

# How Women's Distrust in Other Women Intensifies the Relationship between Gender Microaggressions and Psychiatric Symptoms

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### Abstract

This study examined the relationship between gender microaggressions, internalized sexism, and mental health in women. Specifically, the researchers were interested in potential moderating variables including social support, coping styles, and feminist identification. Using an online sample of 256 women, our results indicated that the relationship between gender microaggressions and psychiatric symptoms intensified when participants also scored high on a specific subscale of the Internalized Misogyny scale: distrust in women. In addition, the relationship between the participants' distrust in women and reported psychiatric symptoms strengthened when low social support was factored in. This demonstrates that lack of social support could play a role in poor mental health among women who do not trust other women. Poor coping skills were also related to both distrust in women and reported symptoms. These findings suggest that the combination of gender microaggressions and internalized sexism have a significant impact on women's mental health.

### Introduction

- Gender differences in mental health have been well documented; women are more likely to develop anxiety disorders, trauma- and stressor-related disorders, and mood disorders (World Health Organization, APA, 2006).

#### The role of sexist events

- Perceived discrimination is significantly related to the psychological well-being in general (Schmitt, Branscombe, Postmes, & Garcia, 2014).
- Klonoff, Landrine, and Campbell (2000) found that experiencing sexist events accounted for greater psychiatric symptoms in women in comparison to men.

#### The role of internalized sexism

- Szymanski, Gupta, and Carr (2009) found that (1) both internalized misogyny and sexist events were positively correlated with psychological distress, and (2) internalized misogyny is a moderating variable between sexist events and psychological distress.

#### Potential mediating/moderating variables

- Szymanski and Henrichs-Beck (2014) found that adaptive coping styles mediate a negative relationship between internalized sexism and psychiatric symptoms, while maladaptive coping mediate a positive relationship.
- Social support is related to psychological distress in the context of perceived sexist discrimination (Moradi & Funderburk, 2006), although no studies have examined social support in relation to internalized misogyny.

#### Hypotheses

- Hypothesis 1: Internalized sexism will act as a moderating variable between sexist experiences and psychological distress.
- Hypothesis 2: Coping styles will act as a mediating/moderating variable between internalized sexism and psychological distress.
- Hypothesis 3: Perceived social support will act as a mediating/moderating variable between internalized sexism and psychological distress.

### Method

#### Measures

- Internalized Misogyny Scale (Piggott, 2004)
- Gender Microaggressions Scale (Sue, 2010)
- Problem-Focused Style of Coping Scale (includes three subscales: reflective coping, suppressive coping, and reactive coping) (Heppner et al., 1995)
- Social Provisions Scale (Cutrona & Russell, 1987)

#### Procedure

- Surveys were administered anonymously through Survey Monkey

### Results

- Internalized misogyny was found to be significantly correlated with psychiatric symptoms
- While no moderating effect was found for internalized misogyny between microaggressions and psychiatric symptoms, a subscale of the Internalized Misogyny Scale, Distrust in Women, was found to be a moderator ( $\beta = .16, p < .006$ )
- Maladaptive coping styles (i.e. suppressive, reactive) were found to be mediating variables between distrust in women and symptoms
  - Suppressive coping: Sobel = 3.26,  $p < .00$
  - Reactive coping: Sobel = 3.69,  $p < .00$
- Social support was found to be a moderating variable and a partial mediating variable (Sobel = 2.37,  $p < .01$ ) between internalized sexism and mental health

Table 1. Correlations among study variables.

	1.	2.	3.	4.	5.	6.	7.	8.
1. Coping: Reflect								
2. Coping: Suppress	-.361**							
3. Coping: React	-.158**	.748**						
4. Gender Microagg.	.195**	.345**	.374**					
5. Internalized Misogyny	-.175**	.178**	.192**	-.073				
6. Distrust in Women	-.140**	.207**	.237**	.017	.850**			
7. Social Support	.388**	-.448**	-.314**	-.174**	-.129*	-.153**		
8. Psychiatric Symptoms	-.061	.571**	.573**	.442**	.107*	.177**	-.468**	

\* $p < .05$ , \*\* $p < .01$

Table 2. Regression analysis predicting psychiatric symptoms.

Variables	Standardized Coefficients	Sig.
Distrust in Women	.082	.141
Social Support	-.455**	.000
Distrust X Social Support	-.152**	.006

\*\* $p < .01$

### Discussion

- Internalized misogyny has a significant effect on women's mental health
- The interaction between experiencing sexist events and distrust in women predicts even greater levels of psychological distress
- Social support can act as a buffer between distrust in women and psychological distress
- Adaptive coping styles are negatively correlated with distrust in women, and psychological distress, and maladaptive coping styles are positively correlated
- These findings help to explain gender disparities in mental health
- The role of internalized sexism, external sexism, coping skills, and social support can be integrated into treatment

#### Limitations and Future Directions

- Quasi-experimental study; no causal claims can be made
- The participants were mostly White women; the results may not generalize to all women
- Future studies should examine differences in symptom profiles and the relationship between distrust in women and psychological distress

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