

THE RELATIONSHIP BETWEEN FEMINIST IDENTITY AND RESILIENCY IN  
WOMEN

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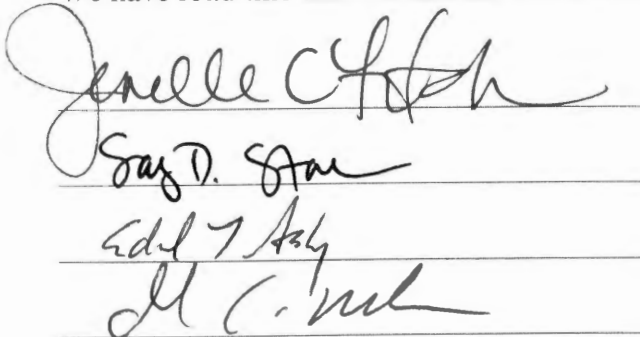
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I am submitting herewith a dissertation written by Keidy Ding entitled "The Relationship between Feminist Identity and Resiliency in Women." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Counseling Psychology.



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We have read this dissertation and recommend its acceptance:



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Dean of the Graduate School

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## DEDICATION

To my parents, Yuan-Hua and Zy-Kaan, for your love, support, and encouragement. Without you, I would not be who I am today. Words cannot express my appreciation and gratitude for having you as my parents.

To my grandparents, for always believing in and being proud of me.

To my aunt, Fang-Hua, who is like a second mother to me. Your home is always my home far away from home.

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## ABSTRACT

KEIDY DING

### THE RELATIONSHIP BETWEEN FEMINIST IDENTITY AND RESILIENCY IN WOMEN

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Among women, feminist identity has been associated with their well-being in multiple ways, including both psychological and sexual well-being. Women who self-identify as feminists and/or who are classified as being in the latter stages of feminist identity development (Downing & Roush, 1985) receive benefit from this social identity. Resiliency—defined as the capacity for individuals to bounce back from adversity—shows its positive effect on different aspects of an individual's life, as well. However, scholars have not examined the relationship between these two constructs.

The current investigation explored the relationship between feminist identity and resiliency in women. It was hypothesized that feminist self-identification and being in the latter stages of feminist identity development would have a positive and significant relationship with resiliency. Two hundred and eighty diverse women from the community completed the online survey including an author-generated demographic questionnaire, a measure of Feminist Self-Identification (Myaskovsky & Wittig, 1997), the Feminist Identity Composite (Fischer et al., 2000), and the Resilience Scale (Wagnild & Young, 1993).

As predicted, results of Pearson-product moment correlations indicated a significant and positive relationship between feminist self-identification and resiliency. Women who self-identified as feminists reported greater resiliency than those who did not identify as feminists. Results of the structural equation modeling partially supported the hypothesis that resiliency is significantly and positively correlated with latter stages of feminist identity development. The passive acceptance stage was negatively and significantly correlated with resiliency. Only the embeddedness-emanation, synthesis, and active commitment stages were positively and significantly correlated with resiliency. Women who were in the latter three stages of feminist identity development demonstrated greater resiliency than women who were in the beginning stage (passive acceptance stage). Additionally, women who both self-identified as feminists and were in the three latter stages of feminist identity development demonstrated greater resiliency than women who self-identified as non-feminists and were in the passive acceptance stage of feminist identity development. Implications for theory, research, and practice were provided.



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## CHAPTER I

### INTRODUCTION

#### **Rationale**

In the 21st century, women and girls continue to face numerous gender-specific stressors, including, but not limited to sexism, unhealthy expectations regarding weight and body shape, and interpersonal violence and victimization (American Psychological Association [APA], 2007). Sex roles contribute to a higher prevalence rate of specific mental illness such as depression and anxiety for women than for men (Sachs-Ericsson & Ciarlo, 2000). In consideration of the increasing complexity of women's lives due to the intersections among women's race, ethnicity, class, sexual orientation, age, social class, and other factors, researchers have been urged to pursue scholarship on issues related to women's conditions and to further enhance psychological practices with women (APA).

Traditionally, counseling psychologists strive to alleviate individuals' distress and improve people's well-being (Carter, 2003). Counseling psychology has also made a commitment to multicultural issues, specifically women's issues and feminist concerns (Meara, 1999). In recent years, counseling psychologists have devoted their attention to examining feminist identity in relation to women's health and have encouraged future research in this area (Moradi, Subich, & Phillips, 2002a). Moreover, counseling psychology implements a strength-based perspective in training, research, and practice (Gelso & Woodhouse, 2003), which echoes APA's call for a focus on positive

psychology (Seligman & Csikszentmihalyi, 2000). Resiliency is viewed as a strength that transcends individuals from difficult life circumstances (Smith, 2006). Therefore, this investigator examined the elements that contribute to women's well-being by focusing on the relationship between feminist identity and resiliency.

While the definition varies (Duncan, 2010), feminism's most core tenet is in a belief in equality for women and undergirds movements aimed at ending sexist oppression (hooks, 2000). In this investigation, feminism was defined as a belief that all forms of oppression intersecting with sexism need to be eliminated, and the actions related to feminism strive for the eradication of all forms of oppression that impact women globally. A feminist is someone who advocates the tenets of feminism, though some scholars argue that, due to men's inherent power and privilege in society, only women can be categorized as feminist (Hansen, 2002; Klocke, n.d.). Heeding this argument, the current investigation focused on only women and their feminist identification.

Feminist identity has been operationalized via three approaches in the literature: using rudimentary criteria to categorize feminists, assessing participants' feminist self-identification, and determining participants' stages of feminist identity development. The rudimentary criteria were mostly used in early research on feminist identity in that indirect associations with feminism were implemented to classify participants' feminist identity. These included participation in the feminist movement (Baucom & Sanders, 1978; Jordan-Viola, Fassberg, & Viola, 1976), endorsement of feminist attitudes (Enns & Hackett, 1990; Enns & Hackett, 1993; Tiggemann & Stevens, 1999), holding a feminist

orientation (Lawrence & Herold, 1988), and a combination of feminist self-labeling and feminist attitudes (Bay-Cheng & Zucker, 2007; Nelson, Shanahan, & Olivetti, 1997; Zucker, 2004; Zucker & Bay-Cheng, 2010). As the field of study evolved, scholars posited that these criteria do not fully equate to women's feminist identity (Duncan, 2010; Duncan & Stewart, 2000; Gruber & Bjorn, 1988; Rhodebeck, 1996; Yoder, Tobias, & Snell, 2011). Nevertheless, studies which used incipient criteria to classify participants as feminists found that feminist participants were less likely to be influenced by patriarchal messages. Women who are part of a feminist organization endorse more androgynous sex-roles (Baucom & Sanders; Jordan-Viola et al.). Women who possess pro-feminist attitudes demonstrate greater well-being such as higher self-esteem and fewer body image problems than women who do not possess pro-feminist attitudes (Tiggemann & Stevens). Women who self-identify as feminist and endorse three liberal feminist beliefs (the existence of differential treatments, the importance of equal pay, and the recognition of women's unpaid work) have fewer overt sexist attitudes, fewer beliefs in meritocracy (Zucker & Bay-Cheng), and fewer double sexual standards (Bay-Cheng & Zucker) than women who do not.

Women and men undergraduates who label themselves as feminist and endorse feminist attitudes have a greater sense of empowerment than undergraduates who do not (Nelson et al., 1997). Researchers who recruited both women and men as participants also found feminist self-identification to be related to completing women's studies classes (Eisele & Stake, 2008) and to have favorable attitudes toward feminism (McCabe, 2005; Williams & Wittig, 1997).

When researchers have recruited only women in their studies, participants' feminist self-identification has been found to be predicted by several factors including childhood sociopolitical environment, education, and attitudes. Women participants who self-identify as feminists are more likely to have been exposed to the feminist movement while growing up (Duncan, 2010; Duncan & Stewart, 2000), have completed women's studies classes (Barata, Hunjan, & Leggatt, 2005; Bargad & Hyde, 1991; Nelson et al., 2008), have a working mother with an equal or higher salary than their father (Korman, 1983; Nelson et al.), know someone who is a feminist (Reid & Purcell, 2004), and have favorable attitudes toward feminism (Cowan, Mestlin, & Masek, 1992; Liss, O'Connor, Morosky, & Crawford, 2001; Myaskovsky & Wittig, 1997; Nelson et al.). In addition, feminist self-identification also plays a positive influence in women's well-being. Feminist self-identification helps women psychologists to cope with oppression (Klonis, Endo, & Crosby, 1997), serves as a source for feminist psychologists with positive feelings such as excitement and belongingness (Kimmel, 1989), protects women from the impact of objectification (Garner, 1997; Hurt et al., 2007; Rubin, Nemeroff, & Russo, 2004), plays a part in and predicts college women's self-efficacy (Eisele & Stake, 2008), and promotes relationship stability and sexual satisfaction in women (Rudman & Phelan, 2007). Women who self-identify as feminist are more likely to engage in social activism (Duncan; Nelson et al.).

Downing and Roush (1985) conceptualized a stage model to capture the process reflecting women's feminist identity development. The model consists of five stages: passive acceptance, revelation, embeddedness-emanation, synthesis, and active



commitment. In Downing and Roush's feminist identity development model, women in different stages have different characteristics: women in the passive acceptance stage are unaware of the existence of sexism and accept traditional gender roles; women in the revelation stage start to be aware of gender-based inequality; women in the embeddedness-emanation stage begin to connect with other women and become more affirmed with regards to the change in their identity; women in the synthesis stage have a positive feminist identity and choose not to adhere to traditional sex roles; and women in the active commitment stage possess a more integrated feminist identity with a commitment to social change. Feminist self-identification is not a prerequisite for any stages of feminist identity development, but feminist self-identification and the latter stages of feminist identity development are positively correlated (Henderson-King & Stewart; Liss & Erchull, 2010; Vaughn, Lansky, & Rawlings, 1996; Yakushko, 2007).

Stages of feminist identity development have an impact on women's cognitions, behaviors, and well-being. For example, women who are in the passive acceptance stage endorse more traditional feminine norms (Mahalik et al., 2005), follow traditional heterosexual dating behaviors (Rickard, 1989), tend to silence themselves in romantic relationships (Witte & Sherman, 2002), and believe men produce better art work than women (Rickard, 1990). By contrast, women in the latter stages of feminist identity development are more likely to recognize sexism (Bargad & Hyde, 1991; Fischer & Good, 1994), endorse nontraditional gender roles (Bargad & Hyde), are more active in engaging in social activism behaviors (Bargad & Hyde; Fischer et al., 2000; Liss,

Crawford, & Popp, 2004), and use more collective strategies to improve women's status (Ng, Dunne, & Cataldo, 1995).

Researchers have proposed that sexism and sexist acts engender psychological distress in women (Jensen & Gutek, 1982). Women progress in their feminist identity development and move beyond the passive acceptance stage by becoming more aware of sexism and expanding their gender role repertoire (Downing & Roush, 1985). The changes in awareness and behavior repertoire impact women in different stages of feminist identity development in terms of well-being. Women in the passive acceptance stage experience more psychological distress after sexist events than do women in the latter stages of feminist identity development (Moradi & Subich, 2002a). Women in the latter stages of feminist identity development appear to have better psychological well-being (Saunders & Kashubeck-West, 2006; Yakushko, 2007), increased sexual well-being (Bergen & Mollen, 2008; Vaughn et al., 1996), fewer symptoms of disordered eating (Guille & Chrisler, 1999; Green, Scott, Ropel & Skaggs, 2008; Sabik & Tylka, 2006; Snyder & Hasbrouck, 1996), and fewer body image issues (Cash, Ancis, & Strachan, 1997; Murnen & Smolak, 2009) than women in the passive-acceptance stage.

Similar to feminist identity, resiliency demonstrates a positive relationship with one's well-being. Resiliency is defined as a "personal attribute" that relates to the "process or phenomenon of competence despite adversity" (p. 546) by Luthar, Cicchetti, and Becker's (2000) and is only one aspect of resilience (Luthar et al.). Resilience is broadly defined (Greene & Conrad, 2002) and has been characterized in three central ways: as having adaptive functioning as an outcome after experiencing adversities, a

capacity to cope with distress, and the interaction of different factors in an individual's life that creates an adaptation to the aftermath of difficulties (Glantz & Sloboda, 1999; Masten, Best, & Garmzey, 1990). In consideration of resilience's multidimensionality (Lightsey, 2006) and a lack of universally accepted definition (White, Driver, & Warren, 2010), this investigator aimed to focus on the concept of resiliency. Adopting Luthar et al.'s distinction, resiliency is therefore defined as the capacity for people to cope with, adapt, and bounce back from adversity (Connor & Davidson, 2003; Smith et al., 2008; Wagnild & Young, 1993). Although this investigator adopted the distinction between resiliency and resilience, these two terms are often used interchangeably in the literature (Greene 2002; Norman, 2000). For example, Wagnild and Young's Resilience Scale actually measures resiliency—the "positive personality characteristic that enhances individual adaptation" (p. 167). A more detailed exploration of terms is offered in the literature review.

Researchers have examined the significant relationships resiliency possesses with different constructs. Resiliency is correlated with positive self-appraisal (e.g., Karairmak, 2010, Yu & Zhang, 2007), positive outlook on life (e.g., Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003; Hjemdal et al., 2011; Smith et al., 2009), life satisfaction (e.g., Aroian, Schappler-Morris, Neary, Spitzer, & Tran, 1997; Wagnild & Young, 1993), positive affect such as enthusiasm and joy (e.g., Benetti & Kambouropoulos, 2006; Burns & Anstey, 2010), certain personality characteristics such as openness and having efficient impulse control (e.g., Campbell-Sills, Cohan, & Stein, 2006; Connor & Davidson, 2003; Yu & Zhang, 2007), coping styles (e.g., Campbell-Sills et al.; Garity, 1997), a lack of

depressive and anxious symptoms (e.g., Bitsika, Sharpley, & Peters, 2010; Hjemdal et al.), better psychological well-being (Christopher, 2000), better physical health (e.g., Montross et al., 2006; Shen & Zeng, 2010), higher pain tolerance (Friborg et al., 2006; Smith et al., 2009), more behaviors in promoting family's physical health (Black & Ford-Gilboe, 2004), less infertility stress (Sexton, Byrd, & von Kluge, 2010), and immigration adjustment (e.g., Heilemann, Lee, & Kury, 2003; Miller & Chandler, 2002).

Resiliency is believed to be a buffer when individuals face stressors such that individuals with high-level resiliency exhibit less distress than individuals with low-level resiliency (Connor & Davidson, 2003). On a physiological level, Mikolajczak, Roy, Luminet, and de Timary (2008) found that individuals with high-level resiliency have lower levels of cortisol than those with low-level resiliency after a stressful event. In adults who face chronic unemployment, people with high-level resiliency are less likely to have depressive symptoms and a low self-evaluation than people with low-level resiliency (Moorhouse & Caltabiano, 2007). This moderating effect of resiliency has also been observed in people who experienced trauma; high-level resiliency individuals are less likely to develop symptoms of psychological illness (Campbell-Sills et al., 2006; Hjemdal, Friborg, Stiles, Rosenvinge, & Martinussen, 2006; Wingo et al., 2010).

Resiliency has demonstrated its moderating effect on individuals' psychological health after stress or trauma. People with high-level resiliency may have more positive self-evaluation, and thus feel more capable of utilizing effective coping skills (Gucciardi, Jackson, Coulter, & Mallet, 2011). In addition, researchers have proposed that, since the lack of neuroticism is indicative of impulse control, people with high-level resiliency

may react better when faced with adversity (Campbell-Sills et al., 2006). Of note, psychologists have not investigated whether one's identity is associated with resiliency. Interestingly, feminist self-identification is also associated with positive outcomes for women. However, scholars have not examined how feminist self-identification is associated with the construct of resiliency and, if so, whether a similar positive relationship exists. Additionally, with the protective effects of progressing to the latter stages of feminist identity development, researchers have not examined whether a relationship exists among stages of feminist identity and resiliency. Both feminist self-identification and the latter stages of feminist identity development serve as strengths for women; therefore, this investigator examined the combination of feminist self-identification and stages of feminist identity development with regard to their effects on resiliency.

### **Purpose of the Study**

Scholars have examined feminist identity in relation to women's experiences and well-being (Moradi et al., 2002a). Even though both feminist identity and feminism have endured negative stereotypes, researchers have demonstrated that being in the latter stages of feminist identity development shows positive effects on women's psychological health (for example, Fischer & Good, 2004; Saunders & Kashubeck-West, 2006; Yakushko, 2007). In addition, women who self-identify as feminists are more committed to being agents of social change and receive psychological benefits from this self-identification (for example, Duncan, 2010; Eisele & Stake, 2008; Garner, 1997; Kimmel, 1989). Studies on resiliency have yielded copious amounts of data on the positive

relationship between resiliency and people's well-being (see Wagnild, 2009), and many studies have also examined the factors associated with resiliency (for example Connor & Davidson, 2003; Karairmak, 2010; Yu & Zhang, 2007). Both feminist identity and resiliency show positive effects on women; however, no studies have undertaken an investigation of the relationships between feminist identity and resiliency. The purpose of this study was therefore to fill this gap in the literature by examining this relationship and determining the potential implications for theory, future practice, and research.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### **Feminism**

Feminism encompasses diverse definitions in the literature. For example, different dictionaries present different explanations of feminism. The *Merriam-Webster Dictionary* (Merriam-Webster Editorial Staff, 2003) offers two definitions of feminism: “1. the theory of the political, economic, or social equality of the sexes. 2. Organized activities on the behalf of women’s rights and interests” (p. 461). The 1996 version of *Webster’s Third New International Dictionary of the English Language* (Gove) also specifies the organized activities have been emblematic of the 19<sup>th</sup> and 20<sup>th</sup> century’s women’s movements. According to the *Chambers Dictionary* (Schwarz, 1998), feminism is the “advocacy of women’s rights, or of the movement for the advancement and emancipation of women” (p. 593). While different sources use various words to represent the meaning of feminism, the core component of feminism is a belief in equality for women. Moreover, the meaning of feminism is highly personal such that people experience feminism differently and make meanings for feminism based on their interactions with the world (Kimmel, 1989).

With the long history of feminism and the various social changes feminism has espoused, it is difficult to create a uniform definition of feminism. Feminism is heterogeneous, and is a "diverse and pluralist enterprise" (Bordo, 1994, p. 459). It can be

broadly defined as a concern for women's issues and a desire to change women's position in the society. Feminism can also be defined as a movement that campaigns for social change and a perspective that looks at issues without the male-centeredness (Delmar, 1986). In the 21<sup>st</sup> century, the central definition of feminism has remained unchanged but has also broadened. Feminism can be defined as a movement striving to end sexist oppression (hooks, 2000) and maintaining a "commitment to ending all forms of domination, oppression, and privilege that intersect with sexism and gender bias, including (but not limited to) racism, classism, colonialism, heterosexism, ethnocentrism, white supremacy, ageism, and ableism" (Enns, 2004, p.8). Feminism includes the belief that with the eradication of women's oppression, men will also be freed from their current status and social roles (Jaggar, 1977).

The most recent research showed that the definitions of feminism among laypersons are also varied. Duncan (2010) qualitatively assessed 667 women's own definitions of feminism. She found seven themes for the definitions of feminism: (a) equal rights, (b) cultural feminism, (c) self-determination, (d) feminist lens, (e) improving women's position, (f) gender socialization, and (g) negative associations. These broad and varied definitions of feminism are the result of individuals making unique meaning of their own identities based on their own experiences. For example, Hurt (2011), a self-identified male feminist, wrote about how his own unique experience helped him to define feminism and identify as a feminist. As a child, he watched his mother being silenced by his father and was scared of his father's male dominance. As a college student, he acted in a stereotypically male fashion in relationships. As an adult, he viewed



gender issues differently after being exposed to Black feminists' writings. He viewed feminism as a way "for men to free themselves from the stranglehold of traditional masculinity" (p. 3).

For the purpose of being inclusive, this investigation used a broad definition of feminism that incorporates both of the following: a belief that all forms of oppression intersecting with sexism need to be eliminated, and the actions that strive for the eradication of all forms of oppression that impact women globally.

### **Types of Feminism**

In the United States, the first wave of feminism emerged through the women's suffrage movement in the late 19<sup>th</sup> century (Biaggio, 2002). Suffragists campaigned for women's right to vote, right to equal education, equal access to employment, and property rights (Osborne, 2001). Due to the tumultuous times during World War I (1914 to 1918) and World War II (1939 to 1945), women's fight for equality in the U.S. diminished and did not re-emerge as a movement again until the 1960s (Horowitz, 1998). Feminism in the 1960s and 1970s was often called the contemporary women's movement and was regarded as the second wave of feminism.

During the second wave of feminism, feminism diverged into different branches or ideologies (Biaggio, 2000). Jaggar and Rothenberg (1984) described these as different feminist frameworks. Feminist frameworks "are systems of ideas, conceptual structures that feminists can use in explaining, justifying, and guiding their actions" and are "a comprehensive analysis of the nature and causes of women's oppression and a correlated set of proposals for ending it" (p. xii). Prominent feminist frameworks or ideologies

include liberal feminism, radical feminism, cultural feminism, feminism among women of color, and Marxist/socialist feminism (Biaggio, 2000; Jaggar & Rothenberg, 1984; Osborne, 2001). Generally, these frameworks differ in three key aspects: the explanation of women's oppression, the view of genders, and the proposed remedies for equality (Biaggio).

The primary tenet of liberal feminism is that men and women have the same intellectual ability and should be treated equally by the government (Whalen, 1996). Liberal feminists acknowledge the biological differences between sexes but argue that the differences between men and women are created by society's reinforcement of sex roles (Trebilcot, 1975). Women's oppression is created under the false assumption that women are the weaker sex, and that social systems were created based on tradition rather than for the benefit of humanity (Jaggar & Rothenberg, 1984). The oppression of women has been manifested through a lack of civil rights, and liberal feminists believe women should have the freedom to choose their social roles based on individual wishes (Jaggar, 1977). Changes to inequality should be achieved through social programs and legislation changes to eradicate sexist discrimination (Jaggar & Rothenberg). Liberal feminists do not perceive the abolishment of existing government as necessary for freedom, though they believe the government's restrictions on individuals' right should be based on legitimate justifications.

Radical feminists believe that sexism is the most fundamental form of oppression (Biaggio, 2000) because women are the first oppressed group in history, their oppression is evidenced in almost every society, and their oppression has often gone unnoticed

(Jaggar & Rothenberg, 1984). Radical feminism also considers women's oppression as a platform for understanding other forms of oppression. To radical feminists, the origin of social problems is the system of patriarchy that allows men to hold most of the power. Radical feminists promote the idea that the personal is political, such that women are oppressed in their private lives as well as in their public lives (Bunch, 1981). Within radical feminism, various views exist. Some radical feminists propose that the oppression of women is the sole result of socialization (Jaggar & Rothenberg) while others recognize how reproductive differences between sexes influence every aspect of one's life (Jaggar, 1983). Radical feminists believe only significant systemic changes, such as the elimination of the categories of male and female, can eliminate sex inequality (Jaggar & Rothenberg). In recent years, the focus of most radical feminists' work has been on male violence and men's oppression of women through pornography (Osborne, 2001).

Cultural feminism takes the stance that there are inherent biological and psychological differences between the sexes. However, cultural feminists believe the problem of inequality is due to the devaluation of all things feminine. Cultural feminists believe that change lies in the re-evaluation and promotion of female values, traits, and characteristics. Some cultural feminists consider women to be inherently superior to men (Biaggio, 2000).

Feminism among women of color regards women's inequality as the combination of patriarchy and White supremacy. In addition, the effects of racism are more devastating to many women of color than sexism, and other factors (e.g., class, age, and sexual orientation) contribute to women's suffering. Therefore, Feminists of Color work

to increase others' awareness of minority women's situations (Jaggar & Rothenberg, 1984). Women of color feminists attend to the differences among women, especially how the intersection of race, gender, class, and sexual orientation impacts women (hooks, 1981). Furthermore, women of color feminists concentrate on how internalized oppressions play out in one's life (Breines, 2002) and the importance of cultural values (Chin, 2000; Collins, 2000).

The primary tenet of Marxist or socialist feminism is that biological factors do not determine human nature. Marxist/socialist feminists posit that individuals develop based on socialization and the individuals' reactions to that socialization process (Jaggar & Rothenberg, 1984). Marxist/socialist feminists believe the class system is the root cause of inequality and that lower classes have been constantly exploited by higher classes (Osborne, 2001). This has resulted in significant effects on working-class women, including a restructuring of the family. Marxist/socialist feminists believe women should be freed from the chores at home, including the responsibility of childcare, or that they should be paid for the duties they perform at home. Marxist/socialist feminists also recognize the importance of health care for women and posit that the burden of health care should lie on the government's shoulders (Jaggar, 1977). Marxist/socialist feminists view sexism and racism as secondary to classism and believe that the three are inseparable forces of oppression and equality. As such, they believe change can only be achieved through the elimination of capitalism (Jaggar & Rothenberg).

During the third wave of feminism, several additional perspectives and analyses of feminism developed. The third-wave feminist ideologies focus on deconstructing and

decentering the existing concepts and systems in their analyses (Mann & Huffman, 2005). Third-wave feminism emphasizes individualism and a person's unique experience. Many third-wave feminists' writings focus on the personal lived experiences as a way to establish connections with others and to assert an individual definition and analysis of feminism (Henry, 2004). For example, in the book *Listen Up: Voices from the Next Feminist Generation*, Findlen (1995) collected essays from various feminists. Each feminist wrote about her own experiences with the intersections of gender, race, and class and chose how to label her own identity.

Additional ideologies of the third wave include postmodern, transnational, and postcolonial feminisms (Mann & Huffman, 2005). Postmodern feminists believe identity is socially constructed based on history, power systems, and language. Postmodern feminists also believe there is no universal truth and that the concept of gender needs be examined and deconstructed (Bohan, 2002). Transnational and postcolonial feminists challenge the Western worldviews and privileges inherent in the other feminist ideologies; they also criticize other feminist ideologies because they fail to address factors such as a nation's colonial history, economic conditions, and cultural values. Transnational and postcolonial feminists believe gender oppression is a human rights issue, across nations, and the voices of women from the non-Western world should be respected (Tong, 2009).

Enns (2010), a feminist and a counseling psychologist, described two other feminist ideologies in literature: lesbian feminism and queer feminism. Lesbian feminists believe heterosexism exists in other feminist ideologies and focus on how non-heterosexual women negotiate their roles and experience in a culture that views a male-

female relationship as the norm. In addition, lesbian feminists advocate for the rights of sexual minorities and examine the intersection of lesbian and other identities. Queer feminists view identities as fluid and overlapping and believe that a person's identities should be widened to include gender, race, and sexuality.

Different feminist ideologies have varied theories on the nature of oppression, the mechanisms that create differences between men and women, and the means to end inequality. Nevertheless, all of the feminist frameworks endorse the basic assumptions that women's situations need to improve by having equal opportunities and by ending violence such as sexual harassment, rape, and abuse. People often perceive feminism as a combination of various elements from different feminist frameworks rather than an adherence to a single school of thought.

### **Feminist Identity**

Some scholars believe that only women can be categorized as feminists (Hansen, 2000; Klocke, n.d.). They reason that men are inherently part of the patriarchal system thus cannot remove themselves from their power and privileges. Therefore, men do not have the direct lived-experience of sexism as women do (Klocke). Men who endorse feminist beliefs and devote their time and efforts to end sexist oppression in the society are sometimes called pro-feminist men (Kimmel, 1992). Due to the diverse views on whether men can rightfully claim a feminist identity, this investigation only focused on women as feminists.

The construct of feminist identity is complex. Zucker (2004) theorized that feminist identity has been viewed according to three approaches: as a social identity, a

stage-based developmental trajectory, and the result of endorsement of feminist ideologies. Zucker further proposed that feminist identity is a combination of claiming the feminist label and endorsing feminist beliefs. Yoder et al. (2011) examined the literature and determined that feminist identity has been operationalized in research studies in three ways: the willingness to self-label as a feminist, the feminist beliefs one possesses, and the combination of self-labeling and beliefs. Some researchers have categorized the feminist self-label via dichotomous yes/no questions (“Are you a feminist?” for example, Duncan, 2010; Liss & Erchull, 2010; Nelson et al., 2008; Zucker, 2004) while others have utilized continuous rating scales to determine feminist identity (Cowan et al., 1992; Myaskovsky & Wittig, 1997). Researchers have used scores from different measures of both feminist beliefs and feminist identity development scales as determinants for feminist identity (for example, Eisele & Stake, 2008; Fischer & Good, 1994).

### **Rudimentary Criteria for Feminist Identity**

In addition to using feminist self-identification and feminist identity development to represent one’s feminist identity, early researchers used more rudimentary criteria to represent the construct of feminist identity. For example, participation in the feminist movement, levels of feminist attitudes, feminist orientation, and a combination of feminist self-identification and feminist values have all been used in research as conceptual representations of feminist identity. In order to clearly represent the outcome of different research regarding the construct of feminism, the following sections were divided according to the means researchers used to assess participants’ level of feminist

identity, including participation in the feminist movement, feminist attitudes, feminist orientation, a combination of feminist beliefs and feminist self-identification, feminist self-identification, and stages of feminist identity development.

**Participation in feminist movements as feminist identity.** In early research on feminist identity and sex-role characteristics, Jordan-Viola et al. (1976) recruited women from colleges, feminist organizations, and workplaces, as well as married women who stayed at home. They used participants' membership in feminist organizations as an indicator of having a feminist identity and categorized women based on from where they were recruited. Jordan-Viola et al. found that, when reviewing their findings across college women, working women, and housewives, feminist participants endorsed more androgynous sex roles and reported more anxiety if required to ascribe to more traditional feminine sex roles than did non-feminists. However, Jordan-Viola et al. did not assess whether the differences in sex role characteristics were attributable to the nature of their group membership or occupation.

Baucom and Sanders (1978) also used a similar group membership criterion in categorizing members of the feminist organization, National Organization for Women (NOW), as feminists. Baucom and Sanders found that participants who were NOW members were more likely to display high levels of traditionally masculine characteristics (e.g., assertiveness and self-confidence) and low levels of traditionally feminine characteristics (e.g., being soft-spoken and tender). However, the authors' use of membership as an indicator of feminism is problematic in that membership did not ensure



active participation in the organization. Furthermore, some studies have shown that activism does not equate with feminist identity (Duncan, 2010; Duncan & Stewart, 2000).

**Feminist attitudes as feminist identity.** Enns and Hackett (1990) categorized 150 undergraduate women participants as feminist or non-feminist based on participants' attitudes toward feminist ideologies and the women's movement. Participants who were categorized as feminist were more willing to seek therapy than non-feminist participants on two particular issues: interpersonal functioning and sexual harassment/assault. After watching a counseling session vignette, feminist participants were also more likely to perceive counselors who expressed explicit feminist values to be more helpful than counselors who did not. However, Rhodebeck (1996) found one's attitude toward feminism is a distinct construct from feminist identity. Zucker (2004) also found many women subscribed to feminist values but did not label themselves as feminists.

Enns and Hackett (1993) used a similar research design, categorizing 159 college women participants as feminist if they had strong favorable attitudes toward feminist ideology and the women's movement or a positive feminist self-identification. As with their earlier study (1990), Enns and Hackett found that their feminist participants viewed counselors who articulated explicit feminist attitudes as more helpful than non-feminist women. Although Enns and Hackett (1993) modified the assessment of feminist identity from their previous study, the either/or criteria they used may not accurately represent the construct of feminist identity. Enns and Hackett acknowledged that their categorization of feminists and non-feminists using attitudes toward feminism may not be sufficient to differentiate the two groups.

Like Enns and Hackett (1990), Tiggemann and Stevens (1999) associated pro-feminist attitudes with having a feminist identity. Tiggemann and Stevens examined the positive effect of feminist identity on eating disorders using an Australian community sample of 180 women. Tiggemann and Stevens found that women who were categorized as feminist based on the Attitudes toward Feminism scale (Smith, Ferree, & Miller, 1975) had fewer weight concerns and less body dissatisfaction than non-feminist women. Additionally, women with fewer weight concerns also exhibited higher self-esteem. However, the protective effect of feminist identity on body image issues in this study may actually be the effect of having feminist attitudes rather than holding a feminist identity for oneself.

**Feminist orientation as feminist identity.** Lawrence and Herold (1988) used the term “feminist orientation” (p.163) to categorize their community sample of 198 Canadian women, using participants’ responses to a continuous rating scale to determine their feminist orientation. Their resulting categorizations were somewhat murky, as their rating scale used questions such as: “on a scale measuring feminist orientation, ranging from political feminist (a woman who is actively lobbying for social change) to antifeminist (a woman who opposes the feminist perspective), I would consider myself...” (p. 163) and therefore primed participants to think in terms of feminist orientation instead rather than feminist identification. Feminist orientation is individuals’ attitude toward feminism such as viewing feminism to be beneficial to women (Gruber & Bjorn, 1988), while feminist identification is “whether an individual considers herself a feminist” (McCabe, 2005, p.483). Lawrence and Herold found that women with a high feminist

orientation had unfavorable attitudes toward sexually explicit material and were less likely to use sexually explicit materials such as X-rated films or pornographic magazines. However, caution should be exercised when reviewing the relevance of feminist identity and attitudes toward sexually explicit material. Lawrence and Harold's study was published in 1988 and both the sociopolitical environment surrounding sexually explicit material and the content of the material itself have changed significantly in the past 23 years.

**Feminist identity assessed by combining multiple criteria.** In more recent years, researchers have begun to use a combinatory method to assess feminist identity. For example, Nelson et al. (1997) categorized their 126 undergraduate men and women participants as feminist, non-feminist, or antifeminist based on participants' answers in two areas: self-identification and endorsement of feminist attitudes as measured by the Attitudes toward Feminism scale (Smith et al., 1975). Nelson et al. found that those participants who were in the feminist category placed greater importance on power equality than antifeminist participants. Additionally, the more strongly women endorsed feminist attitudes, the more empowerment they reported.

Nelson et al.'s (1997) method of using multiple criterions to assess feminist identity has also been used by other researchers. Zucker (2004) assessed participants' feminist identity by combining feminist self-identification and the endorsement of "three cardinal beliefs of liberal feminists" (p.159): the acknowledgement of differential treatments between sexes, endorsement of equal pay, and the importance of valuing women's unpaid work. Women who self-identified as feminists and endorsed the three

cardinal beliefs were categorized as feminist, women who did not self-identify as feminists but endorsed the three cardinal beliefs were categorized as egalitarian, and women who did not self-identify as feminists nor endorse the three cardinal beliefs were categorized as non-feminists. Zucker found that being categorized as feminist significantly predicted participants' social activism, but did not serve as a predictor for participants who were categorized as egalitarian or non-feminist. Using the same criteria for labeling participants, Zucker and colleagues conducted two additional studies (Bay-Cheng & Zucker, 2007; Zucker & Bay-Cheng, 2010) examining the differences among feminists, egalitarians, and non-feminists. Zucker (2004) categorized egalitarian women as those who endorsed similar beliefs as feminist women such as equal pay, women's value, and the existence of differential treatments between sexes. However, the only difference between egalitarian women and feminist women was the willingness to self-identify as feminist.

Bay-Cheng and Zucker (2007) recruited 342 college women and examined the differences in sexual attitudes among feminists, egalitarians, and non-feminists. Feminist participants exhibited more positive affect toward and evaluation of sexual materials and sexual topics than participants in the non-feminist category. Feminist participants also demonstrated less support for sexual double standards than women in the other two categories. Bay-Cheng and Zucker concluded that the difference between women in the feminist and egalitarian categories was that feminist women focused more on enjoying sex than trying to please their partners. They theorized that while egalitarian women enjoyed the sexual freedoms fought for during the feminist movement, they still held

sexual double standards. Later, among a sample of 276 college women, Zucker and Bay-Cheng (2010) found value differences among women in the three categories. Zucker and Bay-Cheng found that feminist participants endorsed significantly more universalism, social justice, and equality values than did egalitarian and non-feminist participants. Feminist participants were also the least supportive of social dominance, held fewer beliefs in the myth of meritocratic system, and endorsed fewer overtly sexist attitudes than did participants in the egalitarian and non-feminist categories. Additionally, egalitarian participants possessed the highest level of benevolent sexism (i.e., the belief that women should be protected by men). The endorsement of benevolent sexism was a significant factor that differentiated participants who were categorized as feminists and egalitarian women from non-feminists in the study.

While Zucker's (2004) categorization of feminists, egalitarians, and non-feminists improved on earlier ways of measuring feminist identity, it was still problematic in several ways. First, the three cardinal feminist beliefs lack empirical evidence and validation. Second, the combination of the three cardinal beliefs and feminist self-identification may not capture participants' locations along the feminist identity development continuum as well as other measures designed to assess feminist identity development. Third, future research is necessary to examine the validity of Zucker's categories for feminist identity and its impact. In addition, Yoder et al. (2011) found both that some participants self-identified as feminists but did not endorse all three cardinal beliefs and that self-identification was a stronger predictor on activism than Zucker's feminist categorizations. Yoder et al.'s study also revealed that Zucker's categorizations

were not conceptually stronger nor a better predictor of social activism than feminist self-identification alone.

Research studies that used the methods reviewed in this section have demonstrated significant relationships among feminism, women's psychological well-being, and sex roles. Feminist participants have been found to possess more androgynous sex-roles (Baucom & Sanders, 1978; Jordan-Viola et al., 1976), experience fewer body image problems and higher self-esteem (Tiggemann & Stevens, 1999), and endorse a greater sense of empowerment (Nelson et al., 1997) than non-feminist women. Feminist women have also been found to subscribe to fewer overtly sexist attitudes, beliefs in meritocracy (Zucker & Bay-Cheng, 2010), and sexual double standards (Bay-Cheng & Zucker, 2007), and they have been found to be more likely to participate in social activism (Zucker, 2004). Feminist women may be more willing to seek therapy for interpersonal and sexual assault/harassment issues (Enns & Hackett, 1990), perceive feminist counselors to be more helpful (Enns & Hackett, 1990; Enns & Hackett, 1993), and believe feminist therapists would promote financial independence in therapy (Enns & Hackett, 1993).

### **Feminist Self-Identification**

Zucker (2004) theorized that feminist identity is part of a person's larger social identity. People identify themselves as part of a group via different behaviors (Tajfel, Billig, Bundy & Flament, 1971). Group formations are mechanisms that have evolutionary and functional purposes. The formation of groups is observed in different species in the natural world; for example, in primates, hamadryas baboons form groups

for differentiation of labor, including building shelter and fighting intruders. Humans also form groups for survival reasons (Wilson, 1975). Archeological evidence shows that humans have been forming groups long before the invention of the written word. Two hundred thousand years ago, the Neanderthals formed groups and to care for those who were sick and injured (Silverstein, Silverstein, & Nunn, 1998). Korostelina (2007) declared that the functions of a social identity are to increase self-esteem, increase social status, gain personal safety, secure group support and protection, and be recognized by in-group members.

Tajfel (1972) conceptualized social categorization, or social identity, as “part of an individual’s self-concept which derives from his [*sic*] knowledge of his [*sic*] membership in a social group (or groups) together with the value and emotional significance attached to that membership” (p. 273). Brewer (1991) believed that social identities are a conscious and deliberate choice and the mere fact of belonging to a particular group does not constitute a social identity. As such, a person can belong to several different groups without forming a social identity, but one must belong to a particular group in order to hold that particular social identity. In contrast to Brewer’s view on social identity, feminist identity is more complex than the mere acceptance or rejection of a certain group. Importantly, feminist self-identification exists on a continuum (Ashmore, Deaux, & McLaughlin-Volpe, 2004).

In examining the continuum of feminist identity, Sigel (1996) found that the women in his sample viewed their identity along a range that varied from affirmed feminism to endorsing “not a feminist but...” (p. 112) to feeling uncertain about feminist

self-labeling. Even posed as a yes-or-no question, Alexander and Ryan (1997) found their women participants added qualifiers to their feminist or non-feminist identifications. When participants affirmed their feminist identity, they added qualifiers such as “not when men were around” (p. 563) or “coming from a traditional background” (p. 562). They also specified that they were not radical feminists and did not want to be grouped with other feminists. When participants stated they were not feminists, they gave explanations as to why. Participants’ explanations included their traditional background, the perception that men disliked feminists, or the fact that they were not radical. Some participants expressed they were not feminists even as they agreed with the goals or values of feminism.

Even in the 21<sup>st</sup> century, the continuum and complexity of feminist self-identification persists. Liss et al. (2001) found differences in dichotomous and continuous feminist self-labeling. Using a dichotomous scale, Liss et al. found only 15.8% of 233 undergraduate women identified themselves as feminists. However, when feminist self-identity was presented on a continuous scale, the number of women who self-identified as feminists increased. Approximately 2.8% of the undergraduate women identified as feminists actively participating in the women’s movement, 33.3% of the participants identified as feminists in public, and another 33.3% of the participants identified as feminists if asked privately but not publicly. More than 19% of the participants did not identify as feminists but agreed with most of feminism's objectives, while only 8.3% of the participants did not identify as feminists and did not endorse agreement with a majority of feminist beliefs.



Aronson (2003) found similar results among 42 women in their early 20's. Participants positioned themselves on the feminist identity continuum as feminists (14.3%), feminists but distanced from negative associations (9.5%), neither feminist nor non-feminist (31%), not feminists but supportive of some feminist ideologies (19%), and non-feminist (26.2%). Duncan (2010) posited that if women were provided open-ended question about their feminist self-identification, they might provide answers with identifiers such as "feminist," "somewhat feminist," or "not so strong feminist" (p. 499). In Duncan's (2010) community sample of 667 women, 420 women (63%) identified as feminist and 184 women (27.6%) identified as somewhat feminist. Sixty-three women (9.4%) were considered non-feminists, including women who were strongly or somewhat opposed to feminism and women who were not strong feminists. In addition, in a qualitative study conducted by Quinn and Radtke (2006), female graduate students positioned themselves on the continuum as "not feminist, covert feminist, feminists in the past, or feminist by virtue of how they live" (p.190). Quinn and Radtke did not report the number of participants in each of the categories of feminist self-identification. The sample of graduate students in Quinn and Radtke's study was more age-diverse than those in Aronson's study and included women from ages 23 to 51. Participants' responses in these studies demonstrate the variability in feminist self-identification and show that feminist self-identity is not best represented as a dichotomous categorization.

Quinn and Radtke (2006) showed that women derived their stands on feminist self-identity from their individual experiences and the ways in which they currently interact with the world. One participant in this study stated she was a feminist by virtue

of how she lived because her husband stayed at home while she worked. Few participants considered themselves feminists because their behaviors and attitudes were consistent with feminism even though they did not participate in any feminist groups; in fact, they only revealed their feminist identity when they were in a safe environment and around supportive others. Participants' definitions of feminism were expanded and refined after they expressed their experiences with feminism. Quinn and Radtke found their participants changed and redefined the meanings of being a feminists during their interview based on participants' interactions with each other. Since feminist self-identification is highly personal in nature with varied meanings and because feminist ideas do not necessarily equate with feminist identification, there are clearly additional factors that need consideration.

**Predictors of feminist self-identification.** Feminist self-labeling relates to several contextual factors, including environment (Duncan, 2010; Duncan & Stewart, 2000), education (Barata et al., 2005; Bargad & Hyde, 1991; Eisele & Stake, 2008), experiences of knowing someone who holds non-traditional gender role (Korman, 1983; Williams & Wittig, 1997), and attitudes (Cowan et al., 1992; Liss et al., 2001; McCabe, 2005; Williams & Wittig, 1997). The national sociopolitical environment a person experiences and to which he or she is exposed while growing up affects his or her self-identification as a feminist. Women who were born in a certain period of time may be influenced by a series of unique events in history and politics that may impact their claiming or refuting a feminist identity. Women who were born in the same period of times are grouped as a generational cohort. Duncan and Stewart recruited 835 women of

differing backgrounds who participated in the national reproductive rights march in 1992 to complete a survey. Women who were born between 1943 and 1960 were more likely to actively claim the feminist label than were the generations before and after them, but they were not as politically active as the generation born before them. Nonetheless, within three generations of women activists (born from 1925 to 1942, 1943 to 1960, and 1961 to 1975), each cohort had similar liberal attitudes and positive feelings toward feminists.

In a later publication, Duncan (2010) analyzed the data from previous research (Duncan & Stewart, 2000) in order to address the generational differences. Duncan restricted the data to only two generations: Baby Boomers (those born between 1943 and 1960) and Generation Xers (those born between 1961 and 1975). Duncan found that women Baby Boomers were more likely to identify themselves as strong feminists than those who were part of Generation X. Duncan theorized this phenomenon was the result of the women's movement in participants' lives. Baby Boomers were young adults during the second wave of the women's movement; thus, they were able to incorporate feminist identity into their identity development. However, Generation X women were raised during the societal backlash against feminism. Despite the fact that Generation X women were less likely to self-identify as strong feminists, they were more politically active than Baby Boomer women. Nevertheless, both generations had similar impressions of feminists, such as being supporters of equal rights and being independent (Duncan).

Education—specifically, exposure to a particular type of academic training—can influence women's feminist self-identification. Bargad and Hyde (1991) discovered

participation in women's studies courses impacted college women's feminist identity development and labeling. Women students found women's studies courses to be helpful for them, both in understanding feminism better and viewing it in a positive light, as well as identifying themselves as feminists. Barata et al. (2005) found similar effects of education after interviewing self-identified feminist participants. One woman stated that, as a graduate student in psychology, after completing courses in women's studies, she started to self-identify as a feminist. Another woman shared that she re-examined herself while writing her doctoral dissertation and realized she was a radical feminist.

Eisele and Stake (2008) examined the relationship among education, feminist attitudes, and feminist self-identification among 435 college students. Eisele and Stake compared participants' feminist attitudes and feminist self-identification before and after a semester of women's and gender studies courses, and they defined feminist attitudes as liberal and egalitarian with regard to views on gender issues. Participants had stronger feminist attitudes after completing a semester of women's and gender studies courses, and participants' feminist attitudes predicted feminist self-identification in that they were more likely to self-identify as feminist if they had higher feminist attitudes after completing the course. The researchers concluded that women's and gender studies classes increased students' feminist awareness, and the awareness contributed to an increase in the endorsement of feminist attitudes. Feminist attitudes, in turn, impacted participants' feminist self-identification.

Experiences and attitudes have also been shown to play a role in feminist self-identification. Korman's (1983) research showed that having a working mother whose

income was either equal to or higher than her spouse's salary significantly contributed to college women's willingness to label themselves feminists. In a combined college and community sample of women, Cowan et al. (1992) discovered that participants' favorable attitudes toward the feminist movement and holding of more pro-feminist views about women's gender roles predicted their likelihood of self-identifying as feminists.

Specifically, participants' collectivistic beliefs about improving women's situation through working together had a positive effect on participants' attitudes toward the feminist movement. McCabe (2005) used survey data from 1,460 men and women in a community sample and found that participants were more likely to self-identify as feminists when they believed gender inequality was due to societal differences.

Additionally, when participants believed the women's movement had a positive effect on working-class women, homemakers, men, children, and themselves, they were more likely to identify as feminists. Furthermore, Liss et al. (2001) found that feminists' self-identification was positively correlated with a general favorable evaluation of feminists and negatively correlated with conservatism, homophobia, and a belief in meritocracy. Burn, Aboud, and Moyles' (2000) correlational study with 276 college students revealed that women participants who perceived themselves as worthy members of their gender social group tended to endorse more feminist attitudes and ideologies and feminist self-identification than women participants who did not perceive their gender's social group as prestigious as men's.

Williams and Wittig (1997) tried to decipher the factors that promote feminist self-identification by expanding Cowan et al.'s (1992) study. They examined two groups

of men and women college students: self-identified feminists and participants who did not call themselves feminists but supported feminist goals. Williams and Wittig found that a positive evaluation of feminists and exposure to feminism through interpersonal relationships, personal experiences, and coursework directly predicted college students' feminist self-identification. A collectivistic belief system was also significantly related to feminist self-identification. Women in Williams and Wittig's study were more likely to identify as feminists than men. Replicating and expanding upon Williams and Wittig's (1997) study, Myaskovsky and Wittig (1997) recruited 229 undergraduate women and found three additional factors that predicted feminist self-identification: support of feminist goals, positive opinions of the feminist movement, and the recognition of sexist discrimination.

The interaction between women's previous experiences and attitudes were also examined in relation to feminist self-identification. Reid and Purcell (2004) collected data from 101 college women, with 50% of the participants identifying as Hispanic, 31% Black, 6% White, and 4% Asian. According to the study, exposure to feminism was operationalized as incorporating feminist literature either of their own volition or through assigned coursework, having feminists as family members or friends, and belonging to a women's group. College women participants who had previous exposure to feminism identified more strongly with the feminist label. Reid and Purcell further found that a collectivistic orientation and the lack of negative evaluations of feminists mediated the relationship between feminist exposure and feminist self-identification. Feminist exposure influenced the creation of a collectivistic orientation such that participants

believed women shared a common fate, and, in turn, a collectivistic orientation strongly predicted feminist self-identification. This same relationship applied to the lack of negative stereotypical evaluations of feminists. Just as negative evaluations of feminists predicted a lack of feminist self-identification, feminist exposure decreased negative feminist evaluation, and in turn, increased the willingness of participants to self-identify as feminists.

An experimental study confirmed the direct effect of positive stereotypes on feminist self-identification. Roy, Weibust, and Miller (2007) tested the reactions of 414 undergraduate women to feminist self-labeling after being exposed to different descriptions of feminists. They found that women who read positive descriptions about feminists were twice as likely to identify as feminists than were women who read negative descriptions of feminists or unrelated materials. Nelson et al. (2008) conducted a study and found feminist self-identification in women was directly predicted by several experiential factors, including having a feminist mother, attending college courses in women's studies, having positive evaluations of feminists, having less conservative beliefs, having more liberal beliefs, having more radical beliefs, and having negative experiences with sexism.

Nelson et al.'s (2008) study confirmed the results from Reid and Purcell's (2004) study that having interpersonal relationships with a feminist (in this study, a family member) and having positive evaluations of feminists predicted feminist self-identification. They also confirmed the effects of education on feminist self-labeling as found in the previous studies by Bargad and Hyde (1991) and Barata et al. (2005). One

limitation regarding many of the studies on feminist self-identification is generalizability. Most of the researchers have recruited White college women as their sample participants. However, the results from both Reid and Purcell (using mostly non-White women in their sample) and Nelson et al. (using primarily White college women as their sample) were similar, which suggests some evidence of generalizability, though further confirmatory research is needed before this conclusion can be reliably drawn.

Summarizing the research, national sociopolitical environments (Duncan 2010; Duncan & Stewart, 2000), education (Barata et al., 2005; Bargad & Hyde, 1991; Nelson et al., 2008), exposure to feminism (Korman, 1983; Myaskovsky & Wittig, 1997; Nelson et al., 2008; Reid & Purcell, 2004; Williams & Wittig, 1997), having a collectivistic orientation (Cowan et al., 1992; Myaskovsky & Wittig, 1997; Reid & Purcell, 2004; Williams & Wittig, 1997), having a positive evaluation of feminists (Liss et al., 2001; Myaskovsky & Wittig, 1997; Nelson et al., 2008; Reid & Purcell, 2004; Williams & Wittig, 1997), endorsing support for feminist goals (Myaskovsky & Wittig, 1997), endorsing positive opinions toward the feminist movement (Cowan et al., 1992; Myaskovsky & Wittig, 1997), recognizing sexist discrimination (Myaskovsky & Wittig, 1997), and having more liberal and radical beliefs (Nelson et al., 2008) have all been shown to be predictors of feminist self-identification.

**Influences of feminist self-identification.** Researchers have discovered several positive relationships between feminist self-identification and well-being. Identifying as a feminist has served as a "life raft" (Klonis et al., 1997, p. 333) for women to cope with oppression. Klonis and colleagues interviewed 75 self-identified feminist women



psychologists working in academia and found that 87% of the participants reported being discriminated against at least once in their lifetime because of their gender. All the participants agreed that feminism helped them cope with discrimination and professional isolation. Feminist identity served as a coping device by allowing participants to have personal and professional connections with other feminists, contextualize and make meanings out of their experiences, and empower the participants to "frame [gender discrimination] issues, join others to combat [discrimination]," and give participants "the courage to fight" (p. 342). Kimmel (1989) interviewed 10 psychologists (eight women and two men) from the American Psychological Association's (APA) Division 35: Society for the Psychology of Women and found that being a feminist provided passion, a sense of belonging, and elicited positive reactions such as excitement, inspiration, and energy. The psychologist participants also found their feminist identities influenced them to be more involved with gender issues and to integrate feminist principles into their work. The psychologists viewed their work as positive and in turn, their work provided a sense of satisfaction. The participants named their feminist identity as a factor enabling them to have helpful friends from feminist communities as well as close relationships with women colleagues.

Barata et al. (2005) also found that having a feminist identity helped women graduate students in different ways. Barata and colleagues conducted a group discussion with ten psychology graduate students who self-identified as feminists. Students found that claiming a feminist identity changed them in both personal and professional realms. For example, one student found that having a feminist identity helped her to engage in

more effective clinical work, one student devoted her research to women's issues, and one student decided to change her ideas about her future partner and relationship based on her newly-formed feminist identity. Feminism can also play a protective role in the objectification of women's bodies by others. Rubin et al. (2004) interviewed 25 college women who self-identified as feminists or womanists (defined as Feminists of Color in this study). The participants used feminism as a cognitive tool to resist the cultural and media messages about the ways in which women should view their bodies. The participants were also able to examine cultural messages about beauty and their own reactions to their body through a feminist lens. Participants expressed gratitude for their feminist background as they learned to celebrate body diversity.

Several quantitative studies have also addressed the impact of self-identifying as feminists. One particular effect, social activism, was found to be related to this form of self-identification. Women who self-identified as feminists viewed social change as necessary and used this feminist social identity to form collective action (Yoder et al., 2011). Nelson et al. (2008) found feminist self-identification was a predictor for collective action (for example, participating in discussion groups and rallies). Similarly, Duncan (2010) found that women who labeled themselves as "strong feminists" were more likely to engage in political activism than women who labeled themselves as "not so strong feminists" (p. 501) and non-feminists. Feminist self-identity also affects people's views on gender roles. McCabe (2005) found that women who self-identified as feminists had positive opinions about women's positions in politics and believed that women's careers are important. Male participants who self-identified as feminists had

positive views about women in politics, working mothers, and women's careers. Self-identified feminists also believed women are self-sufficient and did not need others to achieve their goals (Liss et al., 2001).

Feminist self-identification not only predicts social activism but also psychological well-being. In Eisele and Stake's (2008) study of 435 college men and women students who were enrolled in women's and gender studies courses, student participants' feminist identity predicted both self-efficacy and feminist activism. Student participants who self-identified as feminists had greater feelings of empowerment and expressed a greater level of intention to engage in activism. In a 1997 national survey with both men and women, Garner (1997) found that among self-identified feminist women, 32% of the participants were strongly dissatisfied with their overall appearance and 24% were extremely dissatisfied with their body weight. By contrast, among women who did not self-identify as feminists, 49% of the participants were strongly dissatisfied with their overall appearance and 40% were extremely dissatisfied with their body weights. The two groups of participants (feminist and non-feminists) reported similar body weight. Non-feminist participants were twice as likely as feminist participants to vomit as a way to control their weight.

Hurt et al. (2007) conducted a study to replicate the positive results of feminist self-identity and body image from the previous qualitative study by Rubin et al. (2004). Hurt et al. (2007) hypothesized that by endorsing a feminist identity, women would reject values associated with self-objectification and thereby decrease their focus on their bodies. Hurt and colleagues utilized 282 college and community women participants and

found that women who self-identified as feminists did not endorse the belief that being involved in romantic relationship was very important, demonstrated fewer body surveillance behaviors, and exhibited less shame about their bodies. Non-conformity to feminine norms was correlated with fewer depressive symptoms, fewer troubled eating attitudes, and higher levels of self-esteem. Since feminist women conformed less to feminine norms such as thinness, appearance, and the importance of romantic relationships, feminist identity appeared to serve as a protective factor and was linked to better psychological well-being. Smith (1999) surveyed 232 college women using a continuous feminist self-identification scale with choices ranging from strongly antifeminist to strongly feminist. Smith found that feminist self-identification and nontraditional gender beliefs were related to significant collective self-esteem, such that participants believed that being a feminist was valuable and respected by others. Feminist self-identification was also related to collective, gender-related self-esteem such that feminist women undergraduates expressed positive feelings about belonging to the feminist sisterhood. Undergraduate women participants also expressed the belief that a feminist identity provides freedom from traditional gender roles and a sense of sisterhood.

In addition to mental health benefits, feminist identity plays a part in relational health. Rudman and Phelan (2007) conducted two studies regarding feminist self-identity and heterosexual relationship health. Relationship health was measured in the areas of relationship quality, relationship stability, and partners' agreement about gender equality. The first study surveyed undergraduate men and women and found that feminism was shown to have a positive relationship with relationship health. Participants' feminist

identity predicted similarity in partners' feminist identity; as such, a participant who was a feminist was more likely to have a feminist partner. The results also showed that the male partners' feminist identity was a significant predictor for having a healthy relationship. When the survey was extended to community sample, results were similar. Women with a feminist partner experienced more relationship stability and sexual satisfaction. Male partners' feminist identity positively predicted relationship quality, equality, stability, and sexual satisfaction. When feminist women reported negative relationship health, they were often in a relationship with a non-feminist partner.

Feminist self-identification, according to women's first-hand account of their own experiences through qualitative methods, has often been a protective factor for difficulties, a source of new values, and a catalyst for new behaviors (Kimmel, 1989; Klonis et al., 1997). Feminist self-identification has also predicted higher level of social activism (Barata et al., 2005), positively influenced mental health (Rubin et al., 2004), and benefited feminists' relationships (Kimmel, 1989). Nonetheless, one limitation of the qualitative studies on feminist self-identification is the participants' demographics. The aforementioned qualitative studies in this section were conducted mostly with feminist women with high levels of education. Qualitative studies using community samples of feminist women with varying education levels have not yet been conducted. Therefore, it is difficult to separate the positive effects of education from feminist self-identification.

Various quantitative studies have demonstrated a positive relationship between feminist self-identification and other constructs, including social activism (Duncan, 2010; Nelson et al., 2008), having favorable views of women's roles in society (Liss et al., 2001;

McCabe, 2005), decreased psychopathology (Garner, 1997; Hurt et al., 2007), increased self-esteem (Hurt et al., 2007; Smith, 1999), and healthy heterosexual romantic relationships (Rudman & Phelan, 2007). However, social activism has not exclusively been predicted by feminist self-identification. A non-heterosexual sexual orientation and nontraditional gender attitudes have also been found to contribute to the prediction of feminists' social activism (White, 2006). In addition, among women, the experience of sexist events also predicted collective social action (Nelson et al., 2008). To date, no study has been conducted on the relationship between feminist self-identification and resiliency. Therefore, this investigator sought to fill this gap in the literature.

The research studies on the impact of feminist self-identification have been relatively small compared to studies conducted using feminist identity development models (Downing & Roush, 1985), as numerous researchers have explored the process of feminist self-identification and the influences of feminist identity through the use of the stage model. The following section will explore the literature on Downing and Roush's feminist identity development model and ensuing research.

### **Feminist Identity Development**

The endorsement of a feminist identity might best be conceptualized as a process. For example, Kimmel (1989) interviewed 10 feminist psychologists and found their path toward claiming a feminist identity began with an awareness of women's issues. This awareness typically came from women's studies courses or interactions with others. As a result of their growing awareness, the psychologists became more active in creating social change. It is a common pattern that the psychologists first endorsed feminist values,

then had more interactions with others who were committed to social change, and finally embraced the feminist label. Downing and Roush (1985) delineated and described this process and termed it “a model of feminist identity development” (p. 698). Specifically, the feminist identity development model was developed to describe only women’s process (Downing & Roush), and Hansen (2002) expressed further caution regarding the applicability of the feminist identity development model to men.

Downing and Roush (1985) adopted Cross’ (1971) Black identity development stage model in creating their feminist identity development model. The five stages of feminist identity development are passive acceptance, revelation, embeddedness-emanation, synthesis, and active commitment. In the passive acceptance stage, women are unaware of the inequality, discrimination, and prejudice against women. They are also unaware that oppression is more than an individual phenomenon and extends to institutions and cultural systems. Women in this stage accept traditional gender roles and believe men are superior to women. They use strategies such as denial and careful selection of their experience to avoid the reality of oppression. The second stage of the feminist identity model is the revelation phase (Downing & Roush). In this phase, women become cognizant of sexist incidents and begin to develop awareness of inequality through class and group. They start to question their gender role and begin feeling angry for being treated as an oppressed group. They often feel guilty for contributing to oppression in the past. They begin to think all men and the dominant culture are negative. In the next stage, embeddedness-emanation, women start to be more connected with other women who have had similar experiences. With the support of other women, women in

this stage are able to discharge their anger, process their new thoughts, and receive affirmation regarding their shift in identity (Downing & Roush).

Synthesis and active commitment are the two latter stages of feminist identity (Downing & Roush, 1985). Women in the synthesis stage integrate the positive aspects of being a woman with their own personal characteristics and attributes. They choose to engage in behaviors and roles that transcend traditional gender roles instead of adhering to gendered sex roles. These women have a positive feminist identity and evaluate both people and events on an individual basis. They also exhibit the ability to think critically about the existence of oppression. In the active commitment stage, women start to integrate their feminist identity with other personal identities and become more committed to societal change in gender equality. However, participation in social activism does not equate to achieving the active commitment stage. Downing and Roush noted that women in the revelation and embeddedness-emanation stages also often engage in activities relate to women's rights due to their personal needs.

Downing and Roush (1985) proposed that rather than making a steep leap to the next stage, women tend to progress slowly. For example, one of the participants in Quinn and Radtke's (2006) study stated she viewed her feminist identity development as an internal "route" (p.191) that she took to solidify her position in achieving gender equality. Moreover, Downing and Roush proposed that women may go back to a previous stage and work their way to the next stage based on new experience and knowledge. Downing and Roush further stated that individuals may repeatedly go through the stages of feminist identity development, become stagnant in a particular stage of development, or



regress to the previous stage. Based on the results of Marcia and Friedman's (1970) research study on college women's ego identity, Downing and Roush believed that individuals form a passive identity through the process of psychological regression when facing societal change. This passive identity can be pathological and maladaptive for these individuals. Downing and Roush proposed that the integrated identity, which happens in the synthesis stage, can help individuals to be more congruent with who they are in both personal and public settings. They also further believed that having a feminist identity can have positive effects for individuals in understanding and making meaning of interpersonal, intrapersonal, institutional, and cultural events.

Horne, Mathews, Detrie, Burke, and Cook (2001) also believed that feminist identity is acquired through a stage model. Horne et al. interviewed four counseling psychology doctoral students who had just begun to self-identify as feminists two years prior to the interviews, and four feminist scholars/psychologists who had a stable feminist identity since the 1960s. Initially, the doctoral students did not self-identify as feminist due to a lack of exposure to feminism and the negative stereotypes of feminists portrayed in the media (equivalent to Downing and Roush's [1985] passive acceptance stage). It was in graduate school that the doctoral student participants learned the definition of feminism and acquired the vocabulary to identify and describe the sexism and oppression they experienced. Participants reported feeling "awakened" (p. 13) (equivalent to Downing and Roush's revelation stage). The doctoral student participants experienced a time period during which they tried to find like-minded women and organizations with whom to share their own experience of feminism (Downing and Roush's embeddedness-

emanation stage). The doctoral student participants also began to use a feminist lens to validate their experience, label their internal sense of injustice between sexes, and use their knowledge about feminism in their clinical work. This integration of feminist identity in both the personal and professional realms indicated doctoral student participants had reached the synthesis stage. The feminist scholars/psychologists who had identified as feminists since the 1960s described similar paths toward feminism as the doctoral student participants. Most of the scholar/psychologist participants indicated they reached the active commitment stage, often engaged in social activism, and were aware of the sexism in their own personal experiences.

A larger study that helped validate Downing and Roush's (1985) model was conducted by Erchull et al. (2009). The authors collected qualitative data from 106 women participants from a college and community sample; the data related to their past experiences in the passive acceptance, revelation, and embeddedness-emanation stages of feminist identity development. In the online survey, the researchers presented grouped items that represented attitudes for each of the aforementioned stages and asked whether the participants had endorsed any of those attitudes more in the past. If the participant answered yes to any of the attitudes, they were asked to provide a written description of how they have changed to endorse different attitudes. For participants who were previously in the passive acceptance stage, the majority of the participants stated they learned and were exposed to the traditional gender roles in their family of origin or marriage. Some participants stated that their conservative religious background, the lack of exposure to non-traditional ideals, and receiving benefits from being traditionally

feminine contributed to keeping them in the passive acceptance stage. Fifty-nine percent of the participants who were previously in the passive acceptance stage indicated that educational exposure was the primary reason they progressed from the passive acceptance stage. A second source of progressing to the next stage was due to having negative experiences such as sexual harassment. The negative sexist experiences prompted a rejection of the adherence to traditional gender roles. However, some participants stated they moved through the passive acceptance stage simply because they got older and developed their own worldview.

Beyond the passive acceptance stage, participants who were previously in the revelation stage stated they often felt angry about sexism and had personal experience with harassment, discrimination, or abuse (Erchull et al., 2009). Women who were previously in the embeddedness-emanation stages reported supporting women's creative products and having related positive experiences, such as identifying women artists who served as role models for them. In addition, Erchull et al. provided information about how women progressed through the stage model. Erchull et al. stated participants moved away from the revelation stage in a variety of ways, including realizing their anger was better suited to activism, experiencing less anger, recognizing that men were not the enemy, realizing sexism was a systemic rather than a personal issue, and viewing patriarchy as harmful to both men and women.

**Limitations of the feminist identity development model.** Downing and Roush proposed the feminist identity development model in 1985 based on both their clinical observations of clients and research results at the time. Other researchers who have

utilized the model since its conception have critiqued it and offered suggestions for improvements. For example, Bargad and Hyde (1991) proposed two additions to the stage descriptions based on the results of their study: overwhelming helplessness for women in the revelation stage and difficulty maintaining existing relationships with non-feminists for women in the embeddedness-emanation stage.

Additionally, Bargad and Hyde (1991) noted that the Downing and Roush (1985) model seemed to be aligned with the ideologies of liberal feminism. Hansen (2002) stated the model was likely influenced by radical and liberal feminist ideologies due to the prominence of these ideologies when the model was first conceptualized. However, Moradi et al. (2002a) argued that the Downing and Roush model was able to capture feminist identity regardless of its ideological basis because the model primarily focused on women's recognition of sexist oppression and addressed sex role changes in relationship to men. For example, women in the passive acceptance stage usually prefer traditional sex roles because they believe men are superior to women. Women in the embeddedness-emanation stage are highly aware of sexism; thus, they may become more cautious in their interactions with men (Downing & Roush). Furthermore, Frieze and McHugh (1998) offered that the developmental process of feminist identity was similar across different feminist ideologies.

Hyde (2002) questioned the sequence of stages in the feminist identity development model because women may simultaneously possess attitudes and/or experiences that are classified in different stages. For example, based on Hyde's personal experience as a feminist in the active commitment stage, she occasionally experienced

anger about sexism or became aware of some practices of sexual discrimination that she had not noticed previously. However, feeling angry and having recognition of sexism were classified as experiences related to being in the revelation stage (Downing & Roush, 1985). Therefore, Hyde proposed the only advancement in the feminist identity development model was from the passive acceptance stage to any stage beyond passive acceptance because many women do not go through a clear stage-by-stage process in their feminist identity development. Hyde proposed a three-stage model, including passive acceptance, revelation, and synthesis and accommodation. In the three-stage model, after women recognize the existence of sexism in the revelation stage, they may advance to the next stage and become feminists. Hyde believed Downing and Roush's embeddedness-emanation, synthesis, and active commitment stages were different manifestations of the post-revelation stage. Hansen (2002) rejoined the criticism regarding the sequence of feminist identity development by acknowledging the insufficiency of using the stage model to describe the complex process of developing a feminist identity. In light of the various critiques, the current investigation strived to capture participants' feminist identity development profiles instead of categorizing them into a specific stage.

Although Downing and Roush (1985) acknowledged that a woman's age, class, and ethnic background may affect her developmental progress through the model, they did not delineate those differences. As such, Vandiver (2002) believed the model needed to be updated to be more inclusive for ethnic minority women who often have different, culturally prescribed conceptions of appropriate gender behavior. Additionally, Moradi,

Subich, and Phillips (2002b) proposed that the salience and importance of one's feminist identity can vary with ethnic identity, situation, and time and that these variations should be reflected in the developmental model. These critiques have been validated by Boisnier's (2003) study, which examined the fit of the Downing and Roush model for Black and White university women and found that White women were more likely to endorse the feminist identity development model especially in embeddedness-emanation and synthesis than were Black women. In another study, White, Strube, and Fisher (1998) found that both feminist and racial identities impacted Black women participants' acceptance of rape myths. Black women participants who endorsed rape myths were more likely to be at both the passive acceptance stage of feminist identity development and the pre-encounter stage of racial identity development. In light of these considerations, this investigator incorporated both feminist self-identification and stages of feminist identity development to best capture women's feminist identity.

**Measures of feminist identity development.** To assess progression within the stages of feminist identity development proposed by Downing and Roush (1985), several researchers have developed scales based on the model. The most widely used measures of feminist identity development are: the Feminist Identity Scale (FIS; Rickard, 1987), the Feminist Identity Development Scale (FIDS; Bargad & Hyde, 1991), and the Feminist Identity Composite (FIC; Fischer et al., 2000). Each measure has different psychometric properties, strengths, and weaknesses (Fischer et al.; Gerstmann & Kramer, 1997; Moradi et al., 2002a).

The FIS was the first scale developed, originally consisting of 99 items (Rickard, 1989). Later, the FIS was revised to 37 5-point Likert items (see Juntunen, Atkinson, Reyes, & Gutierrez, 1994). The items on the FIS were meant to reflect the attitudes and effects of different feminist identity development stages (Rickard). The FIS covers four of the five stages originally designated by Downing and Roush (1985): passive acceptance, revelation, embeddedness-emanation, and synthesis. Rickard believed active commitment was the behavioral manifestation of the synthesis stage; therefore the active commitment stage was not assessed in the FIS. The test-retest reliability of the FIS was moderate to good (Gerstmann & Kramer, 1997; Moradi & Subich, 2002b), and the FIS yielded a four-factor structure as proposed by the four stages' subscales (Fischer et al., 2000; Gerstmann & Kramer). From a psychometric perspective, the internal consistencies (Cronbach's alphas) of passive acceptance, embeddedness-emanation, and synthesis stages were below the acceptable reliability cutoff (Liss et al., 2004). The FIS demonstrated discriminant validity from social desirability such that the measure was not influenced by participants' tendency to answer questionnaire items that would appear to be favorable to others (Gerstmann & Kramer), and the FIS was also not influenced by participants' attempts to present themselves in a positive light (impression management) (Moradi & Subich, 2002b). Rickard categorized women in the various stages of feminist identity development when their scores on that certain subscale were above the median of the standardized sample. Moradi et al. (2002a) criticized the scoring of the FIS as problematic because Rickard did not provide demographic data on her standardized sample. In addition, Rickard discarded data from participants who scored above the

median on more than one subscale, such that the FIS scoring might not adequately capture the participants' status in feminist identity development.

Bargad and Hyde (1991) developed the FIDS by recruiting five women faculty members and graduate students from psychology and women's studies courses and generated 200 items corresponding to the feminist identity development model. After preliminary evaluation, 73 items were distributed to 156 women undergraduates for further refinement. The final scales consisted of 48 5-point Likert scale items. The FIDS intended to measure "changes in students' identity or self-perception, as opposed to changes in attitudes toward or perceptions of others" (p. 196). The FIDS includes the five subscales of Downing and Roush's (1985) model: passive acceptance, revelation, embeddedness-emanation, synthesis, and active commitment. The five-factor structure of the FIDS was validated by factor analysis (Bargad & Hyde). However, the FIDS' structure was statistically weak. Bargad and Hyde suggested that the subscales for synthesis and active commitment stages could be combined together, and Fischer et al. (2000) found the FIDS was best fitted for a three-factor model. The test-retest reliabilities for the subscales ranged from moderate to good (Gerstmann & Kramer, 1997; Moradi & Subich, 2002b). The internal consistencies for two of the subscales (revelation and synthesis) were generally shown to be below the acceptable cutoff in various studies (Fischer et al., 2000; Gerstmann & Kramer; Moradi & Subich).

Similar to the FIS, the FIDS demonstrated discriminant validities such that it was not impacted by participants' tendency to appear to be socially desirable (Bargad & Hyde; Moradi & Subich, 2002b) and the tendency to present oneself in a positive light (Moradi



& Subich). The FIDS utilized subscales such that the scores for each subscale were compared separately across participants in studies (Bargad & Hyde), which did not capture the participants' full profile by stages (Moradi et al., 2002a).

Fischer et al. (2000) examined the psychometric properties and validities of the FIS (Rickard, 1987) and the FIDS (Bargad & Hyde, 1991) and found that they shared several common problems: multiple items lacked content validity, low internal consistencies within certain subscales, and poor explanatory power with the two measures being only able to account for approximately 30% of the variance. Fischer et al. created the FIC by combining items with strongest psychometric properties from the FIS and the FIDS in order to overcome the weaknesses of these two scales. The FIC consists of 20 items from the FIS and 19 items from the FIDS, and accounts for more variance (36%) than both previous scales (Fischer et al.). The FIC contains five subscales corresponding to the five stages of feminist identity development, and factor analysis has confirmed the validity of this structure (Fischer et al.; Moradi & Subich, 2002b). The FIC has demonstrated acceptable internal consistencies for all five subscales in the most recent study (Moradi & Subich). Similar to the FIS and the FIDS, the FIC also demonstrated discriminant validities of not being impacted by participants' tendency to appear socially desirable (Fischer et al.; Moradi & Subich) and the tendency to present oneself in a positive light (Moradi & Subich). The FIC has generally been viewed as the best measurement among the three existing scales due to its subscale reliabilities and structural validity (Moradi & Subich).

**Feminist identity development model and feminist self-identification.** In their model, Downing and Roush (1985) did not require feminist self-identification as a prerequisite for progressing to any stages of feminist identity development. Several studies have been conducted to examine this relationship. Using a sample of 244 college women, Saunders and Kashubeck-West (2006) found that 11.4% of the participants identified as feminist, 20% believed they “probably were feminist” (p.203), 16.3% identified as non-feminist, 36.5% believed they were probably not feminist, and 15.1% were unsure about their feminist self-identification. However, participants’ FIC scores told another story: 2.9% of the women were shown to be in the passive acceptance stage of feminist identity development, 12.75% were in the embeddedness-emanation stage, 78.4% were in the synthesis stage, and 5.7% were in the active commitment stage. More women scored in the latter two stages of feminist identity development (84.1%) than women who self-identified as feminists or possibility feminists (31.4%). Saunders and Kashubeck-West concluded this discrepancy may have been due to the fear of negative evaluation from others or viewing feminists as endorsing more extreme ideologies than they themselves held.

Contrary to Saunders and Kashubeck-West’s (2006) findings, several studies have found feminist self-identification and latter stages of feminist identity development to be positively correlated. Using a sample of 401 women, Vaughn et al. (1996) found that 19% of the women in the revelation, embeddedness, and active commitment stages identified as feminists, while only 1% of the women in the latter stages rejected the feminist label. In a study of 234 women undergraduates, Henderson-King and Stewart

(1994) found that participants who identified as feminist scored lower in the passive acceptance stage and higher in the revelation, embeddedness-emanation, and synthesis stages of feminist identity development. In a more recent study using a community sample of 691 women, Yakushko (2007) found that participants' feminist self-identification predicted their stage of feminist identity development, particularly that women participants who self-identified as feminists were more likely to be in the latter stages of feminist identity development.

Liss and Erchull (2010) also found evidence of stage of feminist identity development as a predictor for feminist self-identification. Using a mixed university and community sample of 629 women, Liss and Erchull found that feminist self-identification was significantly correlated with the participants' scores on the FIC. Participants who self-identified as feminists scored significantly lower on the passive acceptance stage and higher on the active commitment stage than self-identified non-feminists. However, self-identified feminists and non-feminists scored similarly on the synthesis stage of FIC, leading the authors to conclude that the synthesis stage is not related to feminist self-identification.

The existing literature on the positive relationship between feminist self-identification and feminist identity development generally validates Downing and Roush's (1985) hypothesis that women in latter stages of feminist development are more likely to identify as feminist. However, research has failed to establish a clear and reliable relationship between feminist self-identification and stages of feminist identity development. Therefore, this investigation separately examined the effects of feminist

self-identification and stages of feminist identity development on resiliency in order to best capture the relationship among these three factors.

With the exception of Yoder et al. (2011), researchers have not assessed the validity and reliability of using concepts other than feminist self-identification and feminist identity development to represent feminist identity. Because using criteria other than feminist self-identification and feminist identity development to represent feminist identity generally lack sufficient operationalization with sound psychometric support, these means for assessing feminist identity appear to be conceptually weaker. Additionally, the construction of a feminist identity requires feminist self-identification (Ashmore et al., 2004). Some researchers have proposed that feminist identity should include the endorsement of feminist attitudes as well as feminist self-identification (Williams & Wittig, 1997; Zucker, 2004). Considering that several researchers have proposed that the feminist identity development model not only represents endorsement in feminist attitudes (Eisele & Stake, 2008; Hyde, 2002; Moradi et al., 2002a) but also feminist behaviors, this investigation used feminist self-identification and feminist identity development as constructs of feminist identity.

**Stages of feminist identity development model and cognitions.** During the process of feminist identity development, individuals' cognitions expand to encompass and endorse less traditional attitudes and beliefs. Using the FIC to assess participants' stages of feminist development model, Mahalik et al. (2005) found that undergraduate women who had high scores in the passive acceptance stage of feminist identity development were more likely to endorse mainstream U.S. cultural feminine norms such

as being nice, thin, modest, and domestic; caring for children; investing in appearance; adhering to sexual fidelity; and focusing on romantic relationships. Undergraduate women who had high scores in the active commitment stage were less likely to believe that they needed to invest in their appearance.

In addition, conforming less to feminine norms in latter stages of feminist identity development was found to predict vocational-related values. Weathers, Thompson, Robert, and Rodriguez (1994) recruited 72 African American undergraduate women at a predominantly White university and assessed the participants' feminist identity using the FIDS. Participants' scores in the passive acceptance stage were found to predict participants' strong preference in valuing a balance between career and family. Weathers et al. proposed that women in the passive acceptance stage may choose a traditionally feminine occupation in order to achieve family-career balance, whereas women in the latter stages of feminist identity development may not place value on sacrificing their career in order to adhere to the traditional feminine roles in the family.

Fischer and Good (1994) also found that feminist identity development was related to the awareness of sex bias in college course curricula. Fischer and Good surveyed 635 undergraduate students and used the FIDS to assess undergraduate women participants' stages of feminist identity development. Although participants perceived the college environment to be generally positive, undergraduate women participants who scored high on the revelation and embeddedness-emanation stages were more likely to recognize the sexist practices in a college campus environment. Specifically, they perceived more sex stereotyping behaviors and discrimination in their classes and

detected that the college curriculum lacked works from women scholars when compared to undergraduate women who scored higher on passive acceptance stage. Fischer and Good hypothesized that the increased awareness of sexism in women who are in the latter stages of feminist identity development can serve as a healthy way to protect themselves from the patriarchal society.

Feminist identity has also been shown to have an impact on one's judgments and perceptions. Using the FIS, Rickard (1990) examined the relationship between stages of feminist identity development and 130 college women's perceptions of artwork and artists. The participants were presented the same four watercolor illustrations and were told the artist of the illustrations was either a man or a woman. Participants in the passive acceptance stage who were told the artist was a man evaluated the work as more technically competent and creative than those who were told the artists was a woman and participants in the revelation or embeddedness stages. Participants in the passive acceptance stage who were told the artist was a man rated the artist to have better skills and believed he would have a greater chance of success in the future as an artist, whereas female artists received higher ratings on creativity and overall quality. The overall scores reflected the stereotype that male artists' works were viewed as more technical and competent, which is traditionally associated with masculine traits. The study also showed that women in the passive acceptance stage believed men produced better work than women. This could be an indication of accepting male authority and a perception that men are better than women. Since participants in the synthesis stage rated the artwork similarly across the conditions of sex of the artist, Rickard believed this indicated a

cognitive maturation in that women in latter stages of feminist identity's judgment and perception were not influenced by gender.

Similar to the studies conducted on feminist self-identification, the stages of feminist identity appear to be influenced by education such that education transforms one's attitudes and beliefs related to stages of feminist identity development. Bargad and Hyde (1991) examined the effects of completing women's studies courses on feminist identity development in 184 college women. The researchers used the FIDS to test participants' feminist identity before and after completing women's studies coursework and found the pre- and post-course scores to be significantly different. Before completing the women's studies courses, participants' scores on the FIDS were similar to those of other undergraduate women students who were not enrolled in women's studies courses. After a semester of women's studies courses, participants expressed more disagreement with the items on the passive acceptance stage and showed greater agreement with items on the revelation, embeddedness-emanation, and active commitment stages. Just as Downing and Roush (1985) theorized, education was shown to play a role in facilitating women moving through the passive acceptance stage. With the exposure from women's studies courses, participants progressed to latter stages of the feminist identity model and endorsed more feminist ideologies as indicated by the FIDS (Bargad & Hyde). The participants were less likely to agree with traditional gender roles, were more aware of sexism, assigned more importance to a sense of sisterhood, and wanted to be more active in changing women's status.

A more recent study also showed the impact of education on feminist identity development. Recruiting undergraduate students as participants, Yoder, Fischer, Kahn, and Groden (2007) examined the relationship among completing a psychology of women course, feminist identity development, and ways of thinking about gender. Undergraduate women who did not register for the psychology of women course scored higher on the passive acceptance subscale and lower on the embeddedness-emanation subscales of the FIC. The FIC scores indicated that women who did not enroll in a psychology of women course were more likely to ignore the existence of sexism. The participants who enrolled in the psychology of women course were more likely to endorse a constructionist view, in which external and social factors contributed to gender differences rather than an essentialist view, in which biological and personality factors determine gender differences. After the participants completed the psychology of women course, their scores on the FIC passive acceptance subscales decreased and scores the embeddedness-emanation subscale increased compared to pre-course scores. Additionally, the participants' views of gender differences also became more constructionist. These changes from the essentialist to the constructionist view resulted in an increase in revelation, embeddedness-emanation, synthesis, and active commitment scores. Yoder et al.'s study demonstrated that a change in women's feminist identity development is related to a change in the ways which participants thought about gender.

In summary, research has indicated that the progression of feminist identity is related to a change in one's cognitions. Education has been shown to play a major role in the progression of feminist identity development (Bargad & Hyde, 1991), and women in



the latter stages of feminist identity development have changed their thinking regarding gender differences (Yoder et al., 2007). Stages of feminist identity development have demonstrated difference in perceiving sex bias (Fischer & Good, 1994), judgment of different sex artist (Rickard, 1990), and the possession of traditional gender beliefs (Mahalik et al., 2005).

**Stages of feminist identity development model and behaviors.** Using the FIS to assess participants' stage of feminist identity development, Rickard (1989) linked feminist identity development with different heterosexual dating behaviors. She studied 63 single college women and collected both their FIS scores and self-reported heterosexual dating behaviors. Her sample included 45 women who scored in the passive acceptance stage, 36 women in the revelation stage, and 21 women in the synthesis stage. However, she did not recruit women in the embeddedness and active commitment stages because she deemed those two stages less "conceptually distinct" (p. 218) than the other three stages. Women participants who were in the passive acceptance stage endorsed more traditional female dating behaviors and were more likely to date men who ascribed to traditional male dating behaviors than were women who were in the revelation and synthesis stages. Rickard's study showed that feminist identity development is related to women's dating behaviors and the behaviors of their partners. There were several limitations in this study, including an absence of objectively measured heterosexual dating behavior and the exclusion of women in the latter two stages of feminist identity development. Inclusion of these women could have tested the hypothesis that women who were maturing in their feminist identities would behave in nontraditional ways.

Women's strategies of maintaining a positive self-concept have also found to be related to feminist identity development. Ng et al. (1995) recruited 145 New Zealand undergraduate women students to assess the relationship between stages of feminist identity development and the social strategies used to maintain favorable evaluation of their in-group. The measures used in this study included the FIDS and a five-item self-concept strategy questionnaire corresponding to Tajfel and Turner's (1979) in-group self-concept maintenance strategies that was developed by the authors specifically for their study. Ng et al. found that women in the active commitment and embeddedness-emanation stages used strategies such as working as a group, rejecting traditional modes of action, and creating businesses organizations to address women's needs in order to form a group identity. When compared to women in earlier stages, women in the latter stages of feminist identity development were less likely to believe that women could improve their status by working hard as individuals without organizational changes. By contrast, women in the passive-acceptance stage tended to use intragroup strategies by which they compared themselves with other women; findings showed that they were satisfied with their prescribed traditional gender roles. By using different strategies, women within different stages were able to maintain their self-concepts (such as identifying themselves as being a feminist or a non-feminist).

Witte and Sherman (2002) examined the relationship between stages of feminist identity development and the behaviors related to silencing oneself in relationships. Jack (1991) identified silencing of the self as a strategy women use in order to decrease conflict in a relationship. Behaviors qualified for silencing of the self included the

restriction on expressing oneself verbally and behaviorally, using external standards for oneself, putting others' needs first, and being angry with oneself for adhering to societal standards. Using the FIS to assess participants' stages of feminist identity development, Witte and Sherman found that among 92 participants, women who were identified as being in the passive acceptance stage were more likely to engage in silencing behaviors. Witte and Sherman theorized that this phenomenon was due to women in the passive acceptance stage endorsing traditional gender behaviors. These women were also more likely to judge themselves by societal standards, inhibit their self-expression, and direct their anger inward. Women who were in the latter stages of feminist identity development, including the synthesis and embeddedness-emanation stages, were less likely to demonstrate self-silencing behaviors.

The relationship between stages of feminist identity development and activism were examined in two studies. Fischer et al. (2000) recruited a mixed college and community sample of 316 women and assessed participants' feminist identity development stages using the FIC. Fischer et al. found that women who were in the revelation, embeddedness-emanation, and active commitment stages were significantly more involved in activism via women's organizations. Liss et al. (2004) recruited a sample of 215 college women and found participants' scores on the FIS' revelation, embeddedness-emanation, and synthesis stages were positively correlated with feminist activism such as participating in women's rights' rallies and signing petitions regarding women's issues. Women participants in latter stages of feminist identity development, particularly the synthesis stage, were more likely to report engagement in activism. The

results of Fischer et al.'s and Liss et al.'s studies validate Downing and Roush's (1985) theory that as women advance in the feminist identity development model, they begin to participate in social activism.

Feminist identity development also provides psychotherapists a framework from which to conduct treatment. Juntunen et al. (1994) surveyed 153 women psychologists regarding their feminist identity development and their therapeutic interventions. Using the FIS, Juntunen et al. found that psychologists who scored low on passive acceptance and high on the embeddedness, revelation, and synthesis stages used more feminist interventions with clients such as psychoeducation regarding the impact of gender inequality on mental health. Women psychologists in the latter stages of feminist identity development used interventions more aligned with their beliefs.

Research has shown that women in latter stages of feminist identity development behave differently than women in the passive acceptance stage. Stages of feminist identity have been shown to correlate with women's dating behaviors and their partners' dating behaviors (Rickard, 1989), strategies for positive self-concept (Ng et al., 1995), self-silencing behaviors (Witte & Sherman, 2002), social activism (Fischer et al., 2000; Liss et al., 2004), and therapists' interventions (Juntunen et al., 1994).

**Stages of feminist identity development model and well-being.** Research has indicated that acts of sexism such as sexual harassment and sexual assault cause women to suffer from psychological distress (see Ingram, Corning, & Schmidt, 1996; Jensen & Gutek, 1982; Klonoff & Landrine, 1995). Moradi and Subich (2002b) hypothesized both that feminist identity development moderated women's psychological distress after sexist

events and that greater psychological distress could occur if women denied the existence of sexism. To test these hypotheses, Moradi and Subich recruited 187 women who were undergraduate students, faculty, and staff at a university. Using the FIDS to assess stage of identity development, women with higher scores in the passive acceptance stage were found to experience greater levels of psychological distress after sexist events than women with lower scores in the passive acceptance stage.

Fischer and Good (2004) also examined women's stages of feminist identity development and psychological distress and used anger as a mediating variable. Fischer and Good recruited 191 undergraduate women and used the FIC, the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1994), and the State Anger subscale from the State-Trait Anger Expression Inventory (Spielberger, 1988). Fischer and Good found that women who were in the revelation stage experienced more overall psychological distress than women who were in the synthesis stage. Women in the passive acceptance stage reported experiencing psychological distress, but less than that of women in the revelation stage. However, psychological distress was not a correlate for women in the embeddedness-emanation or active commitment stages. Their findings supported their hypothesis that women in the latter stages of feminist identity development actively challenged traditional gender roles and attempted to achieve gender equality, thus making them less likely to experience psychological distress. Furthermore, Fischer and Good stated that women's association of psychological distress with gender and oppression had an impact on their levels of anger, with participants in the revelation stage exhibiting a positive correlation between psychological distress and anger.

Using a sample of 244 college women and employing Ryff's (1989) conceptualization of psychological well-being as consisting of autonomy, personal growth, positive relations with others, purpose in life, and self-acceptance, Saunders and Kashubeck-West (2006) explored the relationships among feminist identity, masculine traits, and psychological well-being. Saunders and Kashubeck-West found that latter stages of feminist identity development and non-traditional gender role orientation, particularly androgynous traits (endorsing both masculine and feminine traits), contributed significantly to psychological well-being. Saunders and Kashubeck-West concluded that women who are in the latter stages of feminist identity may possess fewer stereotypically feminine traits and may be able to recognize unhealthy traditional behaviors, and therefore may have more psychological well-being. Their study demonstrated that feminist identity development contributed to psychological well-being above and beyond having non-traditional gender-role orientation.

Saunders and Kashubeck-West's (2006) results regarding psychological well-being and its relationship to feminist identity development were replicated by Yakushko (2007) using a community sample. Yakushko explored the relationship between stages of feminist identity development (measured by the FIC) and women's overall subjective psychological well-being (using Ryff's [1989] criteria) using an online questionnaire. After accounting for the effects of age, education, and physical health, women with high scores in the synthesis and active commitment stages were found to have significantly higher levels of overall psychological well-being than women with high scores in passive

acceptance stage. Specifically, women with higher scores in the passive acceptance stage scored lower in areas of autonomy, personal growth, and purpose in life.

Stages of feminist identity development not only predict one's psychological well-being, but also one's sexual well-being. Vaughn et al. (1996) showed that women in the latter stages of feminist identity development were more comfortable with the concept of women initiating sex. Vaughn et al. surveyed a community sample of 401 women and found participants' scores on the FIDS were correlated with their emotional reactions toward sexual scenarios. The scenarios consisted of either a male business executive initiating sex with a female waitress, or a female business executive initiating sex with a male waiter. Women participants who were in the revelation stage exhibited more positive affect when reading about a scenario wherein the woman initiated sex, and women participants who were in the passive acceptance stage exhibited more positive affect when reading about a scenario wherein the man initiated sex. Women in the revelation and embeddedness-emanation stages also exhibited a larger negative affective change when they read the man-initiated scenario after reading the woman-initiated scenario. Women in the latter stages of feminist identity development may be more sensitive to the possible sexual harassment/sexism in the man-initiated scenario due to the power differential between the male business executive and the female waitress. Women in the revelation stage were also more comfortable and excited about the idea of a woman initiating sex as they became more woman-centered, as theorized by Downing and Roush's (1985) model.

Bergen and Mollen (2008) conducted a study investigating the relationship among feminist identity development, egalitarian sex roles, and sexual self-schemas (defined as the ways in which a person perceives him or herself as a sexual being) using a mixed university and community sample of 238 women. Bergen and Mollen found that the active commitment stage of feminist identity, as measured by the FIC, was a significant predictor of positive sexual self-schemas, as was the endorsement of egalitarian sex roles. Women in the revelation stage of feminist identity development experienced less sexual satisfaction than did women who were in the passive acceptance stage. Bergen and Mollen proposed this difference might be due to the fact that women in the revelation stage were just becoming aware of the inequality between sexes and the realization created a sense of dissatisfaction. On the other hand, women who were in the passive acceptance stage might report higher levels of sexual satisfaction due to cultural expectations that women should be sexually responsive.

Yoder et al. (2007) examined the correlation between feminist identity development and sexual behavior in intimate relationships. Yoder et al. asked 165 college women about their sexual assertiveness (defined as initiating sex, refusing sex, and engaging in safe sex practices), feminist identity development (measured by the FIC), and expectation of relationship roles. Participants in the passive acceptance stage of feminist identity development endorsed more traditional gender roles and were less sexually assertive, while participants in the synthesis stage of feminist identity development endorsed more egalitarian relationship roles. Yoder and her colleagues found that women in the revelation stage endorsed fewer beliefs about traditional relationship roles than



women in the passive acceptance stage; that is, women in the revelation stage start to believe they can refuse sex from their partners when they do not feel like it, or conversely, felt comfortable initiating sex instead of waiting for their partners to do so. Women in the latter stages of feminist identity development were more sexually assertive. The research demonstrated that stages of feminist identity development influenced sexual assertiveness and endorsement of egalitarian relationships.

***Body image and eating disorders.*** Feminist self-identification and stage of feminist identity development have been shown to protect women's mental health in relation to body image and eating disorders (Hurt et al., 2007; Rubin et al. 2004) It has been hypothesized that women in latter stages of feminist identity development eschew traditional gender roles and beliefs (Downing & Roush, 1985), which are often related to the development of eating disorders. For example, Mensinger, Bonifazi, and LaRosa (2007) examined 866 adolescent girls and found a positive relationship between disordered eating and traditional gender roles adherence. When participants believed they needed to adhere to traditional norms of appearance, endorsed traditional feminine behaviors, and conformed to traditional dating behaviors, they were more likely to exhibit disordered eating habits.

Cash et al. (1997) examined the relationship between feminist identity development and body image. Using a sample of 122 undergraduate women, Cash et al. found that women who were in the passive acceptance stage of feminist identity development as assessed by the FIDS were more likely to believe that appearance was highly important. Snyder and Hasbrouck (1996) directly investigated the relationship

among feminist identity development, body image, and symptoms of disordered eating in 71 undergraduate women. Women who scored in the passive acceptance stage of feminist identity development as measured by the FIDS expressed a stronger desire for weight loss, believed they were heavier than their ideal figures, reported higher levels of body dissatisfaction, and expressed more concerns with dieting and weight. Participants who scored high in the synthesis stage of feminist identity development demonstrated fewer episodes of binge eating and purging and expressed fewer feelings of inadequacy about their lives. Participants who scored high in the active commitment stage exhibited less body dissatisfaction, a weaker drive for thinness, and believed themselves to have achieved their ideal figures.

Two other studies found similar results regarding latter stages of feminist identity development and disordered eating. Guille and Chrisler (1999) used a mixed community and university sample of 217 women and found that women who were in the latter stages of feminist identity development were less likely to exhibit disordered eating behavior. Specifically, women who were in the active commitment stage as measured by the FIS were shown to have fewer problems ceasing their food consumption when they felt full. Guille and Chrisler theorized that women in the latter stages of feminist identity development did not use emotional eating as a coping mechanism but rather channeled their negative emotions into constructive feminist actions.

Green et al. (2008) surveyed 339 undergraduate women using the FIDS and found that being in the passive acceptance stage of feminist identity development was a significant predictor for both bulimia and anorexia, with participants who scored high on

the passive acceptance stage more likely to meet the criteria for an eating disorder diagnosis. Those who scored high on the active commitment stage were less likely to meet the diagnostic criteria for an eating disorder diagnosis.

Sabik and Tylka (2006) hypothesized that a woman's stage of feminist identity development may be related to the way in which she copes with sexist experiences through her eating behavior. For example, a woman in the passive acceptance stage of feminist identity development may develop disordered eating in response to cumulative sexist experiences because of her endorsement of traditional gender roles. To test this hypothesis, Sabik and Tylka surveyed 256 college women regarding their experience of sexist experiences, stage of feminist identity development as measured by the FIC, and their disordered eating behavior. Results showed that the synthesis and active commitment stages of feminist identity development served to moderate the effects of sexist events on disordered eating. Perceived lifetime sexist events did not predict disordered eating behavior for women who scored high on the synthesis and/or active commitment stages of feminist identity but did predict disordered eating behavior for women who scored low on the synthesis and/or active commitment stage. Sabik and Tylka theorized that women in the synthesis and active commitment stages likely had the ability to critique sexism and societal messages about body image. Additionally, women in synthesis and active commitment stages tended to be more action-oriented when encountering sexism.

The protective effects of feminism on women with regard to body image was confirmed in Murnen and Smolak's (2009) meta-analysis, which included 26 studies

exploring feminist identity and body image. Murnen and Smolak found that feminist women exhibited a weaker drive for thinness, showed fewer disordered eating behaviors such as bingeing and purging, and were less likely to endorse media portrayals of body ideals. Feminist identity had a significant impact on women's body image, as women in the latter two stages of feminist identity development exhibited higher body satisfaction than women in earlier stages of feminist identity development. However, the effect of feminist identity was more pronounced in younger than in older women. Furthermore, Murnen and Smolak found that women in community samples had less body shame than did women in university samples. The authors concluded this difference was likely due to women in the community having more time to consolidate their feminist identity as well as having more experiences in combating unrealistic standards for weight and body shape. The protective effect of feminist identity has a less significant impact on having an eating disorder diagnosis, which Murnen and Smolak concluded is likely the result of the complex nature of eating disorders. An eating disorder diagnosis requires more than disordered eating behaviors; to meet the diagnostic criteria for anorexia nervosa, for example, individuals also have to meet certain weight criteria, have amenorrhea, and distorted perceptions about one's weight (American Psychiatric Association, 2000). Although feminist identity has a significant inverse relationship with disordered eating behaviors, it may not have significant direct effect on other criteria of the eating disorder diagnoses.

The positive impact of feminist identity development on women's psychological health has been shown in the areas of psychological well-being (Fischer & Good, 2004;

Moradi & Subich, 2002a; Saunders & Kashubeck-West, 2006; Yakushko, 2007), sexual well-being (Bergen & Mollen, 2008; Vaughn et al., 1996; Yoder et al., 2007), and disordered eating (Green et al., 2008; Guille & Chrisler, 1999; Murnen & Smolak, 2009; Sabik & Tylka, 2006; Snyder & Hasbrouck, 1996). The development of a feminist identity appears to be a significant strength in being less constrained by traditional gender roles as it allows women to moderate the effects of sexism and promotes psychological and sexual well-being.

In summary, feminist identity development has served as a factor that affects women's cognition, behavior, and well-being. As Downing and Roush (1985) theorized, women in latter stages of feminist identity development endorse less traditional feminine norms (Mahalik et al., 2005; Weathers et al., 1994), have increased awareness about sexism (Fischer & Good, 1994), hold less biased perceptions toward women (Rickard, 1990), and are more likely to participate in social activism (Fischer et al., 2000; Liss et al., 2004). Feminist identity development has also increased women's behavioral repertoire with women in the latter stages of feminist identity development endorsing less traditional dating behaviors (Rickard, 1989), being less likely to silence their own voice when in a relationship (Witte & Sherman, 2002), and using group-centered strategies to promote positive self-concept (Ng et al., 1995). Moreover, psychologists who scored high in the latter stages of feminist identity development were also more likely to incorporate feminism in therapy by using interventions that were consistent with feminist therapy (Juntunen et al., 1994). Women in the latter stages of feminist identity exhibit less overall psychological distress and psychopathology (Fischer & Good, 2004; Moradi & Subich,

2002a), increased psychological well-being (Saunders & Kashubeck-West, 2006; Yakushko, 2007), and increased sexual well-being (Bergen & Mollen, 2008; Vaughn et al., 1996; Yoder et al., 2007). Furthermore, women who are in the latter stages of feminist identity development are less likely to develop body dissatisfaction and disordered eating (Green et al., 2008; Guille & Chrisler, 2011; Murnen & Smolak, 2009; Sabik & Tylka, 2006; Snyder & Hasbrouck, 1996).

However, while the literature confirms the positive impacts of the latter stages of feminist identity development, no research has yet explored the relationship between feminist identity development and the construct of resiliency. Therefore, this investigation intended to fill this gap in the literature by examining the relationship between feminist identity development and resiliency.

### **Resilience and Resiliency**

Resilience was first studied as a construct by developmental psychologists. In several longitudinal studies, researchers found that some children were not impacted by the effects of stressful life events to the same extent as others (Berk, 2006). Garmezy was considered the founder of resilience research in the field of psychology (Rolf, 1999). Garmezy became interested in the phenomenon of resilience while working with individuals diagnosed with schizophrenia in an in-patient hospital in the 1940s. He observed that some patients who were diagnosed with schizophrenia had shorter hospitalization stays and were better able to manage a functional life before and after hospitalization than others. In order to determine which factors influenced the differences between those who were more functional and those who were chronically hospitalized,

Garmezy focused on children who were at risk of developing schizophrenia. Garmezy was impressed by stories of at-risk children functioning well in school (Rolf), and developed Project Competence as a result (Garmezy, 1973). In Project Competence, a large number of children, who were at risk of developing psychopathology due to multiple vulnerabilities, were studied; at-risk factors included such instances as having mother who had schizophrenia and living in poverty. Some at-risk children in the project showed behavioral and/or academic problems, and some at-risk children did not appear to have deficits in areas of social competency or academic achievement (Garmezy, Mansten, & Tellegen, 1984). The researchers believe this latter group of children to be stress-resistant. They defined stress-resistance as the “manifestations of competence in children despite exposure to stressful events” (p. 98).

Around the same time, Werner and Smith (1977) published data from a longitudinal study originally aiming at discovering the short- and long- term effects of perinatal and environmental stresses starting in the 1950s. Werner and Smith (1982) found that some children function well despite adversity, and they started to use the term *resilient* to describe children who were stress-resistant. Werner and Smith specifically described the factors that correlated with resilience, such as having a good relationship with family members and autonomy.

Since the 1980s, researchers outside of child development have started to examine the concept of resilience (Werner, 1995). As a specialty, counseling psychology has established a focus on strength-based perspectives and interventions within the field (Brown & Lent, 2000; Gelso & Woodhouse, 2003). This strength-based perspective

includes the belief that people are capable of bouncing back from adversity. With the call for a shift from a deficit-based model to a strength-based model in psychological research and practice (Seligman & Csikszentmihalyi, 2000), the field of counseling psychology has suggested a need for future research on the integration and implications of resilience research in the discipline (Smith, 2006). The current investigation was proposed in part to complement the strengths-based focus of counseling psychology.

### **Defining Resilience**

*Resilience* was first a concept to describe materials' physical properties in the field of science and civil engineering (Tarter & Vanyukov, 1999), and it was defined as "the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress" in the dictionary (Resilience, n.d.). Behavioral science scholars analogized the concept of resilience on objects for the human phenomenon of surviving adversity (Tarter & Vanyukov). Researchers used the term *resilience* to describe three phenomena: people who demonstrated good developmental outcomes despite being in high-risk situations such as poverty, growing up with parents who have mental illness, and being neglected as a child; people who functioned competently under stresses such as parental divorce; and people who had recovered from trauma such as concentration camp internment or the witnessing of murders (Masten et al., 1990; Werner, 2000).

In the literature that examined the phenomenon of resilience, researchers often designed studies on exploring the factors contributing to the phenomenon, and some researchers provided an operationalization for resilience. Resilience has been defined as



successful adaption from stressors in three approaches: as an outcome, a capacity, or a process in the literature (Glantz & Sloboda, 1999; Masten et al., 1990). The concept of resilience requires two conditions: first, the individual is exposed to adversity or threats; and second, the individual still demonstrates positive trajectory after adversities or threats (Garmezy, 1990; Masten et al., 1990; Rutter, 1990; Werner & Smith, 1982). The concept of resilience is often broadly defined (Greene & Conrad, 2002) and with many variations (Luthar et al., 2000). Presently, there is no single, universally-accepted definition accepted for resilience in the literature (White et al., 2010).

The use of outcome status to conceptualize resilience arises from the child psychopathology point of view on human development. Children have been viewed as vulnerable to adversity and extreme stress, and the stressors and adversities generally cause maladaptations in children. Therefore, researchers started to label individuals as resilient when they did not show maladaptations from the assumed effects of adversity (Glantz & Sloboda, 1999). Rutter (1990) believed resilience represents adaptive functioning or positive outcomes when a person experiences negative circumstances.

Further, the operationalization of positive outcomes and functioning by the researchers varies widely in the literature. Some researchers define resilience as the lack of psychopathology. For example, Radke-Yarrow and Brown (1993) defined resilience as “having no diagnoses and not being on the borderline of reaching criteria for a diagnosis. Nonresilience was defined as the presence of one or more diagnoses of a serious nature, with problems persisting over time” (p. 583). Most research has used the absence of psychopathology as the definition for resilience, and many studies have focused on one or

two specific diagnoses, such as anxiety, depression, and/or post-traumatic stress disorder (see Harville, Xiong, Buekens, Pridjian, & Elkind-Hirsh, 2010; Quale & Schanke, 2010). Other researchers have used two criteria: the lack of behavioral problems in children and adolescents (for example, conduct problems and hyperactivity) and social competence (such as acceptable social skills and effective peer interactions) as indicators of resilience (DiRago & Vaillant, 2007; Mathiesen & Prior, 2006; Wyman et al, 1999). In addition, some researchers have used criteria such as academic performance and academic self-esteem for resilience (Spencer, Cole, DuPree, Glymph, & Pierre, 1993). A few studies have used physical health as an indicator of resilience (for example, Caplan, 1990; DiRago & Vaillant; Honzik, 1984). Moreover, some scholars included additional criteria for resilience. For instance, Radke-Yarrow and Sherman (1990) included the lack of psychopathology, positive self-concept, performance in school, and relationship with peers and adults as indicators of resilience.

The use of positive outcomes as the operational definition for the construct of resilience yields several problems. First, some scholars have argued that outcomes should not be viewed as a dichotomous concepts (such as with or without psychopathology), but should rather be viewed on a continuum of symptom endorsement (Glantz & Sloboda, 1999). Second, an individual's outcomes might change with the progression of time; a positive outcome at one point might not be indicative of positive outcomes in the future (Anthony, 1974). Third, the determination of what constitutes a positive and a negative outcome is often value-laden and without being considerate of different cultural values. For example, different cultures have different definitions for mental illness (Kaplan,

1999). Fourth, some researchers label a person as resilient based on the lack of psychopathology after stressful events without examining what other factors contributed to the outcomes (Glantz & Sloboda, 1999). Fifth, an individual may be qualified as resilient based on the criteria assessed in the studies, such as academic achievement, but may not be resilient in other domains such as social relationships (Kaplan).

Another way of defining resilience is to conceptualize it as the cause for positive outcomes. Resilience has been defined as a capacity (Glantz & Sloboda, 1999; Kaplan, 1999); for example, in individuals, it has been defined as a “capacity to cope effectively with the internal stresses of their vulnerabilities (such as labile patterns of autonomic reactivity, developmental imbalance, and unusual sensitivities) and external stress (such as illness, major losses, and dissolution of the family)” (p. 4). When resilience has been defined as a capacity, it has been viewed as a general construct that includes multiple characteristics or personality traits. Those characteristics and traits, in turn, influence mechanisms that moderate the outcome of adversity (Kaplan). As a capacity, resilience is generally viewed as the ability to cope with the negative impact of stress (Connor & Davidson, 2003; Smith et al., 2008; Wagnild & Young, 1993). However, the definition of resilience as a personal capacity has been viewed as too narrow to represent the phenomenon of resilience (Luthar et al., 2000).

Although traits such as hardiness, competency, ego resilience, and ego strength have been used synonymously with resilience, some scholars argue those traits should be considered as factors of resilience due to their specificity (Fraser, Kirby, & Smokowski, 2004; Tarter & Vanyukov, 1999). For example, ego resilience is a psychodynamic

concept regarding the ability of managing oneself effectively in the areas of affect regulation, needs' gratification, and impulse control (Block & Block, 1980). Hardiness is a personality disposition (Maddi, 1999) that includes three attitudes: commitment, control, and challenge. A person with hardiness demonstrates the tendency to have those three attitudes, which foster courage and motivation for completing difficult tasks (Maddi, 2006). Initially in the research, hardiness was found to correlate with the lack of physical illness in executives who were facing organizational restructuring (Kobasa, 1979), and the concept was later examined in different populations beyond executives (Maddi, 1999). Since the focus of this investigation was to explore whether there is a relationship between feminist identity and resiliency, using traits such as ego resilience and hardiness would be too narrow to represent resiliency. Luthar and Cicchetti (2000) explained resilience as "a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma" (p. 858). When resilience was defined as a process, individuals were able to utilize their strengths to cope with adversity in order to yield positive adaptations. Resilience is how personal and environmental assets mediate or buffer the effects of the adversity and/or trauma (Fraser et al., 2004) whereby an individual produces small successes against hardship with occasional failures and setbacks (Smith, 2006). Resilience as a process addresses the interplay of personal attributes, family support, and environmental resources in relation to how an individual copes with adversity (Smith et al., 2008).

There are two models for resilience when defined as a process: as an additive or an interactive model (Fraser et al., 2004). Both models conceptualize the process in terms

of risk and protective factors. Risk factors are those that increase a person's probability for maladaptations (such as economic hardship), or factors that predispose an individual to have a higher likelihood of developing a mental illness than others, such as genetics (Greene & Conrad, 2002). In the resilience context, protective factors are generic terms for factors that will enhance good developmental outcomes (Werner, 2000). In the additive model, risk factors increase the likelihood that the individual will move toward realizing a negative outcome, and protective factors increased the likelihood for that individual to move toward a positive outcome. The final outcome depends on the total effects of risk and protective factors; if an individual has more risk factors than protective factors, the person is more likely to end up with an undesirable outcome (Masten, 1987). In the interactive model, protective factors do not affect the individual's outcome when the individual is in a low-stress state; however, when the individual starts to experience high stress levels or multiple stressors, the protective factor helps to moderate the negative impact of the stress or stressors (Rutter, 1983). Protective factors interrupt the mechanism of becoming maladaptive, decrease the impact of stressors, and decrease the person's likelihood of experiencing more risks (Fraser et al.).

The concept of posttraumatic growth, a cognitive process, is often linked to resilience (Tedeschi, Park, & Calhoun, 1998). Tedeschi and Calhoun (1995) proposed that when people experience traumatic events, their core beliefs about the world would change. People experience growth after trauma by engaging in active thinking process of rebuilding their schemas about the world that incorporate positive impacts of the trauma (Triplett, Tedeschi, Cann, Calhoun, & Reeve, 2011). Individuals experience

posttraumatic growth by examining different aspects of their lives and believe they have good relationships with others, have personal strength, appreciate life, develop deeper understanding of spirituality, and see new possibilities after the trauma (Tedeschi & Calhoun, 1996). Posttraumatic growth is a person's cognitive appraisal of his/her circumstances after trauma, which is a narrower concept than resilience; therefore, this investigation focused its exploration on the relationship between feminist identity and resiliency.

Some researchers have expanded beyond the aforementioned approaches of operationally defining resilience. For example, Masten et al. (1990) integrated all three perspectives and defined resilience as "the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances" (p. 426). Greene and Conrad (2002) theorized that resilience includes 13 key elements, among them spirituality and "micro-, exo-, mezzo, and macrofactors" (p. 42). Some examples of the microfactors are genetics, cognitive functioning, and affect; examples of exofactors are parental encouragement of autonomy and rules at home; examples of mezzofactors include school policies and neighborhood safety; examples of macrofactors are social service policies and healthcare policies.

In addition to various definitions of resilience, many researchers have also used the term *resiliency* interchangeably with *resilience* (Greene, 2002; Norman, 2000). While Clinton (2008) defined resiliency as the ability for a person to return to their original state after adversity and resilience as a process whereby a person achieved a better outcome after the adversity, this differentiation has not generally been adopted by other

researchers. To clarify the two terms, Luthar et al. (2000) suggested that resilience is the “process or phenomenon of competence despite adversity,” and that resiliency is a “personal attribute” related to resilience (p. 546). Thus, the definition for resilience as a capacity may be more suited for defining resiliency (Luthar et al.). Lightsey (2006) recommended the use of a more specific term to represent resilience. Acknowledging Luthar et al.’s (2000) distinction between resilience and resiliency, this investigator employed a definition of resiliency consistent with the approaches employed by Connor and Davidson (2003), Smith et al. (2008), and Wagnild and Young (1993), as a capacity reflecting how people cope with, adapt, and bounce back from adversity.

### **Correlates of Resiliency**

The literature on the construct of resiliency is in its infancy. The existing studies on resiliency were mostly devoted to examining the relationships among resiliency and other constructs. In a sample of 28 male college students, Mikolajczak et al. (2008) found participants’ resiliency has a significant relationship with their physiology. The researchers recorded participants’ cortisol level and affect before and after a stress test consisting of a five-minute public speaking task and a five-minute cognitive test. Participants experienced an increased level of negative affect after the stressor, but participants with high-level resiliency experienced less negative affect after the stressor. Participants with high-level resiliency also produced less cortisol than low-level resiliency participants before the stressor; therefore, participants with high-level resiliency had overall lower cortisol levels after stress. Mikolajczak et al. concluded that individuals with different resiliency levels would respond to stressful situations

differently on physiological and emotional levels. Researchers hypothesized that participants with high-level resiliency are more competent at managing their internal states when anticipating stressors while participants with low-resiliency tend to be hyper-responsive to anticipated stress.

Resiliency is significantly and positively correlated with positive self-appraisals including self-esteem (Karairmak, 2010; Nishi, Uehara, Kondo, & Matsuoka, 2010; Nygren, Randstrom, Lejonklou, & Lundman, 2004; Yu & Zhang, 2007), self-confidence (Pickering, Hammermeister, Ohlson, Holliday, & Ulmer, 2010), and self-evaluation (Gucciardi et al., 2011). In a sample of 430 Japanese college student participants, Nishi et al. found that resiliency positively correlated with self-esteem. In a community sample of 142 Swedish men and women, Nygren et al. found resiliency significantly and positively correlated with self-esteem. In a sample of 560 Chinese men and women, Yu and Zhang (2007) found similar results. Karairmak examined resiliency and self-esteem in a sample of trauma survivors. Karairmak recruited 246 survivors of a 7-magnitude earthquake in Turkey in 1999. Resiliency again positively and significantly correlated with self-esteem. All three aforementioned studies found that participants with high-level resiliency tended to have higher self-esteem. Pickering et al. (2010) examined the relationship between resiliency and self-appraisal in participants who endured a significant amount of stress. In a sample of 22 military personnel from 24 to 57 years old, Pickering et al. found that resiliency was positively and significantly correlated with self-confidence. Military personnel who had high-level resiliency felt more confident about themselves. In another study with a specific sample, Gucciardi et al. found resiliency to be negatively correlated



with devaluation of self in a sample of 459 adult Australian and adolescent cricket players. Cricket players who had low-level resiliency were more likely to give themselves a negative performance evaluation. Resiliency is associated with positive self-appraisal, individuals' beliefs about their capacity, and thus facilitates effective coping in the face of adversity.

Resiliency also promotes a positive outlook on life such as having a sense of coherence (Friborg et al., 2003; Hjemdal et al., 2011; Nygren et al., 2005; Nygren et al., 2004), self-transcendence (Nygren et al., 2005), possessing the belief of having a purpose of life (Nygren et al., 2005; Smith, Tooley, Christopher, & Kay, 2010), optimism (Karairmak, 2010; Smith et al., 2010), and hopefulness (Karairmak). A sense of coherence is a psychological construct representing that a person is capable of viewing life and life tasks as meaningful, manageable, and comprehensible (Antonovsky, 1987). In a sample of 363 university students from Belgian, Hjemdal et al. found resiliency to be significantly and positively correlated with sense of coherence. In a sample 276 adult Norwegians from the community, Friborg et al. found similar results. In another community adult sample, Nygren et al. (2004) also reported similar findings.

Nygren et al. (2005) studied resiliency in an elderly sample. They recruited 125 individuals from the community who were 85 years and older. Resiliency in these elderly participants was significantly and positively correlated with having a sense of coherence, self-transcendence, and believing their lives had a purpose. Self-transcendence is the capacity of being able to conduct introspective activities while considering others and being able to thinking about the past and future while focusing on the present. In a

sample of 548 undergraduate students, Smith et al. (2010) found that resiliency is significantly and positively correlated with believing in a purpose in life and being optimistic. The relationship between positive outlook and resiliency was also found in people who experienced a severe earthquake where resiliency was positively and significantly correlated with optimism and hopefulness (Karairmak, 2010). People with high-level resiliency responded more positively toward the outcomes of their environment and more readily bounced back from stressors.

Moreover, resiliency is related to how people perceive their situation. Resiliency is correlated with life satisfaction (Aroian et al., 1997; Wagnild & Young, 1993; Yu & Zhang, 2007) and perceived stress (Connor & Davidson, 2003; Smith et al., 2010). Wagnild and Young recruited 810 adults from the community in the U.S. from 53 to 95 years old. They found resiliency to be positively and significantly correlated with life satisfaction. In a Chinese community sample, Yu and Zhang discovered similar results. Among 450 former Soviet Union immigrants in Israel, resiliency was significantly and positively correlated with satisfactions with one's personal goals and satisfaction with self (Aroian & Norris, 2000). When it came to stress, resiliency influenced how one perceives the amount of stress. Among undergraduate students, Smith et al. found that resiliency was negatively and significantly correlated with perceived stress. In a sample of 43 psychiatric outpatient clients, Connor and Davidson also found a significant negative correlation. Regardless of the actual stress one endured, individual with high-level resiliency perceived their situations to be less stressful. Individual with high-

resiliency may be more capable of handling stressors and be more content with their situations.

Resiliency is significantly correlated with how affect is experienced. Burns and Anstey (2010) examined the relationship between resiliency and experienced affect in 1,775 young adults aged from 20 to 24 in Australia. They found that resiliency is positively correlated with having more positive affect (such as feeling enthusiastic and active) and negatively with experiencing negative affect (such as feeling nervous and upset) on the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988). In a U.S. undergraduate sample, Smith et al. (2010) also found the same relationships among resiliency, positive affect, and negative affect in his study involving 548 undergraduate students. Participants with high levels of resiliency reported experiencing more overall positive affect on the PANAS. In addition to resiliency, other factors such as optimism, mood clarity, purpose in life, and social support also predicted the positive and negative affect on the PANAS. However, resiliency itself accounted for 18% of the variance in participants having positive affect. Among individuals who have experienced trauma, Karairmak (2010) found resiliency was positively and significantly correlated with positive affect and negatively with negative affect on the PANAS as well.

Although researchers have found resiliency to be correlated with both self-esteem and affect, Benetti and Kambouropoulos (2006) further examined the specific relationships among resiliency, self-esteem, and affect. Benetti and Kambouropoulos recruited a sample of 249 undergraduate students and young adults from the community and, as expected, they found resiliency was significantly and positively correlated with

both positive affect on the PANAS and self-esteem. However, the strength of the correlation between resiliency and positive affect was greater than the relationship between resiliency and self-esteem. Resiliency showed an indirect effect on self-esteem. Positive affect mediated the effect of resiliency on self-esteem. Young adults with high-level resiliency were more likely to engage in coping skills that elicit or maintain positive affect; thus they were more likely to successfully bounce back from stressors and have higher self-esteem.

Resiliency has established its relationship with certain personality characteristics across diverse cultures. Karairmak (2010) found resiliency to be correlated with ego-resiliency in his Turkish sample, and Connor and Davidson (2003) found resiliency to be positively and significantly correlated with hardiness in a U.S. outpatient sample. Resiliency was positively correlated with personality factors such as extraversion, openness, agreeableness, and conscientiousness, and negatively correlated with neuroticism (emotional instability) in a Chinese adult sample (Yu & Zhang, 2007). In U.S. adults, Campbell-Sills et al. (2006) examined the relationship between resiliency and personality in 132 undergraduates. Campbell-Sills et al. found resiliency correlated significantly and positively with personality factors such as extraversion, conscientiousness, and openness. On the other end, resilience correlated negatively with neuroticism. Neuroticism, extraversion, and conscientiousness predicted resiliency, but resiliency had a stronger relationship with neuroticism than openness, extraversion, or conscientiousness. The authors explained that if a person is prone to anxiety, hostility, and depression and has low impulse control, then it is hard for the person to adjust well

during distress. The personality factors of extraversion and conscientiousness demonstrated a person's ability for happiness and excitement, interpersonal closeness, high level of social interactions, and being hard-working. These personality traits can impact one's coping skills, reactions towards distress, and existing resources for facing adversity.

Friborg, Barlaug, Martinussen, Rosenvinge, and Hjemdal (2005) recruited 482 Norwegian military college applicants and found that resiliency was positively and significantly correlated with the favorable personality factors including the absence of neuroticism, conscientiousness, and agreeableness. Participants with high level of resiliency were more likely to have a personality profile that is associated with good psychological adjustment such as having emotional stability. In addition, since being planful was associated with high resiliency, Friborg et al. assumed that participants with high levels of resiliency were more likely to formulate strategies on how to cope with adversity.

Coping is essential to resourcefulness in the face of adversity, and resiliency has been linked to specific coping styles. Garity (1997) recruited 76 caregivers of a family member who had Alzheimer's. The mean age of the caregivers was 61.5. Resiliency was negatively and significantly correlated with avoidance-escape coping styles such as wishing the situation would go away on its own, avoiding people, and increased smoking, sleeping, drinking, and self-medicating. On the other hand, resiliency was positively and significantly correlated with planful problem-focused coping styles such as redoubling efforts, plan formulation, and drawing up multiple alternative solutions. Campbell-Sills et

al. (2006) found that task-oriented coping styles predicted high-level resiliency and emotion-oriented coping styles predicted low-level resiliency among U.S. undergraduates. People who had high-level resiliency tended to use more task-oriented problem solving style, such as the use of active problem solving skills, and the task-oriented coping style helped them cope with difficulties more effectively.

In Pickering et al.'s (2010) study with U.S. military personnel, resiliency was also correlated with coping styles that contained foundational skills such as goal setting and committing to tasks, emotional management (reactions to stress and fear, relaxation), and cognitive skills such as mental practice and focusing. Specifically, emotional management mediated the relationship between cognitive skills and resiliency such that cognitive skills predicted emotional management, which in turn predicted participants' level of resiliency. Resiliency included the important mechanism of emotional management such that the individuals did not feel overwhelmed by stressors. In addition, using certain cognitive skills such as focusing, mental practice, and imagery could help facilitate emotional management.

Resiliency also relates to certain interpersonal factors. Among college students, Smith et al. (2008) found that resiliency was positively and significantly correlated with social support; Connor and Davidson (2003) found the same relationship between resiliency and social support in a psychotherapy outpatient sample. Using a Norwegian sample, Friborg et al. (2005) found resiliency to be positively and significantly correlated with social intelligence, including social skills, social awareness, and social information processing. The relationship between resiliency and social support persists in people who

have endured traumatic events. Yu et al. (2011) surveyed 2914 Chinese adolescents who had experienced a magnitude-8 earthquake one month prior to the study and found that resiliency was positively and significantly correlated with social support. Resiliency is associated with the ability to use intrapersonal resources effectively. Furthermore, participants with high-level resiliency might be able to establish supportive relationships with others using social intelligence and being compassionate with others.

In sum, resiliency has a positive and significant relationship with positive self-appraisal such as self-esteem (Karairmak, 2010; Nishi et al., 2010; Nygren et al., 2004; Yu & Zhang, 2007), self-confidence (Pickering et al., 2010), and self-evaluation (Gucciardi et al., 2011). Resiliency is associated with general positive outlook on life including having a sense of coherence (Friborg et al., 2003; Hjemdal et al., 2011; Nygren et al., 2005; Nygren et al., 2004), self-transcendence (Nygren et al., 2005), possessing the belief of having a purpose of life (Nygren et al., 2005; Smith et al., 2010), optimism (Karairmak; Smith et al.), and hopefulness (Karairmak). Resiliency impacts individuals' perceptions about their situations and relates to more life satisfaction (Aroian et al., 1997; Wagnild & Young, 1993; Yu & Zhang, 2007) and less stress (Connor & Davidson, 2003; Smith et al.). In addition, resiliency influences a person physiologically through lower levels of cortisol production (Mikolajczak et al., 2008).

Resiliency has intricate relationships with experienced affect, personality characteristics, coping styles, and interpersonal situations. Participants with high-level resiliency experience more positive affect (such as feeling enthusiastic and active) and less negative affect (such as feeling nervous and upset) than people with low-level

resiliency (Benetti & Kambouropoulos, 2006; Burns & Anstey, 2010; Karairmak, 2010; Smith et al., 2010) and have more effective coping styles (Campbell-Sills et al., 2006; Garity, 1997; Pickering et al., 2010). People with high-level resiliency tend to have a favorable personality profile that helps them handle difficulties (Campbell-Sills et al.; Connor & Davidson, 2003; Friberg et al., 2005; Karairmak, 2010; Yu & Zhang, 2007). People with high-level resiliency also have better social support (Connor & Davidson, 2003; Friberg et al., 2005; Smith et al., 2008; Yu et al., 2011). Resiliency aids adaptation through use of social skills, social awareness, and social information processing to establish social support. Resiliency also facilitates the use of effective coping strategies, enabling participants to experience more positive affect (such as enthusiasm and joy), feel better about themselves, and their situations.

**Resiliency and symptoms of psychopathology.** In the realm of mental health, resiliency is associated with a lack of psychopathology. In a Belgian undergraduate sample, Hjemdal et al. (2011) found resiliency was significantly and negatively correlated with symptoms of depression and anxiety. In a sample of 401 Australian undergraduates, Bitsika et al. (2010) found the same significant and negative correlation. Participants who had clinically significant symptoms of anxiety and/or depression had lower resiliency level than participants who did not have clinical levels of anxiety and/or depression. Resiliency was also a significant predictor for anxiety and depression. Bitsika et al. hypothesized that people with low-level resiliency had characteristics such as a lack of self-confidence, pessimism, indecision, challenge avoidance, and lack of persistence; thus, individuals with low-level resiliency were more likely to have anxiety and/or



depression when faced with stressors. In Japanese college students, Nishi et al., (2010) also found resiliency to be positively and significantly correlated with the lack of depressive symptoms.

Resiliency's impact on psychopathology has also been evidenced among community samples. Among 1,581 Norwegian men and women, Friborg, Hjemdal, Martinussen, and Rosenvinge (2009) found resiliency was significantly and negatively correlated with possessing frequent negative thought processes and symptoms of depression and anxiety. Adults with high-level resiliency were less likely to suffer from psychopathology than adults with low-level resiliency. In a sample consisting of 192 undergraduate students, 30 women without health problems from the community and 132 men and women with health problems such as fibromyalgia or cardiac problems, Smith et al. (2008) found resiliency was negatively and significantly correlated with pessimism, denial, anxiety, and alexithymia (difficulties with feeling and expressing affect), and self-blame regardless of participants' physical condition.

Resiliency is also a significant factor for positive mental health in adults who experienced change or adversity. Aroian et al. (1997) surveyed 450 former Soviet Union immigrants in Israel regarding their resiliency level and mental health. Resiliency was significantly and negatively correlated with somatization and depression, and positively correlated with self-rated general health and self-perceived emotional well-being. Utilizing the same sample, Aroian and Norris (2000) found that resiliency decreased the likelihood of participants' depression diagnosis two-fold. Christopher (2000) surveyed 100 Irish adult immigrants in the U.S. Resiliency, life satisfaction, and number of health

care appointments significantly predicted participants' self-rated psychological well-being and collectively explained 47% of the variance in participants' psychological well-being. Immigrants with fewer health care appointments, high-level resiliency, and greater life satisfaction reported higher ratings of self-perceived psychological well-being. Christopher proposed that participants used resiliency to adjust to the demands of settling into a new country.

Among older adults who may be more likely to suffer from physical declines and the loss of social support due to deaths, resiliency was found to correlate with their psychological well-being. Mehta et al. (2008) recruited 159 older adults from the community who were 65 years or older. Resiliency was negatively correlated with depression and accounted for 10.3% of the variance in lack of depression. Low levels of resiliency in older adults predicted higher numbers of depressive symptoms. Wagnild and Young (1993) also found resiliency to be positively and significantly correlated with physical health and negatively correlated with depression in a sample of older adults in the community. Older adult participants with high-level resiliency had better self-reported physical health and fewer symptoms of depression than participants with low-level resiliency.

Moorhouse and Caltabiano (2007) examined how resiliency buffered the stressful condition of unemployment in 77 Australian adults. Resiliency was significantly correlated with fewer symptoms of depression during unemployment and being more assertive and proactive in searching for new jobs. Furthermore, Moorhouse and Caltabiano found that resiliency moderated the impact of long-term unemployment and

depression. Participants with low-level resiliency had an increased risk of developing more depressive symptoms over the course of unemployment. By contrast, participants with high-level of resiliency were less impacted by increasing duration of unemployment in terms of developing depression. For the unemployed individuals who had spent a long time searching for jobs, resiliency helped shield them from the results of repeated job search failures, which could have potentially contributed to depression. Moorhead and Caltabiano also concluded that resiliency contributed to positive self-evaluation, which in turn helped participants continue being assertive and proactive in their job search.

Among individuals with physical health problem, resiliency impacted their rehabilitation process. White et al. (2010) examined 42 spinal cord injury patients' resiliency and post-injury adjustment. Resiliency was negatively correlated with depressive symptoms and positively correlated with life satisfaction during the rehabilitation process. Patients with low-level resiliency reported higher number of depressive symptoms and were less satisfied with their lives whereas patients with high-level resiliency reported lower number of depressive symptoms and felt more satisfied with their lives.

Roy, Sarchiapone, and Carli (2007) surveyed 100 participants who were in outpatient treatment for substance dependence. Participants who had attempted suicide in the past had significantly lower resiliency than participants who had not attempted suicide in the past. Specifically, resiliency moderated the behaviors of those who abused substances so that they did not become hopeless and seek death as the only solution.

Hjemdal et al. (2006) examined 159 Norwegian college students' resiliency level and

psychiatric symptoms. When individuals were exposed to stressful life events (such as the death of a spouse, divorce, job loss, school bullying, sexual dysfunction, personal illness, serious accident or injury, serious illness or unexpected death in the family, exposure to violence, sexual assault, being threatened with a weapon, having someone close suffer threats or violent sexual assault, and having an unhappy childhood), their level of resiliency remained the same after the stressful events. However, individuals with low-level resiliency were more likely to develop psychiatric symptoms such as depression and anxiety after experiencing stressful life events than individuals with high-level resiliency. Hjemdal et al. concluded that two aspects of resiliency—social competence and future planning—impacted psychiatric symptoms. Viewing oneself as competent in different social situations, being able to create new relationships, and having a positive outlook for the future could buffer the psychological impact of a stressful life event.

Campbell-Sills et al. (2006) found resiliency moderated the effects of childhood emotional neglect and current psychiatric symptoms in a U.S. undergraduate sample. Resiliency helps people to cope with trauma and may foster personal growth that shields them from developing psychopathology. Campbell-Sills et al. found that if adults with low-level resiliency had experienced childhood emotional neglect, then they were more likely to experience psychiatric symptoms as an adult. However, participants with high-level resiliency reported fewer psychiatric symptoms than participants with low-level resiliency regardless of their childhood neglect history. Wingo et al. (2010) examined 792

adults ages 18 to 75 regarding their trauma history, childhood abuse, resiliency, and depression. Thirty-seven percent of the participants experienced emotional, physical, or sexual abuse in their childhood, and childhood abuse along with other traumatic experiences (such as the death of a family member or injuries) impacted the severity of the participants' depressive symptoms. However, resiliency mitigated these symptoms of depression. When comparing participants with similar trauma histories, participants with high-level resiliency had fewer depressive symptoms than participants with low-level resiliency.

Connor, Davidson, and Lee (2003) examined a sample of 1,200 U.S. participants from the community and also found resiliency had a significant and positive relationship beyond mental health. Participants with high-level resiliency had both better physical and mental health. In the sample, 572 participants had experienced at least one traumatic event in their lifetime such as an accidental injury caused by others, a violent nonsexual attack, a violent death in the family, a nonsexual injury to a child, terrorism, war, rape, incest, sexual assault, physical abuse, or emotional abuse. Among those 572 participants, resiliency was significantly and negatively correlated with the frequency and severity of Posttraumatic Stress Disorder (PTSD) symptoms.

Pietrzak et al. (2010) hypothesized that although veterans experienced a high prevalence rate of PTSD, depression, or other disorders after deployment, resiliency might play a role in buffering the effects of deployment. Pietrzak et al. recruited 272 veterans who engaged in Operations Enduring Freedom and Iraqi Freedom, and found that resiliency was significantly and positively correlated with self-perceived personal

improvements after traumatic events such as appreciation for life, spiritual change, personal strength, relating to others, and new possibilities.

Resiliency is also closely related to psychopathology mitigation in adolescents. Hjemdal, Aune, Reinfjell, Stiles, and Friborg (2007) recruited 387 Norwegian adolescents who were between the ages of 13 and 15. Hjemdal et al. found that resiliency was significantly and negatively correlated with symptoms of depression and social phobia. Adolescents who had high-level resiliency reported fewer depressive symptoms and social phobia than adolescents with low-level resiliency. In another study with adolescents, Hjemdal, Vogel, Solem, Hagen, and Stiles (2011) recruited 307 Norwegian high school students from 14 to 18 years old. Resiliency was negatively and significantly correlated with obsessive-compulsive symptoms, depressive symptoms, and anxiety symptoms. In addition, resiliency predicted the likelihood of adolescents having depression, anxiety, and obsessive-compulsive symptoms. Adolescents with high-level resiliency were less likely to have mental disorder than their low-resiliency peers. Hjemdal, Vogel et al. (2011) hypothesized that resiliency promotes social support and resource utilization, and therefore mitigates the frequency of psychiatric disorders.

Hjemdal, Friborg, Stiles, Martinussen, and Rosenvinge (2006) also found resiliency to be correlated with school adjustment. In a sample of 425 Norwegian adolescents from 13 to 15 years old, resiliency was found to be negatively correlated with the experience of being socially excluded in school, being verbally and physically bullied, and having symptoms of depression. Resiliency was positively and significantly

correlated with adolescents' physical activity, membership in athletic clubs, and participation in team sports.

von Soest, Mossige, Stefansen, and Hjemdal (2010) studied resiliency and adolescents' overall functioning. They recruited 6,723 Norwegian high school seniors, and found that resiliency was positively and significantly correlated with participants' grades in school and being satisfied with one's appearance. Resiliency was significantly and negatively correlated with the utilization of social and health services, anxiety, depression, self-harm, suicidal ideation, frequency of alcohol intoxication, using illicit drugs, violent behaviors, and being bullied. Resiliency, as expected, helped adolescents experience fewer psychological problems and adjust better in school.

Pinquart (2009) examined the effect of resiliency on daily stressors such as having disagreements with others, traveling to school or work, and having minor conflicts at home. In a sample of 1,221 German adolescents, higher resiliency was correlated with fewer daily stressors. Pinquart hypothesized that adolescents with high resiliency could avoid highly stressful situations or were able to overcome daily hassles more easily than adolescents with low resiliency. Adolescents who reported encountering a high number of daily stressors who also had low resiliency were more likely to report experiencing psychopathological symptoms. Pinquart found that resiliency has a moderating effect on daily stressors and psychopathological symptoms. Adolescents with high levels of resiliency did not vary significantly in their symptoms regardless of whether they experienced a high or low level of daily stressors. However, individuals with low levels

of resiliency experienced psychological symptoms in proportion with their experienced daily stressors.

In adolescents under chronic distress, resiliency buffered the effects of stressors. In a sample of 59 homeless youths, of whom 47% had been sexually abused and 78% ran away from home due to parental emotional, physical, or sexual abuse, Rew, Taylor-Seehafer, Thomas, and Yockey (2001) found resiliency to be significantly and negatively correlated with feelings of loneliness, hopelessness, suicidal tendencies, and their need for social connectedness. The authors posited the negative relationship between resiliency and social connectedness might be specific to homeless youth because most of them experienced abusive relationships prior to becoming homeless. Being socially disconnected may provided homeless youth a sense of independence and resiliency may help homeless youth to disconnect from others in order to avoid emotional pain. Resiliency served as an adaptive defense for internal pain. Therefore, individuals with high-level resiliency were less likely to engage in suicidal behaviors. Yu et al. (2011) also found resiliency to be negatively and significantly correlated with depression and anxiety in Chinese adolescents who had experienced a magnitude-8 earthquake which may have resulted in loss of family members, friends, and home.

Among undergraduates, community adults, and adolescents, researchers have established resiliency's negative relationship with mental illness such as symptoms of depression (Bitsika et al., 2010; Friborg et al., 2009; Hjemdal, Friborg, Stiles, Martinussen, & Rosenvinge, 2006; Hjemdal et al., 2007; Hjemdal, Friborg, et al. , 2011; Hjemdal, Vogel et al., 2011; Smith et al. , 2008; Nishi et al., 2010; von Soest et al., 2010)



and anxiety (Bitsika et al., 2010; Friborg et al.; Hjemdal, Friborg, et al.; Hjemdal, Vogel et al.; Smith et al.; Von Soest et al.). Resiliency also buffers the effects of immigration (Aroian & Norris, 2000; Aroian, et al., 1997; Christopher, 2000), aging (Mehta et al., 2008; Wagnild & Young, 1993), military deployment (Pietrzak et al., 2010), unemployment (Moorhouse & Caltabiano, 2007), spinal cord injury (White et al., 2010), and trauma (Campbell-Sills et al., 2006; Connor et al., 2003; Hjemdal et al., 2006; Rew et al., 2001; Wingo et al., 2010; Yu et al., 2011) on psychopathology such that individuals with high resiliency are less likely to develop symptoms of mental illness or have maladjustments after being exposed to the aforementioned stressors. Resiliency is a protective mechanism that promotes effective adaptation and good mental health.

**Resiliency and physical health.** Several researchers have focused on resiliency's relationship with physical health. In a sample of 205 community-dwelling older adults aged 60 or older with the mean age of 80.4 years, resiliency was significantly and positively correlated with everyday functioning and physical health (Montross et al., 2006). Resiliency demonstrated its positive relationship with exercise in older adults. In two samples of adults aged 80 or older, one sample consisted of 77 adults who were living in a continuing care retirement community, and another sample included 101 women who participated in an exercise program after sustaining a hip fracture injury, Resnick and Inguito (2011) found retired adults' resiliency was negatively correlated with having negative expectations for exercise, but their resiliency was positively correlated with self-efficacy about one's ability to exercise and the time spent in physical activities. In the hip fracture sample, resiliency was positively correlated with having

positive expectations for the outcome of exercise and self-efficacy about one's ability to exercise. Older adults with high resiliency had fewer negative beliefs and more positive expectations regarding the effects of exercise.

In a three-year longitudinal study with 13,800 older adults who were 65 years old or older, Shen and Zeng (2010) found that resiliency is associated with mortality rate. When combining resiliency with good cognitive functioning and the capacity to perform independent daily living tasks (such as getting dressed, moving around in the residence, and using the bathroom), participants' mortality rate decreased by 31.5%. Additionally, participants' resiliency alone was a significantly factor that negatively correlated with mortality rate. Participants with higher level of resiliency were 9.2% less likely to be dead in three years. Shen and Zeng suggested that older adults with high resiliency may be better capable of coping with the negative condition associated with aging such as the decrease in health and social support.

Resiliency also serves as a moderator for individuals' perceptions of pain intensity. In a sample of 84 Norwegian adults, researchers tested participants' tolerance for induced ischemic pain (the pain associated with lack of blood flow in one arm by applying a tourniquet) for 45 minutes (Friborg et al., 2006). Participants with high-level resiliency reported feeling less overall pain and stress than participants with low-level resiliency during those 45 minutes. Specifically, in the group in which participants were not informed about the mechanism and effects of the tourniquet, participants with high-level resiliency perceived less pain and stress during the beginning and middle phases of the experiment than participants with low-level resiliency. However, in situation which

participants were fully informed about the tourniquet, there were no significant differences in perceived pain and stress between participants with high-level and participants with low-level resiliency. When individuals were under high stress such as not knowing the purpose and risk for a medical procedure, those with high resiliency experienced less pain intensity than people with low resiliency, because resiliency served as a protector from stressors (Friborg et al.).

Research studies have not only revealed the relationship between resiliency and mental health, but also the positive link between resiliency and physical health. Compared with those with low-level resiliency, people with high-level resiliency have better overall physical health at an advanced age (Montross et al., 2006), more positive expectation about exercising (Resnick & Inguito, 2011), lower mortality rates (Shen & Zeng, 2010), and higher pain tolerance (Friborg et al., 2006).

### **Resiliency in Women**

Girls and women face a number of gender-specific stressors such as gender discrimination, unrealistic body images in the media, and work/pay inequity. Additionally, girls and women have a higher prevalence rate of mental health disorders than men (APA, 2007). Researchers have begun to examine the concept of resiliency in girls and women due to the adversity they face. Several researchers have investigated resilient women (i.e., Baldwin, Maldonado, Lacey, & Efinger, 2004; Christman & McClellan, 2007; Radina & Armer, 2004; Younes & Asay, 1998), but these research studies have used participant outcome to represent resiliency rather than assessing resiliency directly. For example, Radina and Armer defined resiliency in women

participants as those who were able to cope with breast cancer and its treatment, and Younes and Asay defined resiliency as graduate student women who were able to successfully negotiate multiple roles. The studies conducted by Baldwin et al. and Christman and McClellan interviewed women who were in leadership roles in their career and assumed those women were resilient because they had to overcome obstacles in order to obtain those roles.

Studies that assessed women participants' resiliency using one of the existing psychometric measures also focused on investigating the relationships between resiliency and other factors (for example, Christopher, 2000; Monteith & Ford-Gilboe, 2002). There were no differences in terms of which characteristics were correlated with resiliency among studies using a women-only sample versus a men-and-women sample (Heilemann et al., 2003; Humphreys, 2003; Lamond et al., 2008; Miller & Chandler, 2002; Sexton et al., 2010; Smith et al., 2009). Smith et al. (2009) examined a sample of 47 self-reported physically healthy women and found that resiliency demonstrated its positive and significant correlations with participants' optimism and beliefs of having a purpose in life. On the other hand, resiliency was found to be significantly and negatively correlated with neuroticism.

Resiliency has been shown to be a protective mechanism by ameliorating the effects of adversity in different subgroups of women, such as among adolescent mothers (Black & Ford-Gilboe, 2004; Salazar-Pousada, Arroyo, Hidalgo, Perez-Lopez, & Chedraui, 2010). Girls who become pregnant at a younger age face higher risks of developing health problems, have higher infant and mother mortality rates, are more

likely to terminate education, and are more likely to live in poverty (Braine, 2009). In a sample of 151 pregnant adolescent girls and 151 pregnant women from Ecuador, Salazar-Pousada et al. (2010) found that pregnant adolescent girls had lower resiliency scores than pregnant adult women, even though pregnant adolescent participants had similar lifestyle, habits, resident location, and prenatal care. Additionally, low-level resiliency among pregnant adolescent participants was correlated with pre-term delivery and having an adolescent partner as the child's father.

Given the stressors adolescent mothers experienced, Black and Ford-Gilboe (2004) examined how resiliency buffered the physical health risks in adolescent mothers. In a sample of 41 adolescent mothers in Canada, resiliency was positively and significantly correlated with participants' involvement in promoting physical health in the family including setting health-related goals, pursuing better physical health, and using problem-solving skills to manage health-related problems for the family. Resiliency was also positively and significantly correlated with having a health-promoting lifestyle, such as having a certain level of physical activity, good nutrition, and proper ways of managing stress. Specifically, resiliency contributed 20.2% of the variance in possessing a health-promoting lifestyle. Black and Ford-Gilboe suggested that resiliency helped adolescent mothers cope with the health risks to both her and her child by focusing on how to promote health in the family.

Resiliency in adult women was found to be associated with buffering the negative impacts of different adversities such as infertility, loss of a spouse, immigration, poverty, and trauma. Since women who face infertility issues experience multiple external and

internal stressors such as having numerous medical examinations and the disappointment of being unable to conceive, Sexton et al. (2010) examined how resiliency could help women who were facing infertility treatment. In a sample of 40 women who were seeking treatment at fertility clinics, resiliency was negatively and significantly correlated with both general distress and fertility-specific distress including social concerns, sexual concerns, relationship concerns, need for parenthood, and rejection of a childfree lifestyle. Resiliency was also positively and significantly correlated with active coping skills; women with high levels of resiliency tended to use more problem-solving techniques and fewer emotion-focused coping strategies. Sexton et al. concluded that resiliency facilitated effective coping strategies and thus protected participants from being overwhelmed with daily and infertility-specific stressors.

Resiliency also helped women recover from major life changes such as death of a spouse and immigration. Adults who were widowed experienced grief, absence of support from their spouse, and changes in daily life routines. In a sample of 55 older adult widows ranging in age from 57 to 83, Rossi, Bisconti, and Bergeman (2007) found that the participants' resiliency was a significant predictor of life satisfaction after the death of a spouse. Widowed participants with high levels of resiliency reported more life satisfaction than did widowed participants with low levels of resiliency. In addition, resiliency mediated the effect of stress; participants with high levels of resiliency experienced life satisfaction despite the amount of lived stresses they experienced. Widowed participants with low levels of resiliency reported decreased life satisfaction in

proportion with their reported lived stresses. As such, resiliency was shown to facilitate effective adaptations in daily stressors after the death of a spouse.

Miller and Chandler (2002) surveyed 200 women who emigrated from Russia to the U.S. after the age of 40. Resiliency was significantly and positively correlated with participants' English proficiency and negatively and significantly correlated with symptoms of depression. Resiliency protected women who experienced tremendous changes in a short time from the negative impact of leaving their loved ones, familiar routines and cultures, and facilitated women's adjustment such as the need and ability to learn a new language. Heilemann et al. (2003) examined 147 Mexican women living in the U.S. and found that participants' resiliency was significantly and positively correlated with life satisfaction and significantly and negative correlated with depressive symptoms. Heilemann et al. concluded that resiliency promoted the participants' ability to adapt to and live in the U.S. and U.S. culture.

Lamond et al. (2008) also examined how resiliency helped women transition successfully through the developmental process of aging. In a study with 1,395 women participants who were 60 years old or older, Lamond et al. found resiliency was positively and significantly correlated with emotional well-being, optimism, self-perceived successful aging, social engagement, and physical functioning, while resiliency was negatively and significantly correlated with self-rated problems in cognitive functioning. Elderly women who had high levels of resiliency were more likely to have good emotional health and physical functioning, be optimistic, have more social engagement, report fewer cognitive problems, and believe they successfully adapted to

the aging process. Lamond et al. hypothesized resiliency might have activated different adaptive processes that allowed the elderly women to more successfully cope with aging and subsequently exhibit better physical and emotional health.

Additionally, resiliency has been shown to play a role in protecting women from developing psychopathology after experiencing chronic adversity. Humphreys (2003) explored resiliency in women who had experienced intimate partner violence. She recruited 50 women who were living in a women's shelter for at least three weeks at the time of the study and found participants' resiliency was positively and significantly correlated with psychological and physical health. Overall, participants in Humphrey's study experienced higher level of psychological symptoms than the sample used to norm the SCL-90-R (Derogatis, 1994). However, women who had high levels of resiliency experienced less psychological distress in the areas of somatization, obsessive-compulsive behaviors, depression, anxiety, and interpersonal difficulties. Women with high levels of resiliency also reported fewer overall symptoms such as bodily dysfunction, ruminating thoughts, impulsivity, cognitive impairment, and feelings of inadequacy. Humphreys hypothesized that resiliency may be the mechanism that allowed women who were abused to generate plans to leave the abusive situation and find strength and meaning in their situations.

In women who experienced multiple oppressions such as marginalized racial and economic status, resiliency was shown to shield women from some of the negative effects of oppressions on psychological well-being. Heilemann, Lee, and Kury (2002) surveyed 315 low-income women of Mexican descent ranging in age from 21 to 40 years old.



Resiliency was significantly and negatively correlated with depressive symptoms.

Resiliency, a sense of mastery, and life satisfaction contributed 31% of the variance in participants' absence of depressive symptoms. Heilemann et al. proposed that resiliency and individuals' other intrinsic strengths buffered the circumstances of poverty and cultural adjustment by allowing participants to be flexible and feel content with their situation.

Not only does resiliency buffer the impact of stressors, but it also plays a role in promoting physical health. Monteith and Ford-Gilboe (2002) recruited 67 Canadian mothers with at least one preschool-age child. Participants' resiliency was significantly and positively correlated with being involved with promoting family physical health and health-promoting lifestyle behaviors. Resiliency alone contributed 17% of the variance in health-promoting lifestyle, which indicated that resiliency is a significant predictor for health-promoting lifestyle behaviors. Moreover, Monteith and Ford-Gilboe found that resiliency was correlated with maternal employment status: mothers who had a full-time job had higher levels of resiliency compared to mothers who had a part-time job. Monteith and Ford-Gilboe believed that resiliency facilitated mothers' cognitive processes such as using positive reframing techniques for stressful situations and coping with employment stress, and therefore have more resources to be proactive about their physical health.

Smith et al. (2009) found healthy women's level of resiliency can predict their pain tolerance threshold. Smith et al. tested heat and cold pain thresholds in 47 women without any reported health problems by placing participants' hands in hot and then cold

water until they felt pain. Resiliency accounted for 9.85% of the variance in heat pain threshold and 2.03% of cold pain threshold. Participants with a higher level of resiliency could tolerate greater heat and cold pain. Smith et al. hypothesized the predictive ability of resiliency in pain tolerance was due to pain mechanisms in the brain. Given that the brain region that is responsible for pain tolerance can also be activated by cognitions (such as believing one possesses a high pain tolerance) and the attitude that one can overcome difficulties, resilient attitudes simulated the pain tolerance region of the brain. The higher level of pain tolerance in women with high-level resiliency could potentially lessen their avoidance in seeking medical care due to fear of pain.

Resilience research has only begun. However, resiliency has already been shown to be associated with positive characteristics and behaviors in women, such as optimism, beliefs of having a purpose in life, pain tolerance (Smith et al., 2009), involvement with family health, and having a health-promoting lifestyles (Black & Ford-Gilboe, 2004; Monteith & Ford-Gilboe (2002). Resiliency helps women adapt to a successful transition into older adulthood (Lamond et al., 2008) and enables women to use more effective coping skills (Sexton et al., 2010). The mechanism initiated by women's resiliency shields them from experiencing the direct impact of adversity such as infertility (Sexton et al.), widowhood (Rossi et al., 2007), immigration (Heilemann et al., 2003; Miller & Chandler, 2002), poverty (Heilemann et al., 2002), and trauma (Humphreys, 2003). Women with high-level resiliency are less likely to experience psychopathology when facing adversity than women with low-level resiliency. Of note, this investigator did not locate any studies examining how women's identity, specifically feminist identity, may

be associated with and/or contributed to resiliency. Therefore, the goal of this investigation was to fill this gap in the literature in order to gain insight into women's resiliency.

### **Hypotheses**

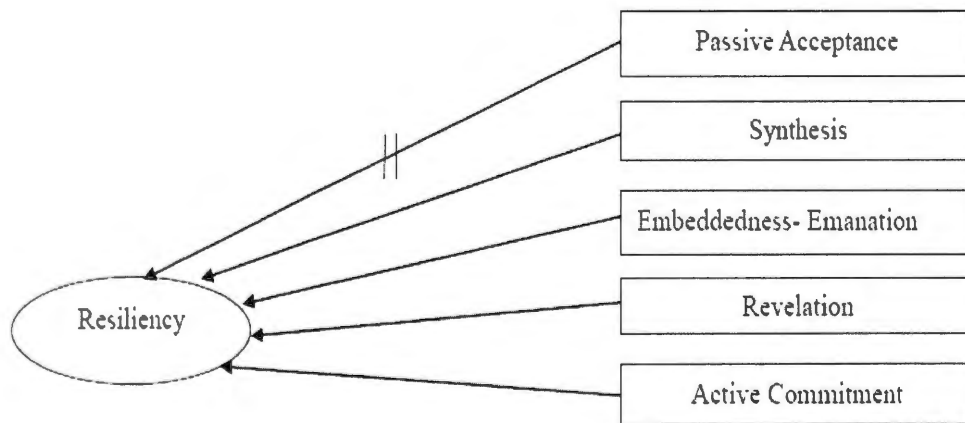
The current study sought to address the gap in the literature regarding the relationship between feminist identity and resiliency in women. Specifically, the current study assessed the relationships among resiliency and each element in feminist identity including feminist self-identification, stages of feminist identity development, and a combination of feminist self-identification and stages of feminist identity development. Assessing the elements in feminist identity also helped delineate what type of relationship exists between feminist identity and resiliency and which element was important to women's resiliency. Based on the review of the literature, the following hypotheses were proposed:

Hypothesis 1 (See Figure 1) predicted that feminist self-identification would be associated with higher levels of resiliency. Women who self-identified as feminists would evidence greater resiliency than those who did not identify as feminists.



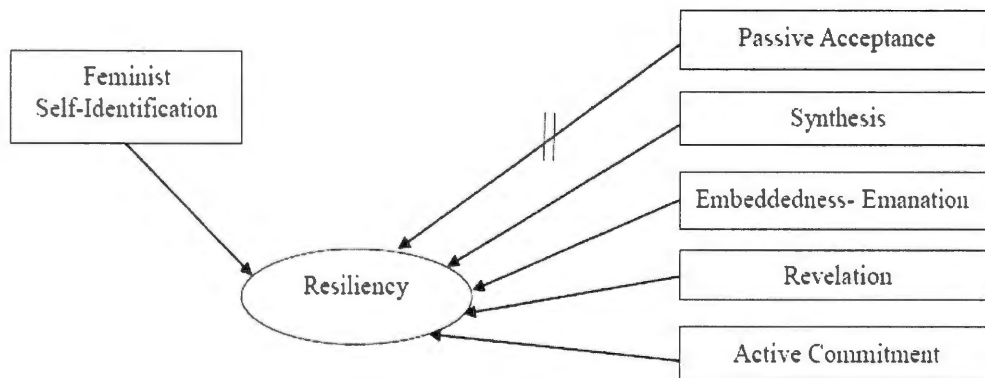
*Figure 1:* Hypothesis 1: Feminist self-identification would be associated with higher levels of resiliency.

Hypothesis 2 (See Figure 2) predicted that stages of feminist identity development would be associated with resiliency. Women who were in latter stages of feminist identity development (i.e., revelation, embeddedness-emanation, synthesis, or active commitment) would demonstrate higher levels of resiliency than women who were in the beginning stage of feminist identity development (i.e., passive acceptance).



*Figure 2:* Hypothesis 2: Latter stages of feminist identity development would be associated with resiliency.

Hypothesis 3 (See Figure 3) predicted that the combination of feminist self-identity and stages of feminist identity development would be associated with resiliency. More specifically, women who self-identified as feminists and were in the latter stages of feminist identity development (i.e., revelation, embeddedness-emanation, synthesis, or active commitment) would demonstrate higher levels of resiliency than women who self-identified as non-feminists and were in the passive acceptance stage of feminist identity development.



*Figure 3:* Hypothesis 3: The combination of feminist self-identity and latter stages of feminist identity development would be associated with higher levels of resiliency.

### CHAPTER III

#### METHODOLOGY

This chapter describes the participants, research procedures, and instruments for this investigation. The purpose of this investigation was to examine the relationship between feminist identity and resiliency among women.

#### **Procedure**

In order to obtain a large and most representative sample possible, women participants from the community were recruited online via snowball sampling. After this study received Institutional Review Board (IRB) approval, the principal investigator emailed the recruitment advertisement (see Appendix A), which explained the nature of the study, to women in the community who were eligible to participate. In addition, the principal investigator posted the recruitment advertisement on Facebook, a social networking website, and requested the recruitment advertisement be posted on different listservs. In order to decrease the possibility of oversampling women from specific socioeconomic statuses, educational backgrounds, and/or political beliefs, the investigator utilized various listservs likely to reach women from different backgrounds such as women doctoral students, women in different professions, stay-at-home mothers, and women of color. The investigator also requested willing participants to post the advertisement on their Facebook pages in order to reach women of different backgrounds. Potential participants were encouraged to forward the advertisement to anyone they knew

who may have also been interested and met the criteria for participating in the study. The advertisement provided a link to a secure online website via PsychData for potential participants to voluntarily access the study via the Internet by clicking on the link.

PsychData is a widely-used online research tool for the social sciences which utilizes various methods to secure and protect data for participants and researchers. Additionally, the advertisement emphasized that any third party who forwarded the advertisement would not have knowledge of an eventual participant's involvement. Once she decided to participate in the study by clicking on the link, the participant was first presented with an informed consent letter (see Appendix B) that detailed the nature of the study and possible risks for her participation.

The informed consent letter stressed the importance of confidentiality and anonymity of the participants and described the precautions implemented in this investigation. These precautions included having no IP addresses linked to any participants' responses, keeping the data collected in an encrypted file with password protection, and allowing only the primary investigator and her dissertation chairperson access to the data. The informed consent letter also delineated the expected risks of participation, which included possible feelings of discomfort for some individuals. Two websites were provided to the participants in the event they chose to seek services from a mental health professional. In order to further protect the confidentiality of the participants and minimize the risks of participation, all participants were notified that their participation was entirely voluntary, and they could withdraw from the study at any time with no penalty or breach of confidentiality. At the end of the informed consent

letter, the participants were asked to click an acknowledgement box if they still wished to participant in the study. The rest of the online survey consisted of four parts: an author-generated demographic questionnaire (Appendix C), Feminist Self-Identification Question (Myaskovsky & Wittig, 1997) (Appendix D), the Feminist Identity Composite (FIC; Fischer et al., 2000) (Appendix E), and the Resilience Scale (RS; Wagnild & Young, 1993) (Appendix F). The participants chose the time and place in which to complete the online survey. The survey took approximately 15 to 30 minutes to complete. Participants were able to indicate if they wished to receive a copy of the results after they had completed the survey by providing their email address to the investigator. Their email address was not linked to participants' answers.

## **Instrumentation**

### **Demographic Questionnaire**

An author-generated demographics questionnaire was administered in order to collect descriptive data. The questions included information pertaining to participants' age, ethnicity, sexual orientation, relationship status, number of children, income, and years of education. This author-generated demographic questionnaire contained multiple choice questions with the exception of the questions for age, income, and the number of children.

### **Feminist Self-Identification Question**

Participants' feminist self-identification was assessed by a single question (the Feminist Self-Identification Question) with seven possible responses developed by Myaskovsky and Wittig (1997). Participants rated themselves on a scale of 0 ("I do not



consider myself a feminist at all and I believe that feminism is harmful to family life and undermines relations between men and women”) to 6 (“I call myself a feminist around others and am currently active in the women’s movement”) regarding how closely they identified as feminists. Higher scores reflect greater feminist self-identification. This 7-point Likert scale item has demonstrated adequate convergent validity that is significantly correlated with support of feminist goals, having a positive opinion of the feminist movement, and having had exposure to feminism (Myaskovsky & Wittig).

### **Feminist Identity Composite (FIC)**

The FIC was developed by Fischer et al. (2000) by integrating items from two feminist identity scales, the Feminist Identity Scale (FIS; Rickard, 1989) and Feminist Identity Development Scale (FIDS; Bargad & Hyde, 1991), in order to create a statistically stronger scale for assessing stages of feminist identity development by Downing and Roush (1985). The FIC consists of 33 5-point Likert scale items. Examples of these items include the following: “I am willing to make certain sacrifices to effect [*sic*] change in this society in order to create a nonsexist, peaceful place where all people have equal opportunities,” “I owe it not only to women but to all people to work for greater opportunity and equality for all,” “If I were to paint a picture or write a poem, it would probably be about women or women’s issues,” “I feel angry when I think about the way I am treated by men and boys,” and “I think that most women feel most fulfilled by being a wife and a mother.” The FIC yields a score for each of the following five subscales: Passive Acceptance, Revelation, Embeddedness-Emanation, Synthesis, and Active Commitment.

Each subscale contains different number of items. The Passive Acceptance subscale contains 7 items, the Revelation subscale contains 8 items, the Embeddedness-Emanation subscale contains 4 items, the Synthesis subscale contains 5 items, and the Active Commitment subscale contains 9 items. Participants rated their opinions regarding each item on the FIC from strongly disagree to strongly agree. Subscale scores are derived by calculating the means across items within each subscale, Subscale scores range from 1 to 5. Higher scores for a particular subscale indicate greater consistency with the attitudes and behaviors of that stage of feminist identity development.

The FIC is more homogeneous, has better subscale internal consistency, has higher correlations between items and subscales, and assesses greater variance than the FIS (Rickard, 1989) and FIDS (Bargad & Hyde, 1991). The FIC yielded five factors after confirmatory factor analysis which parallels the five theoretical stages of feminist identity development: passive acceptance, revelation, embeddedness-emanation, synthesis, and active commitment. Fischer et al. (2000) found the Cronbach alpha for the FIC subscales ranged from .68 for Synthesis, .75 for Passive Acceptance, .77 for Active Commitment, .80 for Revelation, to .84 for Embeddedness-Emanation, which showed an acceptable to good internal consistency. The Cronbach alphas for the FIC subscales from this investigation were .70 for Synthesis, .80 for Revelation, .85 for Passive Acceptance, .87 for Embeddedness-Emanation, and .89 for Active Commitment, which reflected acceptable to good internal consistency. The FIC has demonstrated good convergent and discriminant validity (Fischer et al.). Moradi and Subich (2002b) also assessed the psychometric properties of FIC and found that the Cronbach alpha for the

subscales ranged from .73 to .84. The FIC demonstrated acceptable internal consistency and reliability. Moradi and Subich also suggested FIC is suitable for assessing all stages of feminist identity model, which was one of the purposes of this study.

### **Resilience Scale (RS)**

Wagnild and Young's (1993) Resilience Scale contains 26 items and uses a 7-point Likert scale. Scale scores range from 26 to 182. The scale measures a person's beliefs about her/himself in relation to resiliency. Items in this scale include the following statements: "I am able to depend on myself more than anyone else," "I have enough energy to do what I have to do," and "It's okay if there are people who don't like me." A high score on the Resilience Scale represents a high level of resiliency. In Wagnild and Young's original study, the reliability of the scale was high, with a Cronbach alpha of .91. The current study yielded a Cronbach alpha of .95 for the Resilience Scale. Other studies have also yielded good to excellent reliability for the RS in U.S. adult samples ranging from .85 (Monteith & Ford-Gilboe, 2002) to .94 (Moorhouse & Caltabiano, 2007).

The RS is unidimensional and shows good test-retest reliability and validity (Pinquart, 2009). In addition, the RS has been determined to have good content validity and concurrent validity. Items in the Resilience Scale reflect one's ability to cope with difficulties and the Resilience Scale has been positively correlated with life satisfaction and morale and negatively correlated with depression (Ahern, Kiehl, Sole, & Byers, 2006). The Resilience Scale has been used in multiple studies with a broad range of samples including men, women, and different ethnic groups such as Russian and Irish immigrants (Wagnild, 2009).

## Participants

The recruitment advertisement stressed the criterion for the study that the participants must be women who were 18 years or older. Therefore, participants who did not meet the explicit criteria were excluded from final data analysis. Three hundred and forty-five women initially accessed the survey. Of the 345 participants, 13 of them did not provide any data, and 3 participants were excluded due to not meeting the age requirement. This resulted in a dataset of 328 women. Of those 328 women, 14.6% ( $n = 48$ ) were excluded from the final dataset due to missing a large percentage of responses. Of the 48 individuals who did not complete the full survey, 39 of them did not answer beyond the demographic questionnaire and the Feminist Self-Identification Question (Myaskovsky & Wittig, 1997), and 9 of them completed all the survey questions except the RS (Wagnild & Young, 1993). This yielded a sample of 280 women for this investigation.

Multiple analyses of variance (MANOVAs) and Pearson's Chi square analyses were conducted to examine the potential differences between women who did answer beyond the Feminist Self-Identification Question (Myaskovsky & Wittig, 1997) and those who did not. The 39 participants who did not answer beyond the Feminist Self-Identification Question (Myaskovsky & Wittig) did not differ significantly from participants who did in the realms of feminist self-identification and continuous demographic characteristics ( $F(5, 133) = .87, p = .51$ ). The results of the univariate  $F$  tests were: age ( $F(1, 137) = 1.35, p = .25, \eta^2 = .015$ ), number of children ( $F(1, 137) = 1.58, p = .21, \eta^2 = .009$ ), income ( $F(1, 137) = 3.95, p = .05, \eta^2 = .013$ ), educational level

( $F(1, 137) = 1.99, p = .16, \eta^2 = .008$ ), and feminist self-identification ( $F(1, 137) = 1.19, p = .28, \eta^2 = .001$ ). Chi square analyses also yielded results showing the 39 participants did not differ significantly from the rest of the sample on their categorical demographic variables. Cramer's  $V$ s were: .10 ( $p = .74$ ; race), .12 ( $p = .29$ ; sexual orientation), and .10 ( $p = .53$ ; relationship status).

The ages of the participants in this sample ranged from 20 to 68 with a mean age of 35.3 years old ( $SD = 9.62$ ). The majority of the women identified themselves as White ( $n = 219, 78.1\%$ ), while 21.9% ( $n = 61$ ) of the participants identified as women of color, including: African/African American/Black ( $n = 21, 7.5\%$ ), Asian/Asian American ( $n = 15, 5.4\%$ ), Hispanic/Latina/Hispanic American/Latina American ( $n = 10, 3.6\%$ ), Native American ( $n = 1, 0.4\%$ ), Biracial/Multiracial ( $n = 11, 3.9\%$ ), and Other ( $n = 3, 1.1\%$ ). More than half of the sample did not have children ( $n = 164, 58.6\%$ ). Twelve and one-half percent of the women had one child ( $n = 35$ ), 20% of the women had two children ( $n = 56$ ), 5.4% of the women had three children ( $n = 15$ ), 3.2% of the women had four children ( $n = 9$ ), and 0.4% of the women had five children ( $n = 1$ ).

Participants varied in their sexual orientation, relationship status, educational level, and annual household income. Regarding women's household yearly gross income before taxes, 41 (14.6 %) women opted not to provide an answer to their financial status. However, the one-way MANOVA demonstrated there were no significant differences in resiliency, feminist self-identification, and feminist identity development between participants who reported their income and those who did not ( $F(7, 272) = 1.20, p = .31$ ). The results of the univariate  $F$  tests were: resiliency ( $F(1, 278) = 1.67, p = .20, \eta^2 = .006$ ),

feminist self-identification ( $F(1, 278) = 3.14, p = .08, \eta^2 = .011$ ), passive acceptance stage ( $F(1, 278) = 1.43, p = .23, \eta^2 = .005$ ), revelation stage ( $F(1, 278) = .74, p = .39, \eta^2 = .003$ ), embeddedness-emanation stage ( $F(1, 278) = .54, p = .46, \eta^2 = .002$ ), synthesis stage ( $F(1, 278) = .26, p = .61, \eta^2 = .001$ ), and active commitment stage ( $F(1, 278) = 1.54, p = .22, \eta^2 = .006$ ). The average household yearly gross income before taxes was \$85,444 for the 239 individuals who reported their income level. Income level was collapsed into the following five groups (less than \$30,000; \$30,000 to \$59,999; \$60,000 - \$89,999; \$90,000 - \$119,999; and \$120,000 or more). For detailed information about participants' sexual orientation, relationship status, educational level, and annual household income, see Table 1.

In this sample, participants' income was significantly and positively correlated with their age ( $r = .25, p < .01$ ), number of children ( $r = .34, p < .01$ ) and their education level ( $r = .19, p < .05$ ). Women participants who reported higher income were more likely to be older, have more children, and have completed more education than women with lower incomes. Number of children was significantly and positively correlated with age ( $r = .45, p < .01$ ) and significantly and negatively correlated with education level ( $r = -.12, p < .05$ ). Women participants who had more children were more likely to be older and less educated. The correlation matrix among demographic variables is presented in Table 2.

Table 1

*Frequencies and Percentages of Categorical Demographic Variables*

	N	%
Sexual Orientation		
Heterosexual	219	65.70
Bisexual	35	12.50
Lesbian	12	4.30
Questioning	8	2.90
Queer	6	2.10
Relationship Status		
Single	46	16.40
In a relationship but not cohabitating	35	12.50
Married/Live together	181	64.60
Separated	4	1.40
Divorced	14	5.00
Highest Education Level Completed		
Some high school or less	2	.70
High school degree/GED	11	3.90
Some college	34	12.10
Associate's degree	19	6.80
Bachelor's degree	62	22.10
Some graduate school	34	12.10
Master's degree	91	32.50
Doctoral degree	21	7.50
Household Yearly Gross (before taxes) Income		
Less than \$30,000	35	14.60
\$30,000 - \$59,999	68	28.40
\$60,000 - \$89,999	50	20.90
\$90,000 - \$119,999	37	15.50
\$120,000 or More	49	20.50

Table 2

*Correlation Matrix among Non-Categorical Demographic Variables*

	Age	Number of Children	Income	Education Level
Age	1	.45**	.25**	-.03
Number of children		1	.34**	-.12*
Income			1	.19*
Education Level				1

Note: \*\*  $p < .01$ , two-tailed; \*  $p < .05$ , two-tailed.

The relationships between categorical demographic variables in the sample were examined using cross-tabulations with Pearson's Chi square analyses. Cramer's  $V$  was reported due to the uneven number of categories in each nominal variable. This contingency table is presented in Table 3. Due to the number of non-White women in each racial-ethnic classification, race was collapsed into two categories, White and women of color. Participants' race did not have any significant relationship with sexual orientation or relationship status. However, participants' sexual orientation had a moderate relationship with relationship status ( $V = .23$ ). Heterosexual women were more likely to be married or living with their partners than sexual minority women. Moreover, analyses of variance (ANOVA) were conducted to examine the relationships between categorical and non-categorical demographic variables. Participants' race and sexual orientation did not have any significant relationship with participants' age, number of children they had, income, or education level. However, participants with different relationship statuses differed significantly in their age ( $F(4, 275) = 9.751, p < .0005$ ),



number of children ( $F(4, 275) = 11.73, p < .0005$ ), and income ( $F(4, 160) = 3.80, p = .006$ ). Participants who were divorced were significantly older than participants with other relationship statuses; participants who were single had significantly fewer number of children than participants who were married/living together, separated, or divorced; participants who were in a relationship but not cohabitating also had significantly fewer number of children than participants who were married/living together; and participants who were married/living together had significantly higher yearly income than participants who were single.

Table 3

*Contingency Table among Categorical Demographic Variables*

	Race	Sexual Orientation	Relationship Status
Race	--	.08	.13
Sexual Orientation		--	.23**
Relationship Status			--

*Note:*  $p < .005$

### Statistical Analyses

Kline (2005) stressed the important of reducing sampling error—the deviation of characteristics in the sample not representative of the population—in structural equation modeling. Obtaining a large enough sample size is the solution to reducing sampling error such that the conclusion of the analyses can be statistically generalized to the larger population with a certain degree of confidence. Two hundred eighty women were recruited for this investigation, which is considered a large sample size for structural equation modeling analysis (Kline). The large sample also ensures the stability of the

model (Kline). In addition, the number of women who participated in this investigation ensured the probability was high for a real effect in the population if the hypotheses were supported. Descriptive statistics for all scales and subscales were calculated. A correlation matrix among the demographic variables, Feminist Self-Identification Question (Myaskovsky & Wittig, 1997), FIC (Fischer et al., 2000), and RS (Wagnild & Young, 1993) was conducted to explore the relationship among all variables as well as any potential issues with multicollinearity. Coefficient alphas were also computed for each instrument in the study. Hypothesis 1, which predicted that women who self-identified as feminists would demonstrate higher levels of resiliency, was tested by a Pearson-product moment correlation. Hypothesis 2, which predicted that women who were in one of the latter stages of feminist identity development would have higher levels of resiliency than women in the passive acceptance stage, and Hypothesis 3, which predicted that women who self-identified as feminists and were in one of the latter stages of feminist identity development would have higher levels of resiliency than women who did not self-identify as feminists and were in the passive acceptance stage, was tested by structural equation modeling.

## CHAPTER IV

### RESULTS

#### **Preliminary Analyses**

Preliminary analyses were conducted to screen the data for normality and multivariate outliers (Kline, 2005). First, the distribution of the dataset was screened to ensure normality. After examining the skewness and kurtosis of the dataset, the data were shown to have normal distribution such that all skewness and kurtosis values were less than  $\pm 2$ . These values indicated that the majority of the scores were not below or above the mean (skewness) nor did they have heavier tails and higher peaks (kurtosis), which met the assumptions for analysis. Second, a Mahalanobis distance statistic was calculated for each individual participant ( $n = 280$ ) in the dataset to detect multivariate outliers. One case was found to exceed the critical values for Mahalanobis distance and was thus deleted from the dataset. This resulted in a total of 279 cases in the final dataset. All of the remaining 279 cases contained no missing data, with participants answering all the items in the scales to yield valid scores for the Feminist Self-Identification instrument (Myaskovsky & Wittig, 1997), FIC (Fischer et al., 2000), and RS (Wagnild & Young, 1993).

Scale ranges, means, standard deviation, and coefficient alphas are shown in Table 4. Coefficient alphas for the FIC's (Fischer et al., 2000) five subscales and RS (Wagnild & Young, 1993) ranged from .70 (Synthesis) to .95 (Resilience Scale). The

internal consistency of the scales ranged from adequate to excellent (Kline, 2005). For this sample, the Synthesis subscale of FIC demonstrated the lowest internal consistency for this sample but was still adequate ( $\alpha = .70$ ). The other four subscales of the FIC demonstrated very good internal consistency: Revelation ( $\alpha = .80$ ), Passive Acceptance ( $\alpha = .85$ ), Embeddedness-Emanation ( $\alpha = .87$ ), and Active Commitment ( $\alpha = .89$ ). The RS demonstrated excellent internal consistency ( $\alpha = .95$ ). Higher scores on RS and all the subscales of FIC indicated higher levels of the variable being measured. Scores from the RS and all the FIC subscales were used in the final analyses.

Table 4

*Descriptive Statistics and Internal Consistency Reliabilities*

Measure	Scale Range		<i>M</i>	<i>SD</i>	$\alpha$
	Possible	Actual			
Feminist Identity Composite (FIC)					
Passive Acceptance	1 – 5	1 – 5	2.34	.82	.85
Revelation	1 – 5	1 – 4.13	2.34	.67	.80
Embeddedness-Emanation	1 – 5	1.50 – 5	3.59	.80	.87
Synthesis	1 – 5	2.60 – 5	4.24	.50	.70
Active Commitment	1 – 5	1.44 – 5	3.66	.69	.89
Resilience Scale (RS)	26 – 182	56 – 182	143.21	22.05	.95

Multicollinearity occurs when some of the variables in a statistical analysis have high intercorrelations. When multicollinearity occurs, some mathematical operations are impossible or too unstable to perform (Kline, 2005). In order to ensure the possibility of computing statistical analyses for this investigation, the dataset cannot demonstrate multicollinearity. Multicollinearity violates the assumptions of proposed statistical analyses and is indicated by a bivariate correlation coefficient greater than .85 (Kline,

2005). Zero-order correlation coefficients were calculated among the variables for this investigation (Feminist Self-Identification Question [Myaskovsky & Wittig, 1997], FIC [Fischer et al., 2000], and RS [Wagnild & Young, 1993]) to examine the degree of intercorrelations between each other. The bivariate correlation coefficients ranged from -.65 to .64, which reflects the lack of multicollinearity. Specifically, the Resilience Scale was significantly correlated with Feminist Self-Identification ( $r = .22, p < .01$ ), the FIC subscale of Passive Acceptance ( $r = -.38, p < .01$ ), FIC subscale of Embeddedness-Emanation ( $r = .25, p < .01$ ), FIC subscale of Synthesis ( $r = .56, p < .01$ ), and FIC subscale of Active Commitment ( $r = .46, p < .01$ ). These results revealed that participants' levels of resiliency was significantly and positively correlated with their feminist self-identification and with the stages of embeddedness-emanation, synthesis, and active commitment; by contrast, the participants' level of resiliency was significantly and negatively correlated with the passive acceptance stage.

The Feminist Self-Identification Question (Myaskovsky & Wittig, 1997) was significantly and positively correlated with the FIC (Fischer et al., 2000) subscale of Revelation ( $r = .40, p < .01$ ), Embeddedness-Emanation ( $r = .49, p < .01$ ), Synthesis ( $r = .22, p < .01$ ), and Active Commitment ( $r = .64, p < .01$ ), and significantly and negatively correlated with the FIC subscale of Passive Acceptance ( $r = -.65, p < .01$ ). This result indicated that participants who self-identified as feminists were more likely to be in the latter stages of feminist identity development (i.e., revelation, embeddedness-emanation, synthesis, and active commitment). Additionally, the FIC subscale Passive Acceptance was significantly and negatively correlated with other four subscales, namely

Revelation ( $r = -.34, p < .01$ ), Embeddedness-Emanation ( $r = -.39, p < .01$ ), Synthesis ( $r = -.25, p < .01$ ), and Active Commitment ( $r = -.59, p < .01$ ). This result revealed that women who were in the Passive Acceptance stage were less likely to endorse items consistent with the latter stages of feminist identity development. Latter stages of feminist identity development demonstrated significant correlation with each other. Specifically, scores on the Active Commitment subscale had significant and positive relationships with those on the Revelation ( $r = .44, p < .01$ ), Embeddedness-Emanation ( $r = .58, p < .01$ ), and Synthesis subscales ( $r = .42, p < .01$ ). Scores on the Synthesis subscale also had a significant and positive correlation with those on the Embeddedness-Emanation subscale ( $r = .23, p < .01$ ) and scores on the Embeddedness-Emanation subscale also had a significant and positive correlation with those on the Revelation subscale ( $r = .33, p < .01$ ). The intercorrelations between instruments are presented in Table 5. The final dataset ( $n = 279$ ) of this investigation exhibited multivariate normality without multicollinearity, and the scores used in this investigation were reliable. Based on these preliminary analyses, the proposed primary statistical analyses were able to be conducted.

### **Relationships among Demographic Variables and Instruments**

Preliminary analyses were also conducted to examine the relationships among the demographic variables and the instruments used in this study. Pearson Product Moment correlations were computed to examine the relationships among non-categorical demographic variables and the instruments. The relationship between demographic variables and instruments are presented in Table 5. Participants' resiliency was

Table 5

*Correlation Matrix between Scales*

	Feminist Self-Identification	FIC - Passive Acceptance	FIC - Revelation	FIC - Embeddedness - Emanation	FIC - Synthesis	FIC - Active Commitment	Resilience Scale
Feminist Self-Identification	--	-.65**	.40**	.49**	.22**	.64**	.22**
FIC - Passive Acceptance		--	-.34**	-.39**	-.25**	-.59**	-.38**
FIC - Revelation			--	.33**	.06	.44**	.05
FIC - Embeddedness - Emanation				--	.23**	.58**	.25**
FIC - Synthesis					--	.42**	.56**
FIC - Active Commitment						--	.46**
Resilience Scale							--

Note: FIC = Feminist Identity Composite; \*\* $p < .01$ , two tailed.

significantly and positively correlated with education level ( $r = .24, p < .01$ ) and income ( $r = .20, p < .05$ ). Participants' answer to the Feminist Self-Identification Question (Myaskovsky & Wittig, 1997) was significantly and positively correlated with education level ( $r = .28, p < .01$ ) and significantly and negatively correlated with number of children ( $r = -.12, p < .05$ ). With regard to the subscales of the FIC (Fischer et al., 2000), Passive Acceptance was significantly and positively correlated with number of children participants had ( $r = .34, p < .01$ ) but significantly and negatively correlated with education level ( $r = -.18, p < .01$ ). Revelation was significantly and positively correlated

with education level ( $r = .20, p < .01$ ) and significantly and negatively correlated with age ( $r = -.18, p < .01$ ) and number of children ( $r = -.25, p < .01$ ). Embeddedness-Emanation was significantly and positively correlated with education level ( $r = .13, p < .05$ ) and significantly and negatively correlated with age ( $r = -.19, p < .01$ ). Active Commitment was significantly and positively correlated with education level ( $r = .27, p < .01$ ) and significantly and negatively correlated with age ( $r = -.14, p < .05$ ) and number of children ( $r = -.14, p < .05$ ). In sum, women participants with less education tended to have more children, lower levels of resiliency, and were less likely to self-identify as feminists. Participants with more education tended to have lower scores on the Passive Acceptance subscale, and higher scores on the Revelation, Embeddedness-Emanation, and Active Commitment subscales of the FIC (Fischer et al.). Older participants tended to score lower on the Revelation, Embeddedness-Emanation, and Active Commitment subscales. Participants with more children tended to have higher scores on the Passive Acceptance subscale, and lower on Embeddedness-Emanation and Active Commitment subscales.

Multiple analyses of variance (MANOVAs) were conducted to examine the potential relationships among categorical demographic variables, the Feminist Self-Identification Question (Myaskovsky & Wittig, 1997), the subscales of FIC (Fischer et al., 2000), and the RS (Wagnild & Young, 1993) (See Table 6). No main effects were found for relationship status and the scales used in this investigation. Race was entered as an independent variable and the Feminist Self-Identification Question, the Passive Acceptance, Revelation, Embeddedness-Emanation, Synthesis, and Active Commitment



Table 6

*Correlations between Non-Categorical Demographic Variables and Instruments*

	Age	Number of Children	Income	Education Level
Feminist Self-Identification	-.08	-.12*	.03	.28**
FIC - Passive Acceptance	.10	.23**	-.05	-.18**
FIC – Revelation	-.18**	-.25**	-.07	.20**
FIC - Embeddedness – Emanation	-.19**	-.11	.05	.13*
FIC – Synthesis	-.06	.06	.15	.14
FIC - Active Commitment	-.14*	-.14*	-.02	.27**
Resilience Scale	-.06	-.04	.20*	.24**

*Note:* FIC = Feminist Identity Composite; \*\*  $p < .01$ , two-tailed; \*  $p < .05$ , two-tailed.

subscales of the FIC, and RS were entered as the dependent variables. The main effect of race was significant, Wilks Lambda = .89,  $F(7, 271) = 4.88$ ,  $p < .0005$ ,  $\eta^2 = .11$ . The univariate  $F$  tests (see Table 7) for race indicated significant differences for RS ( $F(1, 277) = 9.29$ ,  $p = .003$ ,  $\eta^2 = .03$ ) and Passive Acceptance subscale ( $F(1, 277) = 19.27$ ,  $p < .0005$ ,  $\eta^2 = .07$ ). White women's mean score on the RS was significantly higher than women of color's mean score. Women of color's mean score on the Passive Acceptance subscale was significantly higher than White women's mean score.

In addition, sexual orientation was entered as an independent variable and the Feminist Self-Identification Question (Myaskovsky & Wittig, 1997); the Passive Acceptance, Revelation, Embeddedness-Emanation, Synthesis, and Active Commitment subscales of the FIC (Fischer et al., 2000); and RS (Myaskovsky & Wittig, 1997) were entered as the dependent variables (See Table 7). The main effect of sexual

Table 7

*Relationships between Race and Dependent Variables*

Variable	White women		Women of color		<i>F</i>	$\eta^2$
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Feminist Self-Identification	3.79	1.56	3.18	1.80	6.90	.02
FIC- Passive Acceptance	2.23	.70	2.74	1.07	19.27**	.07
FIC- Revelation	2.31	.65	2.45	.73	2.04	.01
FIC- Embeddedness-Emanation	3.69	.80	3.52	.79	.55	.00
FIC- Synthesis	4.28	.48	4.10	.54	6.33	.02
FIC- Active Commitment	3.70	.65	3.52	.82	2.94	.01
Resilience Scale	145.33	18.20	135.79	31.18	9.29*	.03

Note: FIC = Feminist Identity Composite; \*\*  $p < .0005$ ; \*  $p < .007$

orientation was also significant, Wilks Lambda = .78,  $F(28, 968) = 2.45$ ,  $p < .0005$ ,  $\eta^2 = .06$ . The univariate  $F$  tests (see Table 8) for sexual orientation indicated significant differences for Feminist Self-Identification ( $F(4, 274) = 10.91$ ,  $p < .0005$ ,  $\eta^2 = .14$ ), Passive Acceptance ( $F(4, 274) = 4.98$ ,  $p = .001$ ,  $\eta^2 = .07$ ), Embeddedness-Emanation ( $F(4, 274) = 6.37$ ,  $p < .0005$ ,  $\eta^2 = .09$ ), and Active Commitment subscales ( $F(4, 274) = 7.31$ ,  $p < .0005$ ,  $\eta^2 = .10$ ). Heterosexual women's mean scores on the Feminist Self-Identification Question and Active Commitment subscale were significantly lower than bisexual, lesbian, and queer women's mean scores. Moreover, heterosexual women's mean scores on the Embeddedness-Emanation subscale were significantly lower than lesbian and queer women's mean scores. Heterosexual women's mean scores on the Passive Acceptance subscale were significantly higher than lesbian women's mean scores.

Table 8

*Relationships between Sexual Orientation and Dependent Variables*

Variable	Bisexual		Heterosexual		Lesbian	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Feminist Self-Identification	4.63	1.29	3.34	1.61	4.48	1.27
FIC- Passive Acceptance	2.09	.61	2.45	.85	1.76	.47
FIC- Revelation	2.41	.62	2.30	.68	2.42	.66
FIC- Embeddedness-Emanation	3.78	.79	3.49	.77	4.27	.76
FIC- Synthesis	4.27	.50	4.24	.51	4.40	.32
FIC- Active Commitment	3.95	.62	3.56	.69	4.19	.46
Resilience Scale	138.66	20.12	143.35	22.85	149.83	14.42
Variable	Questioning		Queer		<i>F</i>	$\eta^2$
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Feminist Self-Identification	4.75	.46	5.50	.55	10.91**	.14
FIC- Passive Acceptance	2.07	.60	1.57	.47	4.98*	.07
FIC- Revelation	2.55	.55	2.98	.27	1.90	.03
FIC- Embeddedness-Emanation	3.84	.80	4.54	.40	6.37**	.09
FIC- Synthesis	4.10	.57	4.20	.42	.50	.01
FIC- Active Commitment	3.83	.60	4.46	.34	7.31**	.10
Resilience Scale	145.75	23.20	148.00	11.85	.74	.01

Note: FIC = Feminist Identity Composite; \*\*  $p < .0005$ ; \*  $p < .007$

**Primary Analyses****Hypothesis 1**

Hypothesis 1 examined the relationship between feminist self-identification (assessed by the Feminist Self-Identification Question; Wyaskovsky & Wittig, 1997) and resiliency (assessed by the RS; Wagnild & Young, 1993). Hypothesis 1, which predicted women who self-identify as feminists would have higher levels of resiliency, was supported. A Pearson-product moment correlation was conducted between the two

variables. Correlations may range from -1.00 to +1.00. A correlation of 0 indicates no relationship between the two variables, while a correlation of either -1.00 or +1.00 indicates a perfect negative or positive relationship between the two variables, respectively. The result of this correlation revealed that feminist self-identification was significantly and positively correlated with resiliency ( $r = .22, p < .01$ ), indicating women who self-identified as feminists had higher levels of resiliency than women who did not self-identify as feminists.

### **Hypotheses 2 and 3**

Hypothesis 2, which predicted that women who were in the latter stages of feminist identity development would report greater resiliency than women who were in the passive acceptance stage and Hypothesis 3, which predicted that women who self-identified as feminists and were in the latter stages of feminist identity development would report greater resiliency than women who self-identified as non-feminists and were in the passive acceptance stage of feminist identity development, were tested by structural equation modeling (SEM). Both Hypothesis 2 and Hypothesis 3 were partially supported. This investigation used six observed variables (five subscales of the FIC and the Feminist Self-Identification Question) to represent a participant's feminist identity, which is a latent variable that cannot be observed directly. SEM allows multiple indicators, or observed variables, to represent a latent variable. By doing so, SEM increases the accuracy of capturing and measuring a latent variable (Kline, 2005). In addition, SEM controls for measurement errors (Byrne, 2001), which diminishes the impact of errors when using different instruments to represent feminist identity.

This investigation used AMOS software to run the hypothesized model. Using the two-step modeling process by Anderson and Gerbing (1988), the first step was to determine the model's goodness of fit using the chi-square statistic ( $\chi^2$ ). The chi-square statistic compares the differences between the proposed model and alternative models. The initial model (see Figure 4) was rejected and demonstrated poor fit for the dataset ( $\chi^2(14, N = 279) = 138.25, p < .0005$ ). Other fit indices suggested by Hu and Bentler (1990), Kline (2005), and Thompson (2000) included the comparative fit index (CFI), root mean square error of approximation (RMSEA), and standardized root mean square (SRMR), also demonstrated poor fit of the initial model. CFI demonstrates the comparison between the proposed model and a baseline model. The baseline model presumes that no covariances in the population were explained by the observable variables. CFI values range from 0 to 1, and a CFI value greater than .90 indicates good fit. RMSEA estimates the amount of error of approximation in the proposed model, and a RMSEA value equal or less than .05 suggests close approximate fit, values between .05 and .08 suggest acceptable fit, and a value greater than .10 suggests poor fit. The SRMR describes the overall differences between observed and predicted correlations, and a SRMR value less than .10 is favorable for the proposed model. The fit indices for the initial model were: CFI = .83, RMSEA = .18 (90% confidence interval [CI] = .21, .15), and SRMR = 1.31.

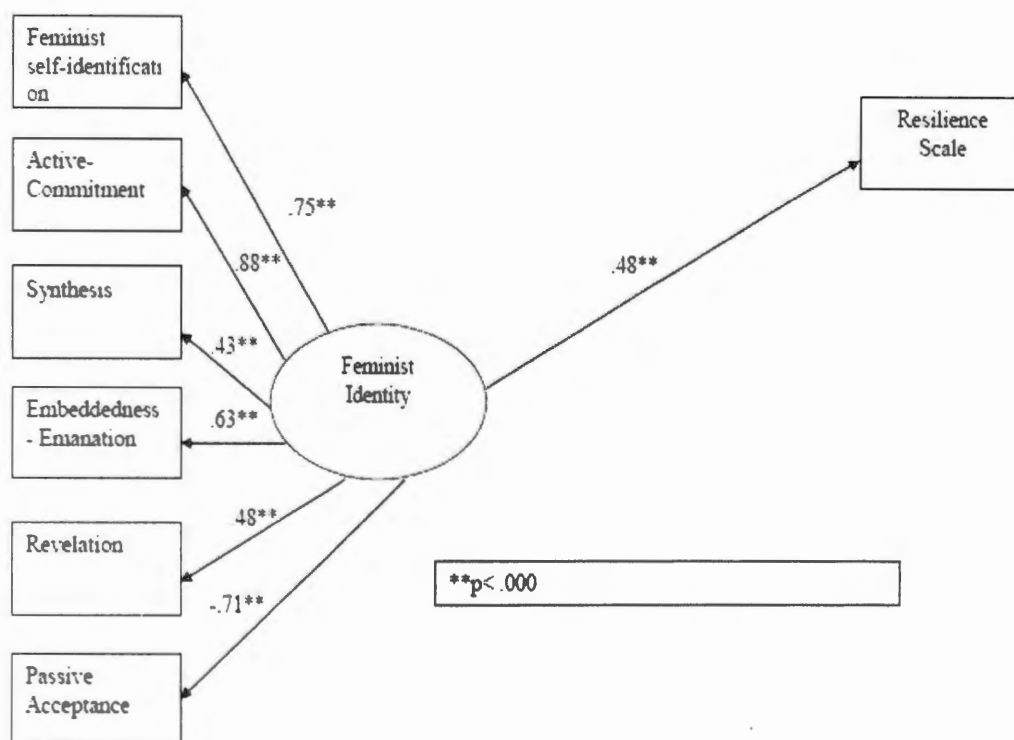


Figure 4. Initial model.

Therefore, the initial model was adjusted based on the results of the preliminary analyses. The adjusted model (see Figure 5) includes the correlations among subscales of FIC (Fischer et al., 2001) and Feminist Self-Identification (Myaskovsky & Wittig, 1997). The correlations were listed in the previous section in Table 4. The chi-square statistic of this model was non-significant ( $\chi^2(1, N = 279) = .029, p = .87$ ), meaning there were no significant differences between the adjusted model and other alternative models; therefore, the adjusted model demonstrated acceptable goodness of fit. The other fit indices for the adjusted model were: CFI = 1, RMSEA < .0005 (90% confidence interval [CI] = .000 to .085), and SRMR = .015. Thus, other fit indices also indicate good fit of

the adjusted model. Table 9 summarized the fit statistics for the two models. In the adjusted model, 61.6% of the variance associated with resiliency was accounted for by feminist identity.

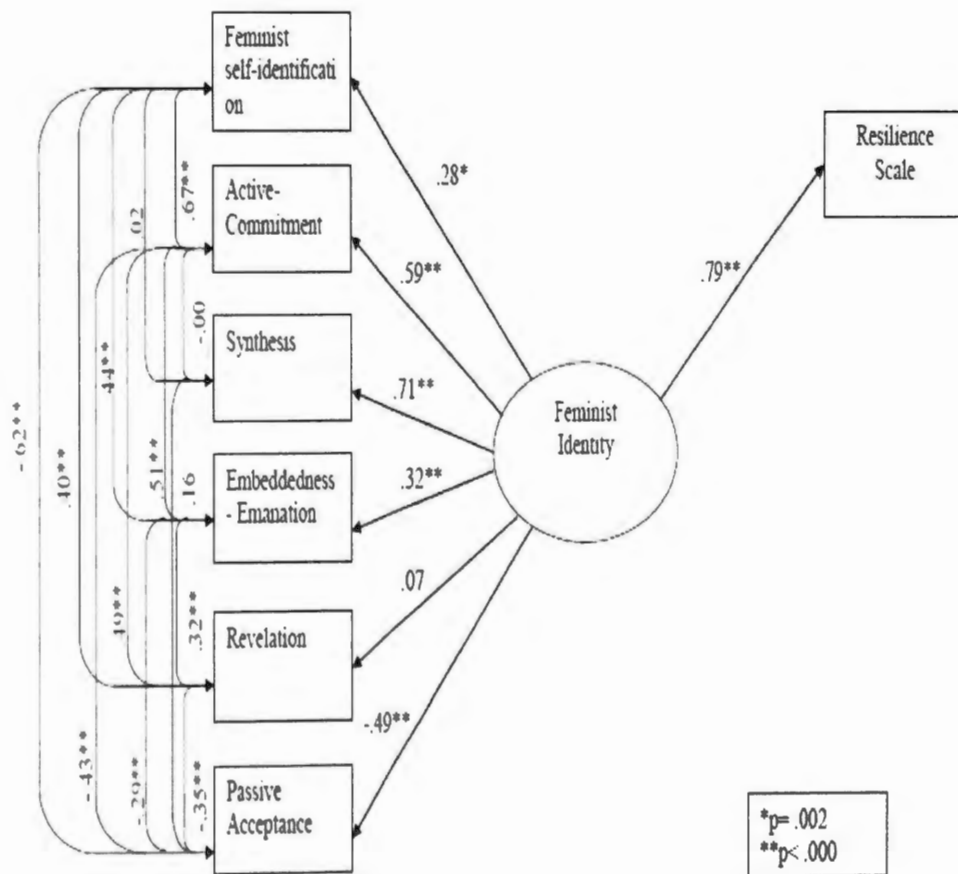


Figure 5. Adjusted model

Table 9

*Goodness of Fit Summary for Structural Models*

	$\chi^2$	<i>df</i>	CFI	RMSEA	RMSEA 90% CI	SRMR
Initial model	138.25**	14	.83	.18	.15-.21	1.31
Adjusted model	.029	1	1.00	<.0005	.00-.085	.015

*Note:* \*\*  $p < .0005$

Hypothesis 2, which predicted that latter stages of feminist identity development (i.e., revelation, embeddedness-emanation, synthesis, and active commitment) would be associated with higher levels of resiliency, was partially supported. Since feminist identity had a significant relationship with resiliency, the investigator examined the relationship between feminist identity and each stage of feminist identity development (i.e., passive acceptance, revelation, embeddedness-emanation, synthesis, and active commitment). Passive Acceptance subscale (Fischer et al., 2000) had a significant negative relationship with feminist identity ( $\beta = -.49, p < .000$ ), and a negative association with resiliency. Embeddedness-Emanation ( $\beta = .32, p < .000$ ), Synthesis ( $\beta = .71, p < .000$ ), and Active Commitment ( $\beta = .59, p < .000$ ) subscales (Fischer et al.) had significant and positive relationships with feminist identity. Therefore, those three stages of feminist identity had positive associations with resiliency. Revelation subscale (Fischer et al.) did not show a significant association with feminist identity ( $\beta = .07, p = .33$ ).

Hypothesis 3, which predicted that women who self-identified as feminists and who were in the latter stages of feminist identity development would report higher level



of resiliency, was partially supported as well. Feminist Self-Identification Question (Myaskovsky & Wittig, 1997) had a significant and positive relationship with the latent construct of feminist identity ( $\beta = .28, p = .002$ ) and it was associated with higher levels of resiliency. As noted in the reporting of results from Hypothesis 2, Embeddedness-Emanation, Synthesis, and Active Commitment subscales (Fisher et al., 2000) were associated with higher levels of resiliency. In contrast, Revelation (Fischer et al.) did not show a significant association with resiliency and Passive Acceptance (Fischer et al.) showed a significant and negative relationship with resiliency.

### **Supplemental Analysis**

A supplemental analysis was conducted to determine whether there was a difference in model fit based on race. This supplemental analysis was conducted based on the results of preliminary analysis that there was a difference between White women and women of color in their overall resiliency and scores on the Passive Acceptance subscale of the FIC (Fischer et al., 2000). For White women, the Adjusted Model was an acceptable fit to the data,  $\chi^2(1, N = 218) = 2.513, p = .11$ ; CFI = .97, RMSEA = .08 (90% CI = .00, .22), and SRMR = .24. For women of color, the Adjusted Model resulted in an ill-defined solution due to a Heywood case, which is an illogical value indicating the presence of negative variance estimates or a correlation greater than 1 (Kline, 2005). A Heywood case in this study could be due to small sample size ( $n = 61$ ).

## CHAPTER V

### DISCUSSION

The investigator examined the relationship between feminist identity and resiliency in women. The existing literature has indicated that both feminist identity and resiliency are positively associated with women's well-being. However, no previous study had examined the relationship between feminist identity and resiliency. In this investigation, the researcher sought to bridge this gap by examining the relationships between feminist self-identification and resiliency (Hypothesis 1), stages of feminist identity development and resiliency (Hypothesis 2), and the combination of feminist self-identification and stages of feminist identity development and resiliency (Hypothesis 3). In this chapter, the researcher will present the summary of findings; an integration of findings with the existing research; implications for theory, practice, and research; limitations; and a conclusion.

#### **Summary of Findings**

There were three hypotheses in the current investigation. The first hypothesis was fully supported, while the other two hypotheses were partially supported. Hypothesis 1 predicted that feminist self-identification would be positively associated with resiliency. Hypotheses 2 predicted that the latter stages of feminist identity (for example, revelation, embeddedness-emanation, synthesis, and active commitment stages) would be positively associated with resiliency. Hypothesis 3 predicted that both women's feminist self-

identification and the latter stages of feminist identity development would be positively associated with resiliency. Overall, feminist identity, conceptualized as both feminist self-identification and the latter stages of feminist identity development, has a strong positive association with resiliency.

The result of Pearson Product Moment correlation fully supported Hypothesis 1. As predicted, women who self-identified as feminists had significantly higher levels of resiliency when compared with women who self-identified as non-feminists. Feminist self-identification was positively associated with resiliency. Given that Hypothesis 2 is embedded in Hypothesis 3, both hypotheses were tested with the same model using structural equation modeling. The statistical model was modified to incorporate the results from the preliminary analyses. The results of the statistical analysis partially supported Hypotheses 2 and 3.

As predicted, women who were in the passive acceptance stage demonstrated significantly lower resiliency levels compared to participants in the latter stages of feminist identity development. However, only those participants whose identities were consistent with the embeddedness-emanation, synthesis, and active commitment stages of feminist identity development reported significantly higher levels of resiliency. Those in the revelation stage of feminist identity development did not demonstrate higher levels of resiliency. In addition, feminist self-identification continued to demonstrate a significant relationship with resiliency when calculated along with the stages of feminist identity development. In sum, women who identified as feminists, including both feminist self-identification and whose identities were consistent with the latter stages of feminist

identity, except for the revelation stage, had higher levels of resiliency than women who did not self-identify as feminists and who were in the passive acceptance stage of feminist identity development. The reasons for the disparate findings regarding the revelation stage will be explored in the next section.

### **Integration of Findings with Existing Literature**

#### **Feminist Identity and Resiliency**

The result that women who self-identify as feminists have higher resiliency is consistent with the literature that women's feminist self-identification is associated with well-being. Previous researchers have found that resiliency is associated with factors such as having high self-esteem (Karairmak, 2010; Nishi et al., 2010; Nygren et al., 2004; Yu & Zhang, 2007), experiencing more positive affect than negative affect (Benetti & Kambouropoulos, 2006; Burns & Anstey, 2010; Karairmak, 2010; Smith et al., 2010), and being capable of utilizing effective coping skills (Campbell-Sills et al., 2006; Garity, 1997; Pickering et al., 2010). These factors are also associated with feminist self-identification, such that women who self-identify as feminists have higher self-efficacy (Eisele & Stake, 2008; Smith, 1999), are more effective in coping with oppression (Klonis et al., 1997), and feel more empowered through collective action (Duncan, 2010; Eisele & Stake; Nelson et al., 2008; Yoder et al., 2011). In addition, feminist self-identification has been found to provide passion in one's life (Kimmel, 1989), facilitate self-growth (Barata et al., 2005), engender positive attitudes toward women (Liss et al., 2001; McCabe, 2005), free oneself from confined traditional gender roles (Rudman & Phelan, 2007; Smith et al.), and offer ways to combat objectification (Garner, 1997; Hurt

et al., 2007; Rubin et al., 2004). Having higher self-esteem, employing better coping strategies, endorsing a positive attitude toward other women, experiencing more feelings of empowerment, and experiencing increased self-growth suggests that these women may be particularly capable of recovering from adversity. Therefore, women who self-identify as feminists may well reap the benefit of their self-identification and can remain relatively less scathed by adversity than women who do not identify as feminists.

This investigator found that the passive acceptance stage of feminist identity development (Fischer et al., 2000) was associated with lower level of resiliency, which is consistent with the extant literature. Previous researchers have found that women who were in the passive acceptance stage of feminist identity development had more disordered eating behaviors (Green et al., 2008), greater body dissatisfaction (Snyder & Hasbrouck, 1996), and reported lower psychological well-being (Yakushko, 2007) when compared to women in the latter stages of feminist identity development. The relationship between lower levels of well-being in women in the passive acceptance stage may be attributable to these women's adherence to traditional sex-role and gender social norms (Mahalik et al., 2005; Rickard, 1989; Yoder et al., 2007), being more likely to compare themselves to other women (Ng et al., 1995), viewing appearance as highly important (Cash et al., 1997), and preferring to focus on family even when working outside the home (Weathers et al., 1994). Since women who are in the passive acceptance stage tend not to be aware of sexism and more readily accept traditional gender roles, they may be more likely to deny or minimize their experiences (Downing & Roush, 1985). For example, women in the passive acceptance stage were more likely to silence

themselves when in relationships (Witte & Sherman, 2002) and experience psychological distress after encountering a sexist event (Moradi & Subich, 2002b). This denial of one's own inner experiences, self-invalidation, and rigid adherence to traditional gender roles can have a negative impact on one's view of how she can solve and cope with adversity, thus contributing to lower levels of resiliency. If a woman adheres to traditional gender roles, she may believe that she is unable to solve difficult problems without assistance and wait for someone to rescue her. Endorsing more passivity may adversely impact women's resiliency levels.

The latter stages of feminist identity development, including embeddedness-emanation, synthesis, and active commitment, were associated with resiliency, which is also consistent with other literature findings on the benefits of being in the latter stages of feminist identity development. Women in the embeddedness-emanation stage are characterized by being more connected with other women and their feminist identity is typically strengthened and affirmed during this stage (Downing & Roush, 1985). Previous scholars have found the embeddedness-emanation stage to be associated with recognizing sexist practices in the environment (Fischer & Good, 1994) and preferring to work with other women to change women's status in society (Fischer et al., 2000; Liss et al., 2004; Ng et al., 1995). The capacity to recognize sexist practices and to feel connected with other women are psychological resources that may help women bounce back from adversity. Moreover, women in the embeddedness-emanation stage are thought to develop a new identity and a more realistic view of the world in relation to gender (Downing & Roush). Women in the embeddedness-emanation stage have greater

levels of resiliency than do women in the passive acceptance stage of feminist identity development. When facing adversity, women in the embeddedness-emanation stage can seek emotional and social support from other women (Downing & Roush) and find inspiration from other women's works in order to cope with the situation. Women in the embeddedness-emanation stage can recognize that some challenges they face may be a result of sexism rather than their own personal inadequacy, and this recognition can prevent them from feeling helpless and hopeless about their situations.

The results of the association between synthesis and active commitment stages and higher levels of resiliency are also consistent with the extant literature. In previous studies, identification with the synthesis and active commitment stages have demonstrated a positive impact on women's psychological well-being (Yakushko, 2007), especially in evidencing less disordered eating behaviors (Green et al., 2008; Guille & Chrisler, 1999; Snyder & Hasbrouck, 1996) and less body dissatisfaction (Snyder & Hasbrouck). These latter two stages moderated the negative impact of sexist events on developing psychopathology, such as disordered eating (Sabik & Tylka, 2006). Women in the synthesis and active commitment stages of feminist identity development endorse less traditional gender roles (Bergen & Mollen, 2008; Liss et al., 2004) and may choose their roles and how they act based on their own evaluation of their environments. Women in the last two stages of feminist identity development go through a period of self-growth and transformation. Women in the synthesis stage start to integrate the positive qualities of being a woman with their unique attributes, and women in the active commitment stage start to act according to their consolidated identity. In addition, these women are

able to think more critically about sexism and become more active in changing women's condition (Downing & Roush, 1985). The tendency for greater behavioral repertoire, greater critical thinking ability, and an integrated sense of self characterized by the latter stages of feminist identity development may help women to cope with and navigate through difficulties. Women in these latter two stages may be less concerned about gendered scripts regarding how problems should be solved, such as that woman should not make a scene when she encounters injustice or how most heterosexual women go to their male partners for help. They can think critically about methods to achieve their desired goals under difficult circumstances. Their integrated sense of self allows for heightened awareness of their potential as well as endorsing a more optimistic outlook when facing adversity.

It is interesting to note that in the current investigation, the synthesis stage had a stronger relationship with resiliency than the active commitment stage. The result could be due to the psychometric properties of FIC (Fischer et al., 2000). On the FIC (Fischer et al.), items comprising the Synthesis subscale include how participants rate their positive feelings about themselves, for example, "I enjoy the pride and self-assurance that comes from being a strong female," and "I am proud to be a competent woman" whereas the items on the Active Commitment subscale do not contain such items. The FIC Active Commitment subscale (Fischer et al.) focuses more on how women perceive themselves in relation to the women's movement, such as how important equality issues are to them. A positive evaluation of self may have a stronger relationship with resiliency than the beliefs regarding the women's movement. Therefore, the relatively weaker relationship



between the active commitment stage and resiliency may be a logical result given the active commitment stage's focus on women's feelings about the women's movement compared to the synthesis stage's focus on women's feelings about themselves. Results from the Active Commitment subscale may have demonstrated a stronger relationship with resiliency if the participants were asked to assess how powerful and competent they feel when they engage in social activism. Another possibility for the resulting gap between the Active Commitment and Synthesis subscales (Fischer et al.) could be attributed to the frustration and exhaustion of facing the enormous difficulties of trying to create gender equality. Women may start to reassess their abilities to cope with adversity and be less optimistic about changing the environment when they reach the final stage of feminist identity development.

In this study, the revelation stage did not demonstrate a significant relationship with resiliency, which may be attributable to the prominent emotions experienced by women who are in the revelation stage. Although women in the revelation stage have begun to question traditional gender roles, this stage tends to be characterized by feelings of anger and guilt about being oppressed, as women realize how they may have contributed to their oppression in the past (Downing & Roush, 1985). Resiliency has been found to have a positive relationship with more desirable affect such as feeling excited and proud instead of less desirable affect, such as feeling angry and guilty (Benetti & Kambouropoulos, 2006; Burns & Anstey, 2010; Karairmak, 2010; Smith et al., 2010). Therefore, the result that the revelation stage did not show a significant relationship with resiliency is cogent.

Even though feminist self-identification, along with three latter stages of feminist identity development, demonstrated a significant relationship with resiliency, the relationship between feminist self-identification and resiliency was weaker than the relationships among embeddedness-emanation, revelation, and active commitment stages and resiliency in the model. Perhaps the willingness to adopt a feminist identity is not necessarily the most important factor associated with resiliency. Although feminist self-identification has demonstrated a positive relationship with women's well-being as mentioned in the earlier section, the literature has shown that feminist self-identity is most strongly associated with engaging in social activism (Yoder et al., 2011). When considering the construct of resiliency among women, the beliefs and attitudes about one's ability to strive and survive hardship may be more important than one's social identity. In sum, the results of Hypotheses 2 and 3 revealed that resiliency has significant positive relationships with feminist self-identification and the embeddedness-emanation, synthesis, and active commitment stages of feminist identity development. Women who self-identified as feminists, and who were in one of the three latter stages of feminist identity development, reported higher levels of resiliency than women who self-identified as non-feminists and were in the passive acceptance stage.

### **Feminist Self-Identification and Feminist Identity Development**

The significant positive relationship between feminist self-identification and each of the four latter stages of feminist identity development (i.e., revelation, embeddedness-emanation, synthesis, and active commitment) was consistent with the literature. Other researchers have found similar relationships among scores on the FIC's (Fischer et al.,

2000) subscales and feminist self-identification (Henderson-King & Stewart, 1994; Liss & Erchull, 2010; Vaughn et al, 1996; Yakushko, 2007). However, previous researchers have reported that only some of the latter stages of feminist identity development had significant correlations with feminist self-identification rather than all four latter stages. For example, Liss and Erchull found that only the active commitment stage was correlated with feminist self-identification whereas Henderson-King and Stewart found revelation, embeddedness-emanation, and synthesis stages to be correlated with feminist self-identification. The varied results in the literature may be due to a number of reasons. First, different researchers have used different measures for feminist identity development and for feminist self-identification. For example, Liss and Erchull used a yes/no question to assess feminist self-identity whereas Henderson-King and Stewart asked about how the participants felt about feminists. Another reason could be the participants recruited, as some researchers recruited only college women (i.e., Henderson-King & Stewart; Liss & Erchull) and others recruited women in the community (i.e., Yakushko). Furthermore, the relationship between feminist self-identity and feminist identity development may have changed with time since Henderson-King's study was conducted in 1994.

The results of the current study show support for Downing and Roush's (1985) theory that women are more likely to self-identify as feminists if they are in the latter stages of feminist identity development. Furthermore, the current investigation's utilization of both feminist self-identification and assessing feminist identity development,

coupled with the diverse participants who completed the study compared to previous investigations, adds to the strength of this finding.

### **Demographic Variables and Feminist Identity**

This investigator found some relationships among demographic variables and feminist identity. Education level was found to have a positive relationship with feminist self-identification and latter stages of feminist identity development, which is consistent with previous research (e.g., Bargad & Hyde, 1991; Erchull et al. 2009; Hyde, 1991; Yoder et al., 2007). Women who have completed more education may have more exposure to what sexism looks like and developed more critical thinking skills that may compel them to be more receptive to feminism and to developing a feminist identity.

This investigator also found that participants who self-identified as feminists and were in the latter stages (revelation and active commitment stages) of feminist identity development tended to have fewer children than women who self-identified as non-feminists and were in the very early stage (passive acceptance stage) of feminist identity development. DuBuisson (1996) found similar relationships among number of children and latter stages of feminist identity. DuBuisson suggested that women in the latter stages of feminist identity may have fewer children because they do not necessarily adhere to the social expectation for women. It is also likely that women who have more children might have less time to explore new ideas and foster their feminist identity development due to the responsibilities related to childrearing (DuBuisson). This explanation may be applicable to the results of this investigation. Participants who self-identified as feminists were more likely to be situated in the revelation and active commitment phases of

feminist identity development than those who did not self-identify as feminists; therefore, self-identified feminist participants may have been especially aware of the negative impact of the traditional gender roles and actively exercise other, non-traditional choices. Doing so could result in some resisting the social expectation of women having children, particularly in the U.S. and other pronatalist countries (Mollen, 2009). Of course, the negative relationship between feminist identity and the number of children women have does not automatically mean that women who have more children are not feminist, but rather, that non-feminist women are more likely to have children than feminist women.

In addition, this investigator found that younger participants were likely to be in the revelation, embeddedness-emanation, and active commitment stages. This result of the relationship between age and feminist identity development conflicted with some previous research but was similar to other previous studies. Similar to this study, Erchull et al. (2009) found that younger women in their sample were more likely to be in the revelation stage. They explained that younger women were more likely to be in the revelation stage than older women because it is the stage when women began to recognize the pervasiveness of sexism (Downing & Roush, 1985). Erchull et al. also found that older women had higher scores on the FIC Active Commitment (Fischer et al., 2000) scores, which conflicts with the result of this study. The difference could be as a result of differences in the respective samples. Erchull et al. recruited mostly college women and feminists in the community, whereas the current investigator recruited diverse women from the community. Another possible explanation for this result is that younger women have more energy and time to devote to social change, whereas older

women may have other life obligations, such as family and work. Older women may be less likely to actively engage with social change efforts due to their other responsibilities. As for the significant negative relationship between age and score on the Embeddedness-Emanation subscale (Fischer et al.), it could be due to the psychometric properties of the subscale. On the FIC (Fischer et al.), the Embeddedness-Emanation scale contains items that asked how interested the participants were in women artists, musicians, writers, and studies. Younger participants might have more time to enjoy performing arts, have more exposure to women performing artists, and encounter more access to information regarding woman performing artists. Older participants may be less likely to have time for performing arts in general, and even if they did, they might be less likely to have time to follow women performing artists than their younger counterparts.

This investigator found that race and sexual orientation have an impact on feminist identity development. In this sample, women of color were more likely to be in the passive acceptance stage than White women. This result conflicts with Myaskovsky and Wittig's (1997) study. Myaskovsky and Wittig did not find women of color to be less likely to self-identify as feminists. However, Boisnier (2003) found White women were more likely to identify with the stages of the feminist identity development model than women of color. Women of color agreed more strongly with a womanist identity development model. The womanist identity model posits how women develop an internal sense of womanhood, which may or may not involve the development of a feminist identity. At the end stage of the womanist identity development, women value themselves as women and the roles they adopt (Helms, 1990).

The higher level of endorsement for the Passive Acceptance subscale (Fischer et al., 2000) among women of color in this study might be the result of their level of racial identity development. Martin and Hall (1992) found that Black women who were in the immersion-emersion stage of their racial identity development, in which they immerse themselves in Black culture, were more likely to endorse traditional female roles. Although the current study did not examine the relationship between feminist and racial identities, women of color participants' scores on the Passive Acceptance subscale (Fischer et al.) may be impacted by their racial identity.

In the current investigation, heterosexual women were more likely to be in the passive acceptance stage than lesbian women, less likely to be in the embeddedness-emanation stage than lesbian and queer women, and less likely to be in the active commitment stage than bisexual, lesbian, and queer women. Sexual minority women were more likely to self-identify as feminists than heterosexual women. This result is consistent with Yakushko's (2007) finding that heterosexual women are more likely to self-identify as non-feminists and be in the passive acceptance stage of feminist identity development than bisexual and lesbian women. Simoni, Henley, and Christie (1999) also found women who are sexual minorities endorsed more feminist beliefs than heterosexual women. Rich (1983) believed this heightened identification with feminism among sexual minority women stemmed from their experience with heterosexism. The patriarchal culture assumes heterosexuality represents normalcy and innateness, and fails to capture the experiences of non-heterosexual women. Thus, sexual minority women may be particularly aware of the inequality in traditional gender roles and sexism.

## **Demographic Variables and Resiliency**

In the current study, resiliency had significant positive relationships with income and educational level. This finding is consistent in the literature that has found that school achievement and socioeconomic status are positively correlated with resiliency (Greene & Conrad, 2002). Poverty, on the other hand, has been found to negatively impact a person's psychological health (Wadsworth & Santiago, 2008). Smith, Chambers, and Bratini (2009) examined the current literature and concluded poverty is associated with psychiatric disorders and the likelihood of experiencing assaults. Since resiliency has been found to be associated with many different personal factors, such as positive self-appraisal (Karairmak, 2010; Yu & Zhang, 2007) and effective coping styles (Campbell-Sills et al., 2006; Garity, 1997), individuals with high levels of resiliency are more likely to cope successfully with the stressors of obtaining an education and maintaining a job. Therefore, individual with high levels of resiliency are more likely to have a higher education level and income. Furthermore, people with low levels of resiliency may be less likely to cope adequately with the tremendous amount of stress associated with poverty and unable to change their economic status. On the other hand, the positive relationships among resiliency, income, and education level could be explained in another direction. People who obtain more education are more likely to have higher incomes, and with the benefits of higher income and education, they feel they can better cope with life's adversity, and thus, report having greater levels of resiliency.

Moreover, this investigator also found that White women had higher levels of resiliency than women of color. Wagnild (2009) pointed out the existing literature on



resiliency lacks sufficient data on the role of race. Therefore, the difference between White women and women of color's resiliency found in this study may be due to the influence of feminist identity. In the current sample, women of color were more likely to be in the passive acceptance stage of feminist identity development than White women. Latter stages of feminist identity development are related to higher levels of resiliency which may help explain the finding that women of color self-reported less resiliency than White women. Nonetheless, the difference could also be explained by other factors, such as the racism experienced by women of color. Women of color not only experience sexism but also racism. Racism negatively impacts the psychological well-being of People of Color such as having lower life-satisfaction (Deitch et al., 2003), higher distress (Carter & Reynolds, 2011), and more symptoms of psychopathology (Kessler, Mickelson, & Williams, 1999). The experiences of racism may negatively impact women of color's resiliency. The impact of race on women's resiliency requires further research.

### **Implication for Theory**

The results of this investigation contribute to the understanding of feminist identity development theory. In this investigation, the stages of feminist identity development were found to have significant relationships with each other, with the exception of the revelation and synthesis stages. These results were consistent with a previous study conducted by Moradi and Subich (2002b). Moradi and Subich suggested the intercorrelations among subscales demonstrated that feminist identity development did not progress in a stepwise manner as suggested by Downing and Roush (1985). Hyde (2002) also suggested women's feminist identity development is nonlinear such that the

passive acceptance and active commitment stages are on the opposite ends of feminist identity development, and women may progress differently from the passive acceptance stage to forming a feminist identity (i.e., reaching the active commitment stage) (Hyde, 2002). In other words, women do not necessarily arrive at the active commitment stage by going step-by-step through the revelation, embeddedness-emanation, and synthesis stages and there may be overlapping between and among the stages. The results of this study can be viewed as supporting evidence that feminist identity is neither linear nor stage-like.

On the other hand, this investigator found that women who were in the passive acceptance stage of feminist identity development were less likely to endorse beliefs consistent with the latter stages of feminist identity development. This finding is consistent with Downing and Roush's (1985) description that women in the passive acceptance stage of feminist identity development have not yet recognized sexism, while women in other four stages are aware of the existence of gender oppression.

The results of this investigation also contribute to the theory of resiliency. Previous researchers and theories have not tended to include feminist identity as a factor associated with resiliency. Given the results of the current investigation, resiliency theorists can begin to incorporate this important identity piece such as viewing feminist identity as a protective factor that potentially buffers the impact of adversity. The findings of this investigation can further broaden the theory on resiliency and consider that perhaps other similar constructs such as a strong sense of racial identity may also be a factor related to resiliency.

### **Implication for Practice**

In 2007, a group of feminist psychologists and students called attention to the need for direction for therapists in the publication of the *Guidelines for Psychological Practice with Girls and Women* (APA). *The Guidelines* (APA) encourage psychologists to gain a fuller understanding of gender role socialization and its impact on mental health. The results of this investigation illustrate the negative impact of adhering to traditional gender role on women's mental health such that passive acceptance in feminist identity development and not identifying as feminists are related to lower levels of resiliency. Thus, the findings of this study can be incorporated into treatment with girls and women.

The results of this study are important to clinical practice in terms of adding to therapists' understanding of how to help facilitate women's resiliency. Many clients seek therapy when they face internal turmoil stemming from difficulties they have faced, such as enduring trauma or experiencing relationship difficulties (Amada, 2011). Both the present study and previous studies have demonstrated the positive influence of feminist identity on women's well-being, and symptom reduction and well-being improvement are often the goals for therapy. Although the specific mechanism of how specifically feminist identity relates to resiliency remains unknown, this investigator found latter stages of feminist identity and feminist self-identification are associated with higher levels of resiliency. Therefore, therapy which focuses on facilitating women moving away from the passive acceptance stage and challenging the belief that being feminist is harmful can serve as a framework for clinical intervention toward increasing their resiliency.

Women in different stages of feminist identity development may come into therapy with specific concerns relating to their feminist identity development (McNamara & Rickard, 1984). Facilitating feminist identity development can reduce clients' symptoms (McNamara & Rickard) and also facilitate women's resiliency. Using McNamara and Rickard's proposed outline, the therapist can facilitate clients' feminist identity by focusing on different needs based on clients' stage of feminist identity development.

For example, therapists working with women who are in the passive acceptance stage of feminist identity development could encourage exploring feelings and facilitating discussions about the clients' historical reliance on others. The therapist can help clients explore the benefits and costs of maintaining a traditional worldview, such as having economic security but a lack of autonomy (McNamara & Rickard, 1984). These discussions may promote the clients' resiliency by increasing a sense self-efficacy. Feeling efficacious could lead to the belief that one can handle most hardships in life. When women start to recognize sexism in the society and move into the revelation stage, they may begin to experience substantial anger. The therapist can affirm clients' anger and encourage clients to participate in building connections with other women (McNamara & Rickard). Since the revelation stage does not have any significant relationship with resiliency, the therapist can help clients move through this stage by finding positive ways to channel their anger or to modify their cognitive schemas regarding how they view themselves when difficulties arise. The therapist can also use strength-based interventions to validate clients' abilities in handling hardships.

The current investigation found that the embeddedness-emanation, synthesis, and active commitment stages were significantly related to resiliency. Therefore, when working with women who are in these three stages of feminist identity development, therapists can highlight the clients' existing resiliency and explore how their feminist identity may be related to their resiliency. In addition, therapists can help increase clients' resiliency by being supportive of clients' feminist identity development. The therapist and client can analyze the benefits of cultivating a feminist identity and how it may help her cope with adversity. The therapist may also have to process the challenges clients experience, such as rifts with friends and romantic partners, along clients' journey to solidifying a feminist identity.

Of course, the main goal for therapy does not necessarily have to include facilitating women's feminist identity development. Other issues may be more pressing in clients' lives, or if a particular client does not find value in exploring her feminist identity, the therapist should proceed accordingly; however, the therapist can still apply the results of this study while working with clients. Regardless of the client's presenting issues, the therapist can use a feminist perspective in therapy, focusing on exploring how social factors contribute to their presenting issues or current difficulties (Enns, 2004).

The results of this investigation can be used to help feminist mentors and educators inform their trainees and students on the benefits of having a feminist identity. Mentors are important for trainees' personal growth and career development (Kram, 1985), and having a mentor who is supportive about a trainee's feminist identity development can provide a trainee with tools on how to become a feminist therapist and

scholar (Rader, 2001). Mentors can imbue a sense of hope to trainees in the challenging process of acquiring feminist identity by sharing the results of this investigation that resiliency is associated with having a feminist identity. Mentors can also motivate women to broaden their worldviews by stressing the negative correlations with passive acceptance stage and resiliency.

In addition, due to the possible differences between women of color and White women regarding their feminist identities and resiliency, clinicians should adhere to APA's (2002) *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change of Psychologists* and recognize the importance of multicultural sensitivity and responsiveness. Given the results of the current investigation, therapists are advised to help women of color clients to identify multiple ways to strengthen their resiliency. Simultaneously, a clinician should not assume that acquiring a feminist identity will categorically improve women of color's resiliency. Rather, a clinician should be sensitive that women of color may wish to focus more on their racial identity development in session instead of their feminist identity development. Similarly, a clinician should not automatically assume that women of color will not benefit from exploring their feminist identity development in therapy and thus should not miss the opportunity to discuss it with women of color clients. Since this investigator found women of color were more likely to be in the passive acceptance stage, the clinician may spend some time exploring the positive and negative consequences of the passive acceptance stage of feminist identity development. The clinician can help women of color

clients move beyond the passive acceptance stage if clients agree to explore this option in therapy.

Boisnier (2003) found that women of color were more likely to endorse the womanist identity development model; therefore, the therapist can adopt the womanist identity development model in therapy and explore how clients view their womanhood and what gender roles they wish to adopt without necessarily encouraging their clients to claim a feminist identity. A clinician has to be careful and not push his/her own values and beliefs on their clients. Of course, women of color, similarly to White women, present an array of concerns in therapy and clinicians should be prepared to work in domains that may not include racial or feminist identity development. Clinicians should strive to apply culturally-appropriate skills based on their clients' needs as recommended by the APA guidelines.

### **Implication for Future Research**

The results of this study can serve as a springboard for future research to broaden the knowledge on feminist identity and resiliency. As the current investigation relied on self-reported beliefs and attitudes about oneself, future investigators can add instruments to assess what one does in difficult situations and explore the discrepancy between self-reported instruments for resiliency and other type of assessments for resiliency. Adding a measure of social desirability may also improve the validity of the results.

The model in this investigation enhances the understanding between feminist identity and resiliency, but it does not explain the specific mechanism of how feminist identity contributes to resiliency. It could be that a broader set of gender roles, the

connection with other women, the integration of one's identity, and/or the commitment to social activism facilitate resiliency. Moreover, feminist women may have learned more coping strategies on how to manage difficulties based on their past experiences with sexism than non-feminist women, and they may have a better understanding of the contextual elements surrounding the adversity and avoid blaming themselves for it. The sense of empowerment feminist women feel may also contribute to resiliency. The mechanisms on how feminist identity impacts resiliency remain unanswered, and it is important for future research to address this gap in the literature. If a mechanism or mechanisms for facilitating and increasing resiliency were discovered, then these could be developed for use in education, training, practice, and advocacy settings.

In addition, based on the results of this study that women of color were more likely to be in the passive acceptance stage than White women, future research should also examine the impact of racial identity development on women's feminist identity development. As this study was not able to determine whether there is a difference between women of color and White women in the relationship between feminist identity and resiliency due to an inadequate number of women of color participants, future research should include a greater number of women of color in order to examine the role race play in feminist identity development and resiliency. Finally, as the women who participated in this current investigation were well-educated and generally reported high incomes, future researchers are encouraged to study women whose socioeconomic status may be more consistent with more women's experiences.



## **Limitations**

Some limitations are noted in this investigation are based on the research design, methodology, sampling procedure, and results. First, the current study is cross-sectional; participants answered a series of self-reported questionnaires during a set timeframe. The research questions and statistical analyses used were based on exploring the relationship between the constructs of interest. The nature of the study is not experimental and no independent variable was manipulated; therefore, causation between feminist identity and resiliency cannot be asserted. Although significant relationships were found between feminist identity and resiliency, due to the nature of study design, alternative explanations for the observed results cannot be overlooked. For instance, individuals' resiliency level could impact their feminist identity instead of vice versa. Due to the significant correlation between feminist identity and resiliency, both variables could be impacted by a third factor, such as personality, and to differing degrees.

Second, the use of the Internet as a method for participant recruitment and data collection is a limitation. According to the Zickuhr and Smith (2012), one out of five adults in the U.S. does not use the Internet. Moreover, there are differences between people who have access to the Internet and those who do not. For example, older adults, Spanish speakers, low SES adults, and adults with less than a high school education are less likely to have Internet access (Zickuhr & Smith). Due to the characteristics of non-Internet users, the sample recruited in this study may not have been representative of the population. In addition, non-Internet users tend to believe the Internet is irrelevant (Zickuhr & Smith). This difference may pose a limitation in generalizing the results of

this investigation. Future researchers can focus on recruiting women who do not use the Internet and examine the impact of Internet on feminist identity and resiliency, or to compare non-Internet users' responses with this investigation.

Given that participants were recruited via electronic advertisements, including e-mail and social network posts, it is impossible to determine the number of people who were aware of this research participation opportunity and opted not to participate. There may be a difference between those who were aware of this research opportunity but decided not to participate and those who participated. For example, individuals who chose not to participate might not be interested in the topic, may not have had the time or resources to participate, or might have had a negative reaction toward the term *feminist identity*. However, it is noteworthy that 81.16% of the participants who accessed the survey link completed the questionnaires. Regrettably, it is also impossible to know the reasons why some participants decided to withdraw from the study. Participants who withdrew might have encountered internet connection problem which stopped them from completing all the questionnaires, they might not have felt comfortable in providing demographic data, they may have experienced some discomfort with the questions in the survey, or they might have decided the survey took too much time for them to complete. Moreover, participants who decide to complete the study may have had a greater interest in the subject matter and thus created a bias in the results. Women who were feminists and devoted to social activism may have been more likely to take the survey than women who were non-feminists.

Third, the representativeness of the sample may pose a limitation on generalizing the results of this investigation. Although the sample consisted mostly of White women, it mirrored the U.S. Census that 72% of all people living in the United States are White (Humes, Jones, & Ramirez, 2011). However, other demographic characteristics of this sample did not accurately reflect the population and poses a limitation on generalizing the results. The majority (76.4%) of the women in this sample were well-educated with a post-secondary education, whereas only 27.9% of the U.S. population has a Bachelor's degree or higher (U.S. Census Bureau, n.d.). Moreover, the majority of the women in this sample were also heterosexual and partnered, with a higher than national median average annual household income (U.S. Census Bureau). Education, sexual orientation, relationship status, and income can also impact the relationship between feminist identity and resiliency. Future research is needed to recruit a strategized sample in order to increase the generalizability of the results.

Fourth, certain aspects of the instrumentation of this investigation may limit the generalizability of the results. Even though all the instruments used in this investigation, except the author-generated demographic questionnaire, have demonstrated psychometric soundness, including validity and reliability in the literature, it is difficult to ensure all participants understand the items in a similar fashion. There is no method to prevent participants from interpreting the items on the instruments in an idiosyncratic manner. In addition, all the standardized questionnaires used in this investigation are self-report in nature. Self-report measures assume individuals can provide an accurate picture without bias. Yet, some individuals may have been more candid than others, and some may be

more aware of their own behaviors and beliefs than others (Domino & Domino, 2002). The individual differences could impact the results of the measures. In addition, social desirability bias, the tendency that an individual wishes to be viewed favorably by others while answering questions, may have also impeded the accuracy of the results (Crowne & Marlowe, 1960). In this investigation, some participants may have wanted to present themselves in a more positive light and perhaps may not have provided a truly accurate picture of themselves. For example, participants may have endorsed more resiliency than they actually experience or reported more social activism than in which they actually engaged. Furthermore, the Resilience Scale (RS; Wagnild & Young, 1993) is not a behavioral assessment and a participant's actions in the face of adversity may not necessarily be reflective of her score on the RS.

### **Conclusion**

The current investigation examined the relationship between two constructs, feminist identity and resiliency. Existing research has indicated that both resiliency and feminist identity are related to women's well-being. However, no known previous research has explored the relationship between feminist identity and resiliency. Consistent with previous studies on the benefits of feminist identity, this investigator found feminist identity to be positively associated with resiliency. The statistical analysis supported the prediction that feminist self-identification would have a significant positive relationship with resiliency. The results of the structural equation demonstrated that three of the four latter stages of the feminist identity development—embeddedness-emanation, synthesis, and active commitment—had a significant positive relationship with resiliency.

The passive acceptance stage had a significant negative relationship with resiliency. Feminist self-identification, along with the embeddedness-emanation, synthesis, and active commitment stages of feminist identity development, had a significant positive relationship with resiliency.

Although the generalizability of the results of this study should be tempered due to its limitations, the result of this investigation can act as a springboard for future research and practice. Specifically, the mechanism of how feminist identity impacts resiliency is still unclear and additional research exploring the mechanism is warranted. The positive outcome of feminist identity found in this study can affirm the importance of facilitating clients' and students' feminist identity development in both therapy and educational settings. The importance of feminist identity can further inform how clinicians can best serve their clients and how feminist scholars can best work with their trainees and students.

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APPENDIX A  
RECRUITMENT ADVERTISEMENT

## Title: Research Help Needed: Women's Feminist Identity and Resiliency

My name is Keidy Ding. I am currently a doctoral student in the Counseling Psychology program at Texas Woman's University. I am conducting research about women's feminist identity and resiliency. The title of my study is: The Relationship between Feminist Identity and Resiliency in Women. If you are a **woman, 18 years or older, and willing to fill out a short survey online**, please consider participating in this study. Your contribution will be invaluable for gaining knowledge about the psychology of women.

Your participation is completely voluntary, and you can withdraw from the study at any time. If you are interested, you will be directed to fill out an informed consent form, online questionnaires about demographic information, feminist identity, and how resilient you are. If you received this recruitment advertisement from a third party, that individual will not have access to the data or have the knowledge of your participation.

To participate, click below and follow the instructions on the website. The study should take between 15 and 30 minutes to complete.

[website goes here]

In exchange for your participation, you can request a summary of the results after the study is completed. In addition, please pass this information along to other women you feel might be interested in participating in this important research. If you have any questions, please contact me at [dingkeidy@gmail.com](mailto:dingkeidy@gmail.com) or 214-810-3985

Thank you for your time and interest.

Keidy Ding, M.S.

This study has been approved by the Texas Woman's University Institutional Review Board and is under the supervision of Debra Mollen, Ph.D.

APPENDIX B

INFORMED CONSENT LETTER

TEXAS WOMAN'S UNIVERSITY  
CONSENT TO PARTICIPATE IN RESEARCH

Title: The Relationship between Feminist Identity and Resiliency in Women  
Investigator: Keidy Ding, M.S. ....(214) 810-3985 or dingkeidy@gmail.com  
Advisor: Debra Mollen, Ph. D ..... (940) 898-2317

Explanation and Purpose of the Research

You are being asked to participate in a research study for Keidy Ding's dissertation at Texas Woman's University. The purpose of this research is to explore women's identity and resiliency.

Research Procedures

For this study, you will be presented with different types of questions about your identity and your self-assessment of resiliency through a secure website designed for research purposes. A short demographic survey will also be included. When you get to the bottom of each screen, simply click "next" to move to the next set of questions. Your total time commitment in this study is estimated to be between 15 to 30 minutes.

Potential Risks

Potential risks related to your participation in the study include fatigue, embarrassment, and psychological or emotional discomfort while completing the survey packet. To avoid fatigue, you may take a break or breaks while completing the surveys as needed. If you experience discomfort or embarrassment regarding the survey questions, you may stop answering any of the questions at any time with no penalty. If you feel the need to speak to a mental health professional regarding your discomfort, you can find a mental health professional via the following websites: <http://locator.apa.org>;

<http://www.counseling.org/Counselors/LicensureAndCert/TP/StateRequirements/CT2.aspx>

Another possible risk to you as a result of your participation in this study is release of confidential information. Confidentiality will be protected to the extent that is allowed by law. Completion of surveys will take place on a computer with internet access in any location of your choosing. Personal information and responses to questions are private and will be confidential. Your personal information, including your name and contact information, will not be included in the actual survey materials. If you choose to receive a summary of the study upon completion of the study, you will be directed to a different website within PsychData to enter your name and email address. No personal information will be connected with your survey responses, and no IP addresses will be linked to your

responses. A participant number, rather than your name, will be used on all survey material. All data will be used in group analyses and will not be individually identifiable. No one but the principal investigator will have access to your email address if you provide one. If you request for a summary of the result of the study, no personal information will be included in the summary.

Also, there is a potential risk of loss of confidentiality in all e-mail, downloading, and internet transactions. In order to minimize this risk, all e-mails will be deleted after completion of the investigation. It is anticipated that the results of this study will be published in the investigator's dissertation as well as in other research publications. However, no names or other identifying information will be included in any publication.

Finally, loss of time is another potential risk of participating in this research project. Your participation is completely voluntary and you can withdraw from the study at any time without penalty.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

### Participation and Benefits

Your involvement in this research study is completely voluntary, and you may discontinue your participation in the study at any time without penalty. As a benefit for your participation, you can choose to enter your email address and at the completion of the study a summary of the results will be emailed to you.

### Questions Regarding the Study

If you have any questions about the research study you may ask the researchers; their contact information is at the top of this form. If you have any questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at [IRB@twu.edu](mailto:IRB@twu.edu). Feel free to print a copy of this consent form to keep for your records.

By clicking the "I agree" button below, you acknowledge that you have read this information and are giving your informed consent to participate in this study.

(Button will go here)



APPENDIX C  
DEMOGRAPHIC QUESTIONNAIRE

## Demographics Questionnaire

1. Age: \_\_\_\_\_
2. Ethnicity:
  - \_\_\_ (1) African/African American/Black
  - \_\_\_ (2) Asian/Asian American
  - \_\_\_ (3) Caucasian/White
  - \_\_\_ (4) Hispanic/Latina /Hispanic American/Latina American
  - \_\_\_ (5) Native American
  - \_\_\_ (6) Biracial/Multiracial
  - \_\_\_ (7) Other
3. Sexual Orientation:
  - \_\_\_ (1) Bisexual
  - \_\_\_ (2) Heterosexual
  - \_\_\_ (3) Lesbian
  - \_\_\_ (4) Questioning
  - \_\_\_ (5) Queer
4. Relationship Status:
  - \_\_\_ (1) Single
  - \_\_\_ (2) In a relationship but not cohabitating
  - \_\_\_ (3) Married/Live together
  - \_\_\_ (4) Separated
  - \_\_\_ (5) Divorced
  - \_\_\_ (6) Widowed
5. How many children do you have? \_\_\_\_\_
6. Household Yearly Gross (before taxes) Income: \_\_\_\_\_
7. Highest education level completed:
  - \_\_\_ (1) Some high school or less
  - \_\_\_ (2) High school degree/GED
  - \_\_\_ (3) Some college
  - \_\_\_ (4) Associate's degree
  - \_\_\_ (5) Bachelor's degree
  - \_\_\_ (6) Some graduate school
  - \_\_\_ (7) Master's degree
  - \_\_\_ (8) Doctoral degree

APPENDIX D

FEMINIST SELF-IDENTIFICATION QUESTION

(MYASKOVSKY & WITTIG, 1997)

For a copy of this copyrighted scale, please contact its author(s) or publisher.

APPENDIX E

FEMINIST IDENTITY COMPOSITE (FIC)

(FISCHER ET AL., 2000)

For a copy of this copyrighted scale, please contact its author(s) or publisher.

APPENDIX F

RESILIENCE SCALE (RS)

(WAGNILD & YOUNG, 1993)

For a copy of this copyrighted scale, please contact its author(s) or publisher.