
</tr>
<tr>
<td>Mothers</td>
</tr>
<tr>
<td>Daughter</td>
</tr>
<tr>
<td>ASI Hostile</td>
</tr>
<tr>
<td>Mothers</td>
</tr>
<tr>
<td>Daughter</td>
</tr>
<tr>
<td>ASI Benevolent</td>
</tr>
<tr>
<td>Mothers</td>
</tr>
<tr>
<td>Daughter</td>
</tr>
<tr>
<td>MA past month</td>
</tr>
<tr>
<td>Mothers</td>
</tr>
<tr>
<td>Daughter</td>
</tr>
<tr>
<td>MA past year</td>
</tr>
<tr>
<td>Mothers</td>
</tr>
<tr>
<td>Daughter</td>
</tr>
<tr>
<td>PHQ-9</td>
</tr>
<tr>
<td>Mothers</td>
</tr>
<tr>
<td>Daughter</td>
</tr>
<tr>
<td>GAD</td>
</tr>
<tr>
<td>Mothers</td>
</tr>
<tr>
<td>Daughter</td>
</tr>
</tbody>
</table>
maximize inclusivity in demographic descriptions. For example, researchers have historically used the terms gender and sex interchangeably, or used the biological sex terms, female and male, instead of using the gender identity terms of man, woman, cisgender, or transgender. For the purpose of this study, the researcher hoped to identify current gender identity by using the question “How do you currently describe your gender identity?” and providing an inclusive set of possible responses.

Age was assessed with an open-ended format to aid the researcher in obtaining exact age, not simply age ranges. In accordance with Hughes et al. (2016), along with guidelines in consideration for the 2020 Census, the researcher eliminated the terms race and ethnicity, and instead used categories as presented in Appendix B. Mothers and daughters were asked to report which category of education applied to them. The wording of this question was recommended by Hughes and is considered to be more positive. For example, the common wording of less than high school was changed to some high school.

Because of the method in which participants were recruited throughout the country, a location question was added. Last, both mother and daughter were asked separately to report on their sexual identity. While Hughes et al. state that the term sexual orientation can involve sexual identity, sexual behavior, and sexual attraction, for the purpose of this study involving adolescents it was believed that only sexual identity should be asked. Multiple categories were available to be chosen, along with the option to not respond. Religion, marital status of the mother, relationship status of the adolescent, and socioeconomic status were also asked following the same format as above questions.
All demographic questions are found in Appendix B.

**Gender Microaggressions**

Gender microaggressions were measured with the Gender Microaggressions Scale (Cushwa, 2013). This is a self-report measure of a woman’s perception on microaggression experiences. The scale was adapted for gender by Cushwa from a racial/ethnic microaggression measure created by Blume, Thyken, Lovato, and Denny (2012). The items were rated on a 7-point Likert-type scale ranging from 0 (*never*) to 6 (*often*). The total scale has 49 items and three subscales. The first scale had 26 items (Cronbach’s alpha = .963) and included questions pertaining to the frequency of specific gender-based microaggressions experienced in the last month. The second scale had six items that examined the frequency of specific microaggressions in the past year (Chronbach’s alpha = .606). A third category of items was specific to gender-based microaggressions that women experience (17 questions, Cronbach’s alpha = .949).

Mothers and daughters responded to this scale separately. The monthly, yearly, and female-only scales were each summed. Higher scores indicated a higher frequency of gender-based microaggression experiences. For mothers in the present sample, internal consistency estimates were $\alpha = .980$ for the total scale, .962 for the scales pertaining to experiences in the past month, and .970 for those in the past year. For daughters, the overall scale’s internal consistency was $\alpha = .982$, with .975 for those in the past month and .970 for those in the past year.
Sexism

The Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996) is a widely used self-report measure that provides scores in both hostile sexism (e.g., “women seek to control and manipulate men”) and benevolent sexism (e.g., “women should be cared for and protected by men”). In its initial creation, the researchers gathered 2,250 respondents to establish convergent, discriminant, and predictive validity. Participants were asked to mark the extent to which they strongly agree (5) or strongly disagree (0) with 22 statements on a 6-point Likert-type scale. Items 3, 6, 7, 13, 18, and 21 are reverse-coded. The ASI elicits two composite scores, one averaging the 11 benevolent sexism items and one averaging the 11 hostile sexism items. Reliability for the ASI total score was found to be acceptable across six studies (alpha range from .83 to .92). Reliability for each individual subscale was also found to be acceptable, although it was lower for the benevolent sexism scale (alpha range of .73 to .85) than the hostile sexism scale (alpha range of .80 to .92). In this study, we focused mostly on the benevolent sexism score, although past research indicates a positive correlation between both scores (Glick & Fiske, 1996). Mothers and daughters both completed this scale separately. Each participant’s total ASI score was calculated by averaging the score for all items after reversing the 6 reverse-coded items. The benevolent and hostile subscales were calculated by averaging the item scores for the respective 11 items in each subscale. For mothers in our sample, the Chronbach’s alpha for ASI total, hostile, and benevolent was $\alpha = .714, .791, \text{ and } .718$, respectively. Daughters in our sample had the following Chronbach’s alphas, $\alpha = .774$ for ASI total, $\alpha = .765$ for hostile, and $\alpha = .791$ for
benevolent sexism. The Ambivalent Sexism Inventory is in Appendix C.

Mental Health

Current levels of mental health distress in both mothers and daughters were assessed through two self-report mental health-screening tools. The first tool was the PHQ-9 (Kroenke, Spitzer, & Williams, 2001), which assessed current levels and severity of depressive symptoms. This scale has nine self-report items, which allowed the participant to rank an item’s frequency from not at all (0) to nearly every day (3). The scale was summed. Cutoffs for the PHQ-9 are: 5 (mild depression), 10 (moderate depression), 15 (moderately severe depression), and 20 (severe depression). Scores equal to or greater than 10 have a specificity of 88% as well as sensitivity of 88% in regards to indicating depressive symptoms in a patient who has been diagnosed with depressive disorder. The internal consistency is excellent with a Cronbach’s alpha of .89 (Kroenke et al., 2001). Test-retest reliability is also excellent with an in person interview and telephone interview 48 hours later having a correlation of .84 (Kroenke et al., 2001). The measure also has established criterion validity via interviews by mental health professionals (Kroenke et al., 2001), and has been validated for use with adolescent populations (Richardson et al, 2010). In the present study, mother’s (α = .959) and daughter’s (α = .956) PHQ-9 reliability was excellent.

Another module of the PHQ, the 7-item Generalized Anxiety Disorder Scale (GAD-7) was used to assess current levels of anxiety symptoms (Spritzer, Kroenke, Williams, & Lowe 2006). This scale asked participants to rate the severity of an item, such as “feeling nervous, anxious, or on edge” on a Likert-type scale from not at all (0)
to nearly every day (3). The participant’s score was summed and interpreted according to the following scale: 5 (mild anxiety), 10 (moderate anxiety), and 15 (severe anxiety). It is recommended that a score greater than or equal to 10 be evaluated further for potential Generalized Anxiety Disorder. This measure has a sensitivity of 89% and specificity of 82% in regards to indicating anxious symptoms in individuals who are diagnosed with generalized anxiety disorder (Spritzer et al., 2006). Internal consistency was excellent (Cronbach’s alpha = .92) and construct validity was high via a strong association with a Short-Form General Health Survey (Spritzer et al., 2006). In our study, the GAD had high internal consistency for mothers and daughters, $\alpha = .974$ and .953, respectively. The PHQ and GAD-7 are in Appendix D.

**Procedures**

The Utah State University Institutional Review Board reviewed and approved this study under the expedited mechanism prior to beginning participant recruitment. A pilot study was conducted that included three mother-daughter pairs. Feedback from the pilot indicated that adolescents understood the language of the questions and could complete the surveys in a timely manner. For the study, a Qualtrics panel was utilized to secure a national representative sample. Participants were not excluded due to ethnicity, religion, or sexual orientation. The principal inclusion criterion was that both mother and daughter participants identified as women. The age of the mother was not restricted, but in an attempt to survey mostly high school age girls, the adolescent daughter had to be between the ages of 14 and 18. Inclusion criteria also required mothers and daughters to live in the
same household at least 50% of the time.

Mother-daughter dyads were recruited through the mother to expedite the process of consent. Study information stated that the study would be assessing adolescent perspectives on sexism, as well as current mental health measures. Mother’s electronically signed consent for both their participation and that of their daughters. Additionally, assent was obtained from the adolescent daughters. All information regarding the study, consent forms, and measures were completed online through the Qualtrics system. A page including additional information about the study was included on the end page. This included what the researcher was specifically looking at, resources for more information, and contact information. Care was taken to ensure that all identifying information was separated from the participant’s data, and the researchers never had access to this identifying information.

Sample Size, Power, and Precision

The sample size that was recruited was calculated based on the statistical power that needed to be obtained. Statistical power refers to how sensitive a null hypothesis test is to detect an effect when an effect is present (Fritz & MacKinnon, 2007). The power is calculated as 1 minus the Type II error, or the probability of failing to reject a null hypothesis when it is present (Fritz & MacKinnon, 2007). A G*Power analysis (Faul, Erdfelder, Buchner, & Lang, 2009) for the moderation question included three predictors (benevolent sexism, hostile sexism, microaggressions). The effect size was set a medium \( (f = .15) \), alpha at .05, and power at .80. G*Power returned a needed sample size of 77 to
be able to detect an effect.

Data Analysis Plan

To examine the research questions, three regression tests were conducted using IBM Statistical Package for Social Sciences (SPSS). The first regression tested if gender-based microaggressions predicted mental health outcomes. The second regression tested if gender-based microaggressions predicted internalized sexism. The third regression tested if gender-based microaggressions and internalized sexism predicted mental health outcomes. Moderation analyses were conducted using PROCESS procedures in SPSS (Hayes, 2013).
CHAPTER IV

RESULTS

To understand the relationship between experiences of gender-based microaggressions and mental health outcomes for daughters and mothers separately, correlations were calculated between the variables of interest. Results indicate that there was a significant relationship between mothers and daughter’s experiences with gender-based microaggressions (MA) and their current mental health levels. When looking at the relationship between mother’s MA experiences in the past month, the correlation was significant for depression, \( r(102) = .428, p < .001 \), and for anxiety, \( r(102) = .407, p < .001 \). When looking at the correlation between mental health and mother’s MA experiences in the past year, the correlations were slightly smaller, though still significant. For depression, \( r(102) = .408, p < .001 \), and for anxiety, \( r(102) = .330, p = .001 \). Results indicated an even stronger relationship between MA events and mental health for daughters. For MAs experienced in the past month, there was a significant relationship for depression, \( r(100) = .487, p < .001 \), and anxiety, \( r(100) = .485, p < .001 \). Unlike their mothers, these correlations were even stronger when looking at MA experiences in the past year, \( r(99) = .560, p < .001 \) for depression, and \( r(99) = .549, p = .001 \) for anxiety. See Table 3 for complete correlations.

The second research question was: does internalized sexism moderate the relationship between experiences of gender-based microaggressions and mental health outcomes in daughters or mothers? Each individual’s Benevolent Sexism score was examined as a moderator between microaggressions experienced in the past month and
**Table 3**

*Correlations and Intercorrelations Between Primary Variables for Mothers and Daughters*

<table>
<thead>
<tr>
<th>Variables</th>
<th>ASI:T</th>
<th>ASI:H</th>
<th>ASI:B</th>
<th>MA:m</th>
<th>MA:y</th>
<th>PHQ-9</th>
<th>GAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASI:T</td>
<td>.661**</td>
<td>.768**</td>
<td>.752**</td>
<td>.049</td>
<td>.138</td>
<td>.151</td>
<td>.143</td>
</tr>
<tr>
<td>ASI:H</td>
<td>.833**</td>
<td>.701**</td>
<td>.156</td>
<td>.243*</td>
<td>.257*</td>
<td>.189</td>
<td>.158</td>
</tr>
<tr>
<td>ASI:B</td>
<td>.758**</td>
<td>.271**</td>
<td>.671**</td>
<td>-0.174</td>
<td>-0.047</td>
<td>.039</td>
<td>.057</td>
</tr>
<tr>
<td>MA:m</td>
<td>.220*</td>
<td>.204*</td>
<td>.143</td>
<td>.679**</td>
<td>.812**</td>
<td>.487**</td>
<td>.485**</td>
</tr>
<tr>
<td>MA:y</td>
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<td>.150</td>
<td>.111</td>
<td>.814**</td>
<td>.736**</td>
<td>.560**</td>
<td>.549**</td>
</tr>
<tr>
<td>PHQ-9</td>
<td>.137</td>
<td>.199*</td>
<td>.004</td>
<td>.428**</td>
<td>.408**</td>
<td>.568**</td>
<td>.927**</td>
</tr>
<tr>
<td>GAD</td>
<td>.163</td>
<td>.216*</td>
<td>.029</td>
<td>.407**</td>
<td>.330**</td>
<td>.925**</td>
<td>.531**</td>
</tr>
</tbody>
</table>

*Note:* The correlations below the midline are the correlations between variables for mothers. The correlations above the midline are the correlations between variables for daughters. The correlations at the midline are the correlations between mothers and daughters on each predictor or outcome.

ASI:T = ASI Total Score; ASI:H = ASI: Hostile Sexism; ASI:B = ASI: Benevolent Sexism; MA:m = Microaggressions: Last Month; MA:y = Microaggressions: Past Year; PHQ-9 = Patient Health Questionnaire; GAD = Generalized Anxiety Disorder Scale.

*  $p < .05$.
** $p < .01$.
*** $p < .001$

both anxiety and depression for mothers and daughters separately. Overall, results did not indicate that benevolent sexism scores significantly interacted with microaggressions to predict outcomes. However, the results approached significance for benevolent sexism moderating the relationship between microaggressions and mother’s depression, $R^2 = .03$, $F(1, 98) = 3.76, p = .055$. See Table 4 for moderation analysis results.

In regards to the third research question, what is the relationship between mothers and daughters on (a) internalized sexism, (b) experiences of microaggressions, (c) depression, and (d) anxiety, there were significant correlations between mothers and daughters for several measures. Firstly, the relationship between mother and daughter scores on the Ambivalent Sexism Inventory was examined. For the hostile sexism subset,
Table 4

Summary of Moderation Analyses for Mental Health Outcomes

<table>
<thead>
<tr>
<th>Model</th>
<th>F or F change</th>
<th>df</th>
<th>p</th>
<th>$R^2$ or $R^2$ change</th>
<th>coefficient</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
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<tr>
<td>Daughter’s anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microaggressions: Past year</td>
<td>15.124</td>
<td>3, 95</td>
<td>&lt; .001</td>
<td>.323</td>
<td>.017</td>
<td>.361</td>
<td>.719</td>
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<tr>
<td>Benevolent sexism</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Interaction</td>
<td>1.908</td>
<td>1, 95</td>
<td>.170</td>
<td>.014</td>
<td>.002</td>
<td>1.381</td>
<td>.170</td>
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<tr>
<td>Daughter’s depression</td>
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<tr>
<td>Microaggressions: Past year</td>
<td>15.442</td>
<td>3, 95</td>
<td>&lt; .001</td>
<td>.328</td>
<td>.042</td>
<td>0.711</td>
<td>.479</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction</td>
<td>1.122</td>
<td>1, 95</td>
<td>.292</td>
<td>.008</td>
<td>.001</td>
<td>1.059</td>
<td>.292</td>
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<td>Mother’s anxiety</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microaggressions: Past year</td>
<td>4.322</td>
<td>3, 98</td>
<td>.007</td>
<td>.117</td>
<td>-.012</td>
<td>-0.140</td>
<td>.889</td>
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<tr>
<td>Benevolent sexism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction</td>
<td>0.848</td>
<td>1, 98</td>
<td>.359</td>
<td>.008</td>
<td>.002</td>
<td>0.921</td>
<td>.359</td>
</tr>
<tr>
<td>Mother’s depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microaggressions: Past year</td>
<td>8.131</td>
<td>3, 98</td>
<td>&lt; .001</td>
<td>.200</td>
<td>-.086</td>
<td>-0.899</td>
<td>.371</td>
</tr>
<tr>
<td>Benevolent sexism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction</td>
<td>3.761</td>
<td>1, 98</td>
<td>.055</td>
<td>.031</td>
<td>.004</td>
<td>1.940</td>
<td>.055</td>
</tr>
</tbody>
</table>

mother and daughter scores were significantly related, $r(100) = .701, p < .001$. The dyads were also related in terms of the benevolent sexism subset, $r(100) = .671, p < .001$, as well as the overall ASI measure, $r(100) = .661, p < .001$. This indicates that mothers and daughters may have similar beliefs about sexism. Secondly, the relationship between mothers and daughter’s experiences of gender-based MAs was examined. The dyads were significantly related for microaggressions experienced in the past year, $r(100) = .736, p < .001$, and those experiences in the past month, $r(100) = .679, p < .001$. These correlations indicate that mothers and daughters report experiencing microaggressions at a similar rate to each other. Last, evidence was found that mother’s and daughters’ mental
health impairment was highly correlated for depression, $r(100) = .568, p < .001$ and anxiety, $r(100) = .531, p < .001$. This finding has been supported in past literature, though it should be noted that this relationship does not indicate directionality or causality. These scores can be found on the midline portion of table 3.

The final research question was: Does a mother’s level of internalized sexism and/or her experiences of gender-based microaggressions predict her daughter’s mental health outcomes? In the multiple regression models predicting daughter’s anxiety, ASI Total, ASI Benevolent, and ASI Hostile scores were entered into each model first, followed by mother’s experiences of microaggressions in the past month. The full model was significant, $R = .342, F(1, 99) = 11.087, p < .001$. However, mother’s ASI did not significantly predict daughter’s anxiety scores, $b = .103, r(99) = 1.058, p = .293$. Mother’s experiences with microaggressions in the past months contributed significantly to the model, $b = .284, F(1, 99) = 2.917, p = .004$. The results of the regression analysis predicting daughter anxiety as measured by mother’s ASI total scores and microaggressions experienced in the past month indicated that both mother variables contributed to the prediction of daughter anxiety, accounting for 1.8% and 9.9% of the variance, respectively. Regression analysis was also conducted in regards to mother’s ASI total and microaggressions experienced in the past month predicting daughter depression. These variables predicted part of the variability for depression, with ASI total contributing 2.8% and microaggressions in the past month contributing 7.7%. See Tables 5 through 10 for the regressions analysis results.
Table 5

**Regression Model Predicting Daughter’s Depression Through Mother’s Hostile Sexism**

<table>
<thead>
<tr>
<th>D Depression</th>
<th>$\beta$</th>
<th>SE</th>
<th>Beta</th>
<th>$t$ value</th>
<th>$p$ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>-0.550</td>
<td>2.262</td>
<td>-0.243</td>
<td>0.808</td>
<td></td>
</tr>
<tr>
<td>M:Hostile</td>
<td>0.053</td>
<td>0.058</td>
<td>0.089</td>
<td>0.913</td>
<td>0.363</td>
</tr>
<tr>
<td>M:ma.mo</td>
<td>0.049</td>
<td>0.017</td>
<td>0.289</td>
<td>2.970</td>
<td>0.004</td>
</tr>
</tbody>
</table>

*Note. r = 0.319, $r^2 = 0.102$, Adj $r^2 = 0.084.*

Table 6

**Regression Model Predicting Daughter’s Depression Through Mother’s Benevolent Sexism**

<table>
<thead>
<tr>
<th>D Depression</th>
<th>$\beta$</th>
<th>SE</th>
<th>Beta</th>
<th>$t$ value</th>
<th>$p$ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>-0.754</td>
<td>2.906</td>
<td>-0.260</td>
<td>0.796</td>
<td></td>
</tr>
<tr>
<td>M:Benev</td>
<td>0.050</td>
<td>0.068</td>
<td>0.072</td>
<td>0.746</td>
<td>0.458</td>
</tr>
<tr>
<td>M:ma.mo</td>
<td>0.051</td>
<td>0.016</td>
<td>0.297</td>
<td>3.081</td>
<td>0.003</td>
</tr>
</tbody>
</table>

*Note. r = 0.315, $r^2 = 0.099$, Adj $r^2 = 0.081.*

Table 7

**Regression Model Predicting Daughter’s Depression through Mother’s Total ASI Score**

<table>
<thead>
<tr>
<th>D Depression</th>
<th>$\beta$</th>
<th>SE</th>
<th>Beta</th>
<th>$t$ value</th>
<th>$p$ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>-1.814</td>
<td>3.100</td>
<td>-0.585</td>
<td>0.560</td>
<td></td>
</tr>
<tr>
<td>M:ASI:tot</td>
<td>0.041</td>
<td>0.039</td>
<td>0.103</td>
<td>1.058</td>
<td>0.293</td>
</tr>
<tr>
<td>M:ma.mo</td>
<td>0.049</td>
<td>0.017</td>
<td>0.284</td>
<td>2.917</td>
<td>0.004</td>
</tr>
</tbody>
</table>

*Note. r = 0.323, $r^2 = 0.104$, Adj $r^2 = 0.086.*
Table 8

*Regression Model Predicting Daughter’s Anxiety through Mother’s Hostile Sexism*

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>D Anxiety</td>
<td>β</td>
<td>SE</td>
<td>Beta</td>
<td>t value</td>
<td>p value</td>
</tr>
<tr>
<td>Constant</td>
<td>-0.215</td>
<td>1.819</td>
<td>-0.118</td>
<td>0.906</td>
<td></td>
</tr>
<tr>
<td>M:Hostile</td>
<td>0.029</td>
<td>0.046</td>
<td>0.060</td>
<td>0.625</td>
<td>0.534</td>
</tr>
<tr>
<td>M:ma.mo</td>
<td>0.045</td>
<td>0.013</td>
<td>0.324</td>
<td>3.358</td>
<td>0.001</td>
</tr>
</tbody>
</table>

*Note. r = 0.342, r² = 0.117, Adj. r² = 0.099.*

Table 9

*Regression Model Predicting Daughter’s Anxiety through Mother’s Benevolent Sexism*

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>D Anxiety</td>
<td>β</td>
<td>SE</td>
<td>Beta</td>
<td>t value</td>
<td>p value</td>
</tr>
<tr>
<td>Constant</td>
<td>-0.083</td>
<td>2.337</td>
<td>-0.036</td>
<td>0.972</td>
<td></td>
</tr>
<tr>
<td>M:Benev</td>
<td>0.022</td>
<td>0.054</td>
<td>0.038</td>
<td>0.396</td>
<td>0.693</td>
</tr>
<tr>
<td>M:ma.mo</td>
<td>0.046</td>
<td>0.013</td>
<td>0.331</td>
<td>3.464</td>
<td>0.001</td>
</tr>
</tbody>
</table>

*Note. r = 0.338, r² = 0.115, Adj. r² = 0.09.*

Table 10

*Regression Model Predicting Daughter’s Anxiety through Mother’s Total ASI Score*

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>D Anxiety</td>
<td>β</td>
<td>SE</td>
<td>Beta</td>
<td>t value</td>
<td>p value</td>
</tr>
<tr>
<td>Constant</td>
<td>-0.756</td>
<td>2.496</td>
<td>-0.303</td>
<td>0.763</td>
<td></td>
</tr>
<tr>
<td>M:ASI:tot</td>
<td>0.021</td>
<td>0.032</td>
<td>0.064</td>
<td>0.656</td>
<td>0.513</td>
</tr>
<tr>
<td>M:ma.mo</td>
<td>0.045</td>
<td>0.013</td>
<td>0.322</td>
<td>3.330</td>
<td>0.001</td>
</tr>
</tbody>
</table>

*Note. r = 0.342, r² = 0.117, Adj. r² = 0.099.*
CHAPTER V
DISCUSSION

This study draws attention to the complex relationships among gender-based microaggressions, internalized sexism, and mental health outcomes in the context of mother-daughter relationships. This research has added to the literature by expanding knowledge in the frequency and scope of gender-based microaggressions that adolescent women experience. The study also surveyed a population of women over 35 regarding their experiences with gender-based microaggressions, a population that is often not investigated.

The importance of what our data explains about adolescent’s and women’s experiences of MA cannot be understated. For those who claim that sexism is in the past, this study provides another piece of evidence to join ranks with the accumulated evidence demonstrating the true burden of overt and covert sexism on the lives of women. Currently, on any day in the U.S., you can turn on a news station and hear about workplace sexual harassment, unwanted sexual advances by coworkers of power, and sexual objectification of women in the media. These issues are vastly important to the population represented by our sample, due to women older than 35 beginning to speak out about past experiences of sexual harassment, often that they started experiencing in adolescence. A point could also be made that internalized oppression against women is also still highly prevalent. In our study, many women endorsed benevolent sexism ideas such as “women should be cherished and protected by men.” Furthermore, many women in the U.S. publicly display internalized sexism by vouching for and voting for an elected
official who publicly bragged about sexual assault. To put it simply, the items being investigated here are alive and well, and could be causing great harm to women. Our study does not have any bearing on causal relationships, but it should be noted that adolescents and women in our study did report anxious and depressed symptoms.

Descriptive data from this study provided ample information about the variables. In regards to experiencing microaggressions, daughters had higher mean scores than mothers for both MA experienced both in the past month and the past year. Furthermore, for experiences in the past month, daughters had significantly higher scores than their mothers, \( t(98) = -2.306, p = .023 \). These results suggest that adolescents are aware of these events and reporting that they happen to them even more than their mothers do, which point to a real need for intervention. Some argue that adolescents are too young to experience and be impacted by these events, but this data debunks that idea. Furthermore, adolescents may have a unique intersection of gender and youth in which the truly do experience more microaggressions through exposure to media and real-life events such as unwanted gazes or inappropriate sexual invitations. Another piece of descriptive data was related to the mental health outcomes. For mothers, the mean scores for anxiety \( (M = 5.20) \) and depression \( (M = 6.58) \) were both in the mild range, suggesting that most of the mother’s in the study had at least mild anxiety or depression. These results highlight the need for more mental health services and outreach in middle-aged women.

Falling in line with what would be expected from previous studies, mothers and daughters were related on a number measures. Overall, anxiety and depression symptoms in mothers were related to those symptoms in their adolescent daughters. This is
consistent with the literature, and multiple reasons for this relationship have been suggested such as genetic predisposition, emotional unavailability of the mother, and dysfunctional family practices (Loeber, Hipwell, Battista, Sembower, & Stouthamer-Loeber, 2009). Scores on the ASI were also correlated between mothers and daughters, which adds to the literature that shows that gender-schemas between mothers and daughters are related (Tenenbaum & Leaper, 2002). This study expands those notions by giving evidence that both hostile and benevolent sexism are related in mothers and daughters. These relationships are correlational, not causal. At this point it is unknown whether these internalized beliefs originate from mother, daughter, or stem from a complex reciprocal relationship. The result indicating that there is a positive correlation between mother and daughter experiences of gender-based microaggressions is new to the literature. The reason for this relationship is unknown and should be investigated further. Perhaps these similarities stem from family units being exposed to similar media, hearing statements from shared family members, or a shared vigilance to MA events.

In regards to the moderation analysis, levels of benevolent sexism were not found to significantly interact with the relationship between microaggressions and mental health. However, results did approach significance for mother’s depression. This is notable, considering that women who endorse benevolent sexism beliefs are potentially less likely to endorse experiencing microaggressions. Additionally, the nature of microaggressions is that they are subtle, which requires an ability to recognize something that may be brief and covert. As stated by Owen et al. (2018), microaggressions may be missed in the moment due to the inability to read nonverbal cues or due to an underlying
assumption of bias that is held by the observed. To examine this further, its effects may be seen best in an experimental study. For example, perhaps participants could fill out ratings on benevolent sexism, and then be put in an experimental condition in which a microaggression against gender occurs, and pre and post affect measures could help determine if the women were impacted by the microaggression. An experimental setting would help understand more about the potential buffering effect benevolent sexism may have.

It should be noted that this study has certain limitations. The ASI is a measure that was normed using an adult population, and it may not be the best tool to use for adolescents as its primary purpose was for use with adults. The language may need to be adapted to fit an adolescent population. Another limitation is that the gender-based microaggression measure has not been widely used and there is limited information on its validity and reliability across samples. There were also potential areas for bias when considering that the sample was full of volunteers who are perhaps familiar with research surveys. A final limitation with the sample is that, with the sample being purely from an online Qualtrics panel, one cannot truly know the authenticity of the participants. There is the possibility that some participants registered under various names and participated twice, or that mothers and daughters did not take their appropriate sections. There are also concerns of services such as Qualtrics surveying from a limited base that does not amount to a large population (see Stewart et al., 2015). In regards to generalizability, the sample was representative of location, however it was not adequately representative of various racial/ethnic groups or sexual orientations.
This study highlights the work that still needs to be done when studying microaggression experiences in adolescents and adult women. To test this idea further, future studies could experimentally manipulate conditions in which women experience a gender-based microaggression and evaluate mental health distress before and after to establish causality. Furthermore, researchers could study the impact that a mother’s advice about handling microaggressions could have on her daughters’ mental health outcomes. Another future direction for research would be to see if microaggressions are being experienced by even younger girls, such as middle school or elementary age. For early prevention and detection of these events, it would be helpful to know if young girls are noticing them and if they are having an impact on their mental health or academic success.

Overall, this study highlighted that covert sexism and internalized oppression, issues that women have been experiencing for centuries, are still occurring in the lives of women today. While previous literature focused on young adult women experiencing these things, this study expands that to both younger adolescents and older women. The relationship between adolescent daughters and their mothers was shown to clearly be related, with experiences of microaggressions, levels of internalized sexism, and anxiety/depression symptoms all being correlated between dyads. Mother-daughter relationships may be a good intervention area for these societal and personal issues. This study begins to unravel the extremely complex relationship that exists between mothers and their teenage daughters, specifically in the realm of gender-based microaggressions, internalized oppression, and mental health.
REFERENCES


Appendix A

Letter of Information
The Relationship of Gender-based Microaggressions and Internalized Sexism on Mental Health Outcomes: A Mother-Daughter Study

Introduction
You are invited to participate in a research study conducted by Nicole Feigt, M.S. and Melanie Domenech Rodriguez, Ph.D., in the Psychology Department at Utah State University. The purpose of this research is to advance knowledge involving the mechanisms behind women’s experiences of sexism and their mental health outcomes and how these might be related for mothers and daughters. This form includes detailed information on the research to help you decide whether to participate in this study and allow your daughter to participate. Please read it carefully and ask any questions you have before you agree to your and your daughter’s participation.

Procedures
Your participation will involve taking a computer-based survey. There will be 4 different sections. Each section is estimated to take less than 5 minutes, and the total survey time is estimated to be 15 to 20 minutes. If you agree to participate, we will also ask for information regarding age, educational history, religion, and other demographic information. Once you complete your survey, you will be asked to provide access so that your 15 to 18-year-old daughter may complete the same survey. The surveys for mothers and daughters are the same. It is critical for this research that mothers and daughters complete the surveys independent of each other. We understand it may be interesting and exciting to complete this task together, but unfortunately it would profoundly affect the quality and accuracy of our results. Thank you for your support in keeping the integrity of the research.

Risks
This is a minimal risk research study. That means that the risks of participating are no more likely or serious than those you encounter in everyday activities. The foreseeable risks or discomforts include questions that may elicit unpleasant memories or thoughts. There is also the potential for loss of confidentiality (see confidentiality section below). In order to minimize risks and discomforts, you may end participation at any time. You may also opt not to answer specific questions. If you have a bad research-related experience or are injured in any way during your participation, please contact Dr. Domenech Rodriguez at 435-890-4613 or melanie.domenech@usu.edu. You may also contact Nicole Feigt at 208-860-7797 or nicolefeigt@gmail.com.

Benefits
Participation in this study may directly benefit you by increasing your awareness of your experiences of sexism, gender-based thinking, and/or mental health. You may access materials to learn more about these issues. We will provide a link for reading resources when the survey is complete. More broadly, this study will help us learn more about women’s experiences with subtle gender-based discrimination and internalized sexism, which may help aid in developing interventions and/or informing policies in the future.

Confidentiality
We will make every effort to ensure that the information you provide as part of this study remains confidential. Because we have contracted with Qualtrics for data collection, we will not have any of your identifying information. Once we receive the de-identified data from Qualtrics, we will securely store it in a restricted-access folder on Box.com, an encrypted, cloud-based storage system.

Qualtrics works to ensure confidentiality to the degree permitted by technology. It is possible, although unlikely, that unauthorized individuals could gain access to your responses because you are responding online. However, your participation in this online survey involves risks similar to a person's everyday use of the internet.
Voluntary Participation & Withdrawal
Your participation in this research is completely voluntary. If you agree to participate now and change your mind later, you may withdraw at any time by exiting the survey on your browser. If you choose to withdraw after Qualtrics has already collected information about you, your information will not be sent to us. Your daughter will also provide her assent for participation. She does not have to agree to participate because you said it was OK. She will have an opportunity to make that decision and if she does not agree to participate in the study, we will stop data collection immediately and her/your data will be removed from the study.

Compensation
We will not provide compensation for your participation in this research study. Qualtrics will provide incentives.

IRB Review
The Institutional Review Board (IRB) for the protection of human research participants at Utah State University has reviewed and approved this study. If you have questions about the research study, please contact Dr. Dominguez Rodriguez at 435-892-4613 or melanie.dominguez@usu.edu or Ms. Feigt at 208-860-7797 or nicolefeigt@gmail.com. If you have questions about your rights or would simply like to speak with someone other than the research team about questions or concerns, please contact the IRB Director, Nicole Vouvelis, at (435) 797-0567 or irb@usu.edu.

Melanie Dominguez Rodriguez, Ph.D.  Nicole D. Feigt, M.S.
Principal Investigator  Student Investigator

Informed Consent
By continuing on to the survey, you agree to participate in this study. You indicate that you understand the risks and benefits of participation, and that you know what you will be asked to do. You also agree that you have asked any questions you might have, and are clear on how to stop your participation in the study if you choose to do so. Please be sure to retain a copy of this form for your records.
Appendix B

Demographic Questions
Demographics (Mothers)

1. How do you currently describe your gender identity?
   - Female
   - Transgender Female
   - Male
   - Transgender male
   - Gender-questioning
   - Two-spirit
   - Other: __________

2. What is your age in years?
   - Please Specify: __________
   - I prefer not to answer.

3. Which categories describe you? Select all that apply to you:
   - American Indian or Alaska Native—for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community
   - Asian—for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese
   - Black or African American—for example, Jamaican, Haitian, Nigerian, Ethiopian, Somali
   - Hispanic, Latino or Spanish Origin—for example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian
   - Middle Eastern or North African—for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian
   - Native Hawaiian or Other Pacific Islander—for example, Native Hawaiian, Samoan, Chamarro, Tongan, Fijian, Marshallese
   - White—for example, German, Irish, English, Italian, Polish, French
   - Some other race, ethnicity, or origin, please specify: __________
   - I prefer not to answer

4. Which categories describe you? Select all that apply to you.
   - Some high school
   - High school diploma or equivalent
   - Vocational training
   - Some college
   - Associate’s degree (e.g., AA, AE, AFA, AS, ASN)
   - Bachelor’s degree (e.g., BA, BBA BFA, BS)
   - Some post undergraduate work
5. Where do you live?
☐ Midwest—Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, North Dakota, South Dakota, Wisconsin
☐ South—Arkansas, Alabama, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
☐ West—Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming
☐ Puerto Rico or other U.S. territories
☐ Other, please specify: ______________________

6. Are you currently in a romantic with a partner or partners?
☐ No
☐ Yes, one partner
☐ Yes, I have multiple partners

If you answered yes, are you? (Mark all that apply):
☐ Not applicable
☐ Married or in a civil union, and living together
☐ Married or in a civil union, and living apart
☐ Not married or in a civil union, and living together
☐ Not married or in a civil union, and living apart

7. How do you describe your religion, spiritual practice, or existential world view?
☐ Agnostic
☐ Animist
☐ Atheist
☐ Baha'i
☐ Buddhist
☐ Catholic
☐ Christian
☐ Deist
☐ Hindu
☐ Humanist
☐ Jewish
☐ Lutheran
☐ Methodist
☐ Mormon
☐ Muslim
☐ Pagan
☐ Pantheist
☐ Presbyterian
☐ Polytheist
☐ Secular
☐ Sikh
☐ Spiritual but not religious
☐ Taoist
☐ Unitarian
☐ Universalist
☐ Wiccan
☐ Prefer not to answer

8. Do you consider yourself to be:
☐ Heterosexual or straight
☐ Bisexual
☐ Pansexual
☐ Demisexual
☐ Asexual
☐ Gay or lesbian
☐ Fluid
☐ Queer
☐ Questioning
☐ I prefer not to answer

9. Which social class do you identify with?
☐ Poor
☐ Working class
☐ Middle class
☐ Affluent
Demographics (Daughters)

1. How do you currently describe your gender identity?
   - □ Female
   - □ Transgender Female
   - □ Male
   - □ Transgender male
   - □ Gender-questioning
   - □ Two-spirit
   - □ Other: __________

2. What is your age in years?
   - □ Please Specify: __________
   - □ I prefer not to answer

3. Which categories describe you? Select all that apply to you:
   - □ American Indian or Alaska Native—For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community
   - □ Asian—For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese
   - □ Black or African American—For example, Jamaican, Haitian, Nigerian, Ethiopian, Somali
   - □ Hispanic, Latino or Spanish Origin—For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian

Middle Eastern or North African—For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian

□ Native Hawaiian or Other Pacific Islander—For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese

□ White—For example, German, Irish, English, Italian, Polish, French

□ Some other race, ethnicity, or origin, please specify: __________

□ I prefer not to answer
4. What grade are you currently in?
   - [ ] Please Specify: __________

5. How do you describe your religion, spiritual practice, or existential worldview?
   - [ ] Agnostic
   - [ ] Animist
   - [ ] Atheist
   - [ ] Baha'i
   - [ ] Buddhist
   - [ ] Catholic
   - [ ] Christian
   - [ ] Deist
   - [ ] Hindu
   - [ ] Humanist
   - [ ] Jewish
   - [ ] Lutheran
   - [ ] Methodist
   - [ ] Mormon
   - [ ] Muslim
   - [ ] Pagan
   - [ ] Pantheist
   - [ ] Presbytery
   - [ ] Polytheist
   - [ ] Secular
   - [ ] Sikh
   - [ ] Spiritual but not religious
   - [ ] Taoist
   - [ ] Unitarian Universalist
   - [ ] Wiccan
   - [ ] Prefer not to answer

6. Do you consider yourself to be:
   - [ ] Heterosexual or straight
   - [ ] Gay or lesbian
   - [ ] Bisexual
   - [ ] Fluid
   - [ ] Pansexual
   - [ ] Queer
   - [ ] Demisexual
   - [ ] Questioning
   - [ ] Asexual
   - [ ] I prefer not to answer
Appendix C

The Ambivalent Sexism Inventory
Ambivalent Sexism Inventory

Below is a series of statements concerning men and women and their relationships in contemporary society. Please indicate the degree to which you agree or disagree with each statement using the following scale:

0 = disagree strongly; 1 = disagree somewhat; 2 = disagree slightly; 3 = agree slightly; 4 = agree somewhat; 5 = agree strongly

1. No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.
2. Many women are actually seeking special favors, such as hiring policies that favor them over men, under the guise of asking for "equality."
3. In a disaster, women ought not necessarily to be rescued before men.
4. Most women interpret innocent remarks or acts as being sexist.
5. Women are too easily offended.
6. People are often truly happy in life without being romantically involved with a member of the other sex.
7. Feminists are not seeking for women to have more power than men.
8. Many women have a quality of purity that few men possess.
9. Women should be cherished and protected by men.
10. Most women fail to appreciate fully all that men do for them.
11. Women seek to gain power by getting control over men.
12. Every man ought to have a woman whom he adores.
13. Men are complete without women.
14. Women exaggerate problems they have at work.
15. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.
16. When women lose to men in a fair competition, they typically complain about being discriminated against.
17. A good woman should be set on a pedestal by her man.
18. There are actually very few women who get a kick out of teasing men by seeming sexually available and then refusing male advances.
19. Women, compared to men, tend to have a superior moral sensibility.
20. Men should be willing to sacrifice their own well being in order to provide financially for the women in their lives.
21. Feminists are making entirely reasonable demands of men.
22. Women, as compared to men, tend to have a more refined sense of culture and good taste.
Appendix E

Patient Health Questionnaire and The Generalized Anxiety Disorder 7-Item Scale
**Patient Health Questionnaire: Depression Inventory**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all  Somewhat difficult  Very difficult  Extremely difficult
The Generalized Anxiety Disorder 7-Item Scale
Over the last 2 weeks, how often have you been bothered by the following problems?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several Days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious, or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely Difficult</th>
</tr>
</thead>
</table>

Interpreting the Score:
Total Score Interpretation
≥10 Possible diagnosis of GAD, confirm by further evaluation
5 Mild Anxiety
10 Moderate anxiety
15 Severe anxiety