

Roles of Perceived Sexist Events and Perceived Social Support in the Mental Health of Women Seeking Counseling

Bonnie Moradi and Jamie R. Funderburk
University of Florida

The authors of the present study contribute to research on the role of sexist events in women's mental health by examining the sexism–distress relation (a) with a sample of women who are seeking mental health services and (b) in the context of the additional roles of perceived social support in positive self-appraisal (i.e., empowerment and self-esteem) and psychological distress. A path analysis was conducted with data from 157 women who were seeking counseling services. Results supported the generalizability of previously observed links between the frequency of perceived sexist events and psychological distress. Results also indicated that the sexism–distress link was significant in the context of an additional significant indirect relation of perceived social support with psychological distress, which was mediated through empowerment but not through self-esteem. Implications for future research and practice are discussed.

Keywords: sexist events, discrimination, mental health, social support, empowerment

Daily hassles (e.g., Kanner, Coyne, Schaefer, & Lazarus, 1981) and stressful life events (e.g., Dohrenwend & Dohrenwend, 1974) have been linked to mental health concerns. Building on this literature, scholars have conceptualized experiences of discrimination as stressors that have negative psychological implications for targets (e.g., Allport, 1954; Barret & Swim, 1998; Brooks, 1981; Clark, Anderson, Clark, & Williams, 1999; Enns, 1993; Landrine & Klonoff, 1996, 1997; Slavin, Rainer, McCreary, & Gowda, 1991; Smith, 1985). Consistent with such conceptualizations, Klonoff and Landrine (1995) posited that experiences of sexist events are related to women's psychological symptomatology, and there is growing empirical support for this perspective (e.g. Klonoff, Landrine, & Campbell, 2000; Landrine, Klonoff, Gibbs, Manning, & Lund, 1995; Moradi & Subich, 2002, 2003, 2004; Swim, Hyers, Cohen, & Ferguson, 2001).

The present study contributes to research on women's experiences of perceived sexist events and psychological distress in two important ways. First, in prior studies, researchers have examined the sexism–distress relation in samples recruited from nonclinical settings (e.g., undergraduate courses, university faculty and staff directories, community locations). As such, the sexism–distress relation has not been examined with women known to be seeking

counseling or psychotherapy. The present study addresses this gap to more directly inform counselors' and therapists' work with clients. Second, a hallmark of a feminist understanding of women's mental health is to attend to mental health–promoting factors and psychological well-being along with stressors and psychological symptoms (Johnson, Worell, & Chandler, 2005; Travis, Gressley, & Crumpler, 1991; Worell & Remer, 2003; Worell, 2001). Prior literature points to perceived social support as an important mental health–promoting factor (Weber, 1998) that has simultaneous unique links to positive self-appraisal (an indicator of well-being; Ryff, 1989) and symptomatology (an aspect of distress) when negative life events (of which sexist events are an example) are considered (Cronkite & Moos, 1984; Cutrona & Troutman, 1986; Lincoln, Chatters, & Taylor, 2005; Russell & Cutrona, 1991; Windle, 1992). Accordingly, an important next step in research is to examine the sexism–distress link in the context of the role of perceived social support in women's positive self-appraisal and psychological symptomatology. Bodies of research on the relation between perceived sexist events and psychological distress and on the role of perceived social support in mental health provide the groundwork for the present study's aims and are described next.

The Link of Perceived Sexist Events With Psychological Distress

Prior research supports a positive relation between perceived sexist events and women's psychological distress. For example, with a sample of college student and community women, Landrine et al. (1995) found that the frequency of perceived sexist events was related to a range of symptoms (e.g., premenstrual, depressive, obsessive–compulsive, and somatic symptoms as well as overall distress) above and beyond daily hassles and stressful life events. Also, sexual objectification experiences, a specific manifestation of sexist events, have been linked with college women's eating disorder–related attitudes and behaviors (Moradi, Dirks, & Matesson, 2005). Indeed, Klonoff et al. (2000) argued that some gender

Bonnie Moradi, Department of Psychology, University of Florida; Jamie R. Funderburk, Counseling Center, University of Florida.

This research was supported in part by the University of Florida Center for Women's Studies and Gender Research Dr. Madelyn Lockhart Fellowship to Bonnie Moradi. We greatly appreciate the feedback of Jaquie Resnick regarding data collection methods; the assistance of Marsha Allahar, Wanda Latta, Michelle Lazerte, Caroline Leon, Carlos Morales, and Rhonda Overbaugh with data collection and management; and the help of Alli Definis, Donna Labarge, and Geoff Lee with data entry and cleaning.

Correspondence concerning this article should be addressed to Bonnie Moradi, Department of Psychology, University of Florida, P.O. Box 112250, Gainesville, FL 32611-2250. E-mail: moradib@ufl.edu

differences in psychological symptoms might be explained by women's experiences of sexism. In their sample of college students, women who reported low levels of sexist events did not differ from men in symptomatology, but women who reported high numbers of sexist events reported higher levels of depressive, anxious, and somatic symptoms than did men.

Moradi and Subich (2002) extended the research on the sexism–distress relation by examining the unique roles of lifetime and recent sexist events along with feminist identity development attitudes. In their sample of university student, faculty, and staff women, the frequency of perceived sexist events within the past year accounted for unique variance in psychological distress beyond that accounted for by demographic covariates, social desirability, feminist identity development attitudes, and lifetime sexist events. Emergence of past year sexist events as a unique predictor is consistent with Landrine et al.'s (1995) conceptualization of lifetime sexist events as a distal predictor and recent sexist events as a proximal predictor of distress. Moradi and Subich (2003) also investigated the sexist events–distress link with university and community African American women. With this sample, reported sexist and racist events within the past year each were correlated positively with psychological distress. When racist and sexist events were examined together, sexist events emerged as a unique predictor of distress.

Some evidence also supports prospective links between perceived sexist events and psychological distress. For example, in a 2-week diary study, Swim et al. (2001) examined the frequency and nature of perceived sexist events and tested the link of such events with distress. Consistent with Swim et al.'s expectations, undergraduate women and men reported similar numbers of non-sexist and ambiguous negative events in their daily diaries, but women reported significantly more sexist events than did men. Also, the number of reported sexist events predicted anger, anxiety, and social state self-esteem above and beyond the predictions of participant gender, baseline measures of criterion variables, attitudes regarding sexism, and number of reported nonsexist negative events.

Thus, the frequency of perceived sexist events is linked consistently with distress across samples of undergraduate students, college faculty and staff, and community women. However, no prior study of the relation of sexism and distress that we are aware of has assessed whether participants were seeking or receiving counseling. Although it is possible that some women in prior studies may have been experiencing great distress and/or in counseling, research with women who are known to be seeking mental health services is needed to more directly inform counselors' work with clients.

Perceived Social Support and Mental Health

In addition to needing to extend perceived sexist events and psychological distress research to women who are seeking mental health services, this literature can be advanced by examining the sexism–distress link in the context of the role of perceived social support in women's mental health. The mental health implications of social support have received much scholarly attention, particularly in conjunction with the role of negative life events in mental health (e.g., S. Cohen & Wills, 1985; Lakey & Cohen, 2000). In this literature, perceived social support or one's belief that support

is available is linked more consistently to mental health indicators than is enacted (i.e., received) social support (e.g., Lakey & Cassady, 1990; Norris & Kaniasty, 1996). In addition, there is more consistent support for direct links between perceived social support and mental health than for a posited moderating role of social support in the link between negative events and mental health (e.g., Burton, Stice, & Seeley, 2004; S. Cohen & Wills, 1985; Koeske & Koeske, 1991; Krause, 1987). Overall, empirical evidence supports concurrent and prospective links from perceived social support to psychological symptomatology (e.g., Aneshensel & Stone, 1982; Cronkite & Moos, 1984; Jackson, Weiss, Lunquist, & Soderlind, 2005; Kendler, Myers, & Prescott, 2005; Peirce, Frone, Russell, Cooper, & Mudar, 2000; Russell & Cutrona, 1991; Saltzman & Holahan, 2002; Swift & Wright, 2000) and positive self-appraisal, typically operationalized as global self-esteem (e.g., Ford & Procidano, 1990; Goodwin, Costa, & Adonu, 2004; Krause, 1987; Lakey & Cassady, 1990; Saltzman & Holahan, 2002).

Of particular relevance to research on perceived sexist events is that, when examined concomitantly, perceived social support and negative events each are related uniquely to distress. For example, with a sample of African American women and men, Lincoln et al. (2005) found that perceived social support and environmental stressors (financial strain and traumatic events) each were related uniquely to depressive symptoms. With a sample of older and mostly White women and men, Russell and Cutrona (1991) found that perceived social support and reports of daily hassles each predicted unique variance at 11-month follow-up of depressive symptoms when the level of baseline depression was controlled. Similarly, with a sample of adolescent girls, Windle (1992) found that, after controlling for baseline depressive symptoms, perceived family support and stressful life events each predicted unique variance in depressive symptomatology at 6-month follow-up. It is important to note that both Russell and Cutrona (1991) and Windle (1992) tested but did not find support for the moderating role of social support in the link between negative events and distress. Taken together, these studies point to simultaneous unique relations of negative life events and perceived social support with psychological distress.

In addition, previous studies suggest that positive self-appraisal should be considered in tests of the relation between perceived social support and psychological distress. Such attention might be particularly important in understanding women's mental health, as the pattern of relations between perceived social support, positive self-appraisal, and distress appears to be stronger and more consistent for women than for men (Cronkite & Moos, 1984; Ford & Procidano, 1990; Kendler et al., 2005; Windle, 1992). In fact, social cognition frameworks suggest that perceived social support reduces psychological distress, in part because it promotes positive self-appraisal (Lakey & Cohen, 2000). In other words, perceived social support is related to greater positive self-appraisal, which, in turn, is related to lower distress. Also, these relations should exist simultaneously with a direct relation between negative life events and distress (e.g., S. Cohen & Wills, 1985; Cutrona & Russell, 1987; House, Landis, & Umberson, 2004; Lakey & Cohen, 2000). Indeed, prior research supports simultaneous unique relations of negative events, perceived social support, and positive self-appraisal to distress (e.g., Cronkite and Moos, 1984; Cutrona & Troutman, 1986; Krause, 1987). Also, prior findings are consistent

with the posited indirect relation of perceived social support with psychological distress through positive self-appraisal (e.g., Cutrona & Troutman, 1986; Krause, 1987; Saltzman & Holahan, 2002).

Applying the conceptual and empirical literature described here to the perceived sexism–distress relation suggests a model in which perceived social support is related to psychological distress directly and indirectly through positive self-appraisal, and this pattern is simultaneous to a parallel positive, direct relation between perceived sexist events and psychological distress. To test these relations in the present study, we operationalized positive self-appraisal in two ways. First, consistent with much of the prior literature, positive self-appraisal is assessed as global self-esteem. Second, on the basis of feminist conceptualizations of women's mental health (e.g., Worell, 2001), positive self-appraisal is assessed as sense of empowerment.

Self-Esteem

Self-esteem is one of the most commonly examined indicators of positive self-appraisal in the social support literature, and empirical evidence supports a positive relation between perceived social support and self-esteem (e.g., Goodwin et al., 2004; Krause, 1987; Lakey & Cassady, 1990). In the perceived discrimination literature, some studies also have explored relations between perceived racist events and self-esteem, but these studies have yielded mixed findings, with significant links emerging in some samples (Cassidy, O'Connor, Howe, & Warden, 2004; Lee, 2003, 2005; Moradi & Hasan, 2004) but not in others (Cassidy et al., 2004; Fischer & Shaw, 1999; Utsey, Ponterotto, Reynolds, & Cancelli, 2000). We identified one study that examined the relation between the frequency of perceived sexist events and self-esteem. With their sample of primarily White undergraduate women, Moradi and Subich (2004) found no significant direct relation between perceived sexist events and self-esteem. Also, the frequency of perceived sexist events was related positively and significantly to psychological distress for women experiencing low self-esteem but was unrelated to distress for women experiencing high self-esteem. Moradi and Subich's findings for women experiencing low self-esteem may apply to women seeking counseling if such women, on average, are experiencing lower self-esteem than are women recruited from nonclinical settings. Thus, on the basis of this literature, the perceived sexism–distress link should be significant and positive for women seeking counseling, but a direct link between perceived sexist events and self-esteem is not expected.

Empowerment

In addition to self-esteem, sense of empowerment is another variable that might be important to consider as an indicator of women's positive self-appraisal. Worell (2001) defined empowerment as an important dimension of women's well-being that reflects a sense of personal and social power. Empowerment “functions to support individual and group strength through increased flexibility in problem identification and solution, in developing a full range of interpersonal and constructive life skills, and in developing strategies for effective community and institutional change” (Worell, 2001, p. 336). Worell argued that increasing

clients' sense of empowerment is a hallmark of feminist therapy. Given the relatively recent development of a measure of women's sense of empowerment (Johnson et al., 2005), however, this construct has not been researched extensively in studies of women's mental health. In the present study, we address this gap by examining empowerment as an additional indicator of positive self-appraisal that might mediate the link of perceived social support to psychological distress.

Overview and Hypotheses

On the basis of the literature reviewed here, the present study addresses two important gaps in research on perceived sexist events and women's mental health. First, in this study, we examine the relation between the frequency of perceived sexist events and psychological distress with a sample of women who are seeking mental health services. Second, we examine the sexism–distress relation in the context of potentially important roles of perceived social support and positive self-appraisal in distress. On the basis of feminist conceptualizations of women's mental health (e.g., Worell, 2001), positive self-appraisal is operationalized as a sense of empowerment as well as self-esteem. In the present study, we examine a model that tests the following hypotheses:

Hypothesis 1: Reported sexist events will be related uniquely and positively to psychological distress when the roles of perceived social support and positive self-appraisal (i.e., self-esteem and empowerment) are considered.

Hypothesis 2: Perceived social support will be related to psychological distress directly and indirectly through self-esteem and empowerment; self-esteem and empowerment will be explored as simultaneous mediators of this link.

Method

Participants

A total of 158 women participated in the study. One participant with substantial missing data on variables of interest was excluded, resulting in a sample of 157 participants for the present analyses. This sample size surpassed recommendations of 10 cases per parameter estimated (Kline, 2005) and 15 cases per variable (Stevens, 1996) in the path model. Participants ranged in age from 16 to 47 years ($M = 21.65$ years, $SD = 4.54$ years, $Mdn = 20$ years). The majority of participants identified themselves as White or Caucasian (64%), with the remainder identifying themselves as Hispanic or Latina (15%), African American or Black (11%), Asian American or Pacific Islander (5%), or multiracial or other (4%). Approximately 18% of participants were in their first year, 17% in their second year, 27% in their third year, and 17% in their fourth or later year of undergraduate study; about 20% were graduate students. Most participants identified themselves as exclusively (78%) or mostly (11%) heterosexual, with the remainder identifying themselves as exclusively lesbian (5%), mostly lesbian (4%), or bisexual (2%). With regard to their current social class, approximately 46% identified themselves as middle class, 25% as upper middle class, 19% as working class, 7% as lower class, and 3% as upper class. In terms of their family's social class, 43% of participants reported growing up in middle-class families, 35% in upper-middle-class families, 14% in working-class families, 5% in lower-class families, and 3% in upper-class families.

Women who chose to participate in the present study represented approximately one third of participation-eligible women who were seeking

counseling services at the counseling center of a large southeastern university during the span of data collection for the study. This represents a conservative estimate of the participation rate because, in consultation with the counseling center staff, efficiency of client service was prioritized over participant recruitment during busy times. Therefore, some clients may not have been informed about the study. To examine whether participants differed from nonparticipants ($n = 361$), we used intake data gathered routinely from counseling center clients to compare the two groups. Comparison data were available for self-reported age, grade point average, graduate or undergraduate student status, racial and/or ethnic self-identification, and perceived disruptiveness of presenting concern (i.e., very disruptive, somewhat disruptive, or a little disruptive). We performed chi-square tests to compare groups on student status and racial and/or ethnic self-identification (because variables were nominal) and found no differences between groups in the proportions of undergraduate versus graduate students or African American or Black, Asian American, Caucasian or White, or Hispanic or Latina representation (proportions of Indian or Native American, multiracial, and other self-identified persons were not compared because cell sizes were too small for analysis). Furthermore, univariate analyses of variance yielded no significant differences between participants and nonparticipants on grade point average or the perceived disruptiveness of presenting problem. A small but significant difference emerged with regard to age; on average, nonparticipants ($M = 22.64$ years, $SD = 5.15$ years) were about 1 year older than participants ($M = 21.69$ years, $SD = 4.55$ years), but the effect size for this difference was less than 1%, $F(1, 515) = 4.00, p < .05, \eta_p^2 = .008$. Thus, overall, participant and nonparticipant women seemed similar in terms of the perceived disruptiveness of the presenting problem, grade point average, undergraduate versus graduate student status, and racial and/or ethnic group representation, but a small significant group difference emerged in terms of age.

Instruments

Participants completed a survey packet that included the following instruments along with a demographic questionnaire. The order of instruments in the survey packet was counterbalanced to control for order effects.

Psychological distress. The Brief Symptom Inventory (BSI; Derogatis, 1993) is a 53-item measure used frequently in mental health research to assess overall level of psychological distress. Respondents report the presence of symptoms within the past 7 days on a scale of 0 = *not at all* to 4 = *extremely*, and item ratings are averaged to yield a General Severity Index (GSI). GSI scores can range from 0 to 4, with higher scores indicating greater psychological distress. In terms of reliability, Derogatis reported a 2-week test-retest reliability of .90, and Moradi and Subich (2004) reported a coefficient alpha of .97 for GSI items. With regard to validity, Derogatis reported high convergence between BSI subscale scores and scores on corresponding subscales of other measures of psychological symptoms (e.g., Minnesota Multiphasic Personality Inventory, Symptom Checklist-90-Revised). In the present sample, the internal consistency coefficient alpha for the 53 GSI items was .96.

Self-esteem. The Rosenberg Self-Esteem Scale (RSE) is a 10-item self-report measure used to assess self-esteem (Rosenberg, 1965). Items are rated on a 4-point scale from 1 = *strongly disagree* to 4 = *strongly agree*. Five items are reverse scored and item ratings are summed. Scores can range from 10 to 40; higher scores indicate higher self-esteem (Wylie, 1989). Wylie (1989) reported coefficient alphas ranging from .74 to .87 and test-retest reliabilities ranging from .63 to .91 across studies. In terms of validity, RSE scores have been linked negatively to depressive affect, anxiety, psychosomatic symptoms, and interpersonal insecurity (Wylie, 1989). In the present sample, the internal consistency coefficient alpha for the 10 RSE items was .90.

Empowerment. The Personal Progress Scale-Revised (PPS-R; Johnson et al., 2005) is a 28-item self-report measure that assesses women's sense of personal empowerment (e.g., sense of power and competence,

self-nurturance, personal strength, and social activism). Items were developed on the basis of Worell and Remer's (2003) principles of empowerment and revised and retained on the basis of psychometric analysis. Items are rated on a 7-point scale from 1 = *almost never* to 7 = *almost always*. Appropriate items are reverse scored and item ratings are averaged or added to yield a scale score; higher scores indicate greater empowerment. Johnson et al. (2005) reported a coefficient alpha of .88 for PPS-R items. In terms of validity, PPS-R scores were correlated positively with measures of overall psychological well-being, autonomy, and self-acceptance (Johnson et al., 2005). In the present sample, the 28 PPS-R items yielded an internal consistency coefficient alpha of .85.

Perceived sexist events. The Schedule of Sexist Events (SSE; Klonoff & Landrine, 1995) is a self-report instrument consisting of 20 items that assess the perceived frequency and appraisal of sexist events. In light of theoretical conceptualization of recent sexist events as the proximal correlate of psychological distress (Landrine et al., 1995), we used SSE-Recent scores, which reflect the frequency of perceived sexist events within the past year. Participants rate SSE-Recent items for the frequency of sexist events within the past year, on a scale of 1 = *never*, 2 = *once in a while (less than 10% of the time)*, 3 = *sometimes (10–25% of the time)*, 4 = *a lot (26–49% of the time)*, 5 = *most of the time (50–70% of the time)*, 6 = *almost all of the time (more than 70% of the time)*. Ratings across items are added to obtain scores that can range from 20 to 120, with higher scores indicating greater frequency of perceived sexist events. Klonoff and Landrine (1995) and Matteson and Moradi (2005) reported coefficient alphas of .90 for SSE-Recent items in their samples. In terms of validity, Klonoff and Landrine (1995) found that SSE scores correlated significantly and positively with the reported frequencies of daily hassles and stressful life events. Furthermore, in terms of discriminant validity, Fischer et al. (2000) reported nonsignificant or negligible correlations between SSE scores and self-deceptive enhancement and impression management dimensions of social desirability. With the present sample, the internal consistency reliability coefficient alpha for the 20 SSE-Recent items was .90.

Social support. The Social Provisions Scale (SPS) is a 24-item self-report measure that assesses perceived social support within respondents' current relationships (Cutrona & Russell, 1987). Items are rated on a 4-point Likert-type scale from 1 = *strongly disagree* to 4 = *strongly agree*. Approximately half of the items are reverse scored. Item ratings are averaged or added to yield six subscale scores and an overall perceived social support score that is used in the present study; higher scores indicate greater perceived social support. Cutrona and Russell (1987) reported a coefficient alpha of .92 for SPS items. In terms of validity, these authors found that SPS scores were correlated positively with other measures of social support and correlated negligibly with social desirability and dispositional neuroticism. In the present sample, the internal consistency reliability coefficient alpha for the 24 SPS items was .93.

Procedures

Women seeking counseling services at a large southeastern university's counseling center were recruited to participate in the present study. Procedures for recruiting participants were negotiated with the Counseling Center Research Review Committee to ensure that research needs and rigor were balanced against the priority to meet clients' clinical needs. Counseling center support staff asked women who were seeking individual or group counseling services (but were not seeking help for an immediate crisis) whether they were interested in participating in a survey on women's experiences and well-being. Emergency clients were not recruited given the urgency and primacy of their clinical needs over research needs. Women were informed that participation was voluntary and their receipt of services was not contingent on participation. After reviewing the written informed consent forms, women who agreed to participate were given a survey packet to complete. Participants completed and returned the survey

at that time or, if they preferred to take a survey away with them, returned the completed survey prior to their initial intake appointment. Participants who took the survey away with them also completed a reminder sheet that was used to contact and remind them to return the survey as needed. Participants returned completed surveys in sealed envelopes to a specified in-box in the counseling center. To maintain the confidentiality of participants, a designated counseling center support staff person separated signed informed consent sheets from completed surveys and assigned random codes to the surveys. After completing the instruments, participants received written debriefing with the contact information of the researchers and additional local counseling resources.

Results

Preliminary Analyses

Before conducting our analyses, we screened the data for multivariate outliers. One case had a Mahalanobis D^2 with $p < .001$ (the criterion recommended by Kline, 2005), but removing it did not change the results, and because we did not have a theoretically grounded reason for eliminating this case, we conducted the analyses with all cases. Next, we examined how our sample compared with BSI norm groups (Derogatis, 1993) in terms of psychological distress. Additionally, within the body of sexism–mental health research, Moradi and Subich's (2004) sample of women recruited from college courses provided comparison data for three of our variables of interest, and so we compared the present sample with that sample in terms of level of psychological distress, self-esteem, and perceived sexist events. In comparison to BSI norm groups, the mean GSI score for our sample of university women seeking counseling services ($M = 1.13$, $SD = 0.67$) was significantly higher, $t(513) = 16.93$, $p < .0001$, than that for 358 nonpatient adult women ($M = 0.35$, $SD = 0.37$) but significantly lower, $t(732) = -4.23$, $p < .0001$, than that for 577 psychiatric outpatient adult women ($M = 1.40$, $SD = 0.72$). In addition, our sample's mean GSI score ($M = 1.13$, $SD = 0.67$) was significantly greater, $t(259) = 2.70$, $p < .01$, and our sample's mean RSE score ($M = 29.30$, $SD = 6.79$) was significantly lower, $t(259) = -4.26$, $p < .0001$, than the mean scores on the GSI ($M = 0.90$, $SD = 0.68$) and RSE ($M = 32.83$, $SD = 6.17$) for Moradi and Subich's (2004) sample of 104 women recruited through undergraduate courses. However, there was no significant difference in mean SSE-Recent scores between our sample ($M = 37.62$, $SD = 13.41$) and Moradi and Subich's (2004) sample ($M = 40.95$, $SD = 14.73$).

Intercorrelations Among Variables of Interest and Preconditions for Mediation

As indicated in Table 1, psychological distress, self-esteem, and empowerment were correlated as expected with one another. More

specifically, self-esteem and empowerment were correlated positively with each other and negatively with psychological distress. Furthermore, perceived social support was correlated positively with self-esteem and empowerment and negatively with psychological distress. Also, consistent with prior studies, the frequency of perceived sexist events was correlated positively with psychological distress but uncorrelated with self-esteem. The frequency of perceived sexist events also was not correlated with empowerment or perceived social support. These correlations indicated that preconditions were met for testing the mediating roles of self-esteem and empowerment in the link of perceived social support with psychological distress (see Baron & Kenny, 1986; Frazier, Tix, & Barron, 2004). More specifically, perceived social support (predictor) was correlated significantly with self-esteem and empowerment (potential mediators), which in turn were correlated significantly with psychological distress (criterion). Thus, we could test the hypothesized mediations by testing the significance of indirect links of perceived social support to psychological distress through self-esteem and empowerment (Baron & Kenny, 1986; Frazier et al., 2004).

Path Analysis and Effect Decomposition

To test (a) simultaneous mediating roles of self-esteem and empowerment and (b) direct and indirect relations of perceived social support to distress in the context of the sexism–distress link, we used Amos 4.01 (Arbuckle, 1999) to conduct a path analysis of the hypothesized direct and indirect (i.e., mediated) relations shown in Figure 1. We allowed the disturbances (i.e., residuals) of self-esteem and empowerment to covary given prior evidence linking these constructs without particular directional postulation (Johnson et al., 2005). We used maximum likelihood estimation with the covariance matrix of the variables of interest as input. Values for goodness-of-fit indices were as follows: goodness-of-fit index = .99, adjusted goodness-of-fit index = .99, comparative fit index = 1.0, normed fit index = .99, nonnormed fit index (also known as the Tucker Lewis index) = 1.0, and the root-mean-square error of approximation = .00, indicating an excellent fit to the data (Kelloway, 1998; Ullman, 1996). A good fit was expected, in part because the model was close to being saturated, but the fact that the magnitudes of most of the parameter estimates in the model were in the medium to large range serves as an additional indicator of the goodness of fit of the model (Klem, 1995). More specifically, the model accounted for 23% of the variance in empowerment, 16% of the variance in self-esteem, and 38% of the variance in psychological distress. As indicated in Figure 1, all standardized path coefficients were in the expected directions and

Table 1
Summary Statistics and Intercorrelations Among Variables of Interest

Variable	1	2	3	4	5	Possible range	<i>M</i>	<i>SD</i>	α
1. Psychological distress	—	-.30*	-.41*	.43*	-.31*	0–4	1.13	0.67	.96
2. Self-esteem		—	.57*	.00	.40*	10–40	29.30	6.79	.90
3. Empowerment			—	.01	.48*	1–7	4.77	0.73	.85
4. Perceived sexist events				—	-.09	20–120	37.62	13.41	.90
5. Perceived social support					—	1–4	3.21	0.48	.93

* $p < .001$.

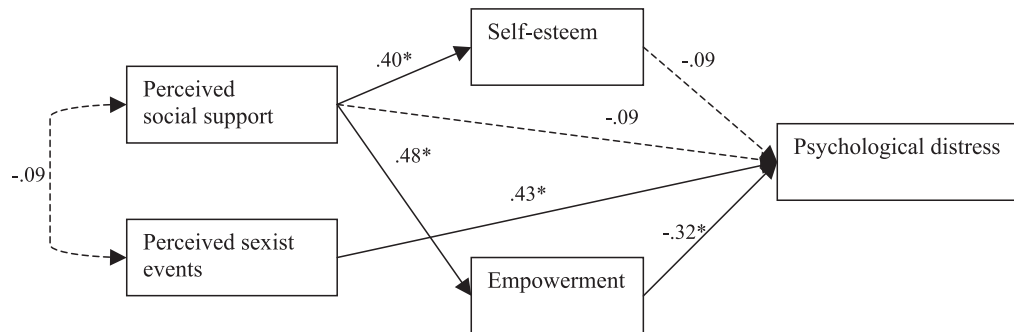


Figure 1. Path model testing direct, indirect, and mediated relations among variables of interest. Values reflect standardized coefficients. Dashed lines indicate nonsignificant paths. * $p < .001$.

most were significant. First, consistent with hypotheses, the frequency of perceived sexist events was related uniquely and positively to psychological distress. Second, path coefficients suggested an additional indirect relation from perceived social support to psychological distress through empowerment but not through self-esteem. More specifically, direct links of perceived social support and self-esteem to distress were not significant, but perceived social support was related significantly and positively to empowerment, which in turn was related significantly and negatively to psychological distress.

Effect decomposition and test of mediation supported the mediating role of empowerment in the relation between perceived social support and psychological distress. More specifically, we multiplied standardized path coefficients (a) between perceived social support and empowerment and (b) between empowerment and psychological distress to compute the indirect link of perceived social support to distress through empowerment (J. Cohen & Cohen, 1983) and used Sobel's formula to test the significance of the indirect effect (Baron & Kenny, 1986; Frazier et al., 2004). Perceived social support had a significant indirect link of $-.15$ (i.e., $.48 \times -.32$, $z = -3.41$, $p < .001$) to psychological distress through empowerment. There were no additional significant direct or indirect links between perceived social support and distress.

Testing an Alternative Model

As discussed previously, perceived social support has been posited to moderate the relation between negative events and mental health, but this conceptualization has received inconsistent empirical support. Nevertheless, the moderator perspective continues to persist as the major alternative to the direct and indirect links perspective examined in the present study (e.g., Burton et al., 2004; S. Cohen & Wills, 1985; Koeske & Koeske, 1991; Krause, 1987). Thus, we explored an alternative model to test whether perceived social support moderated the links of perceived sexist events to self-esteem, empowerment, or psychological distress. More specifically, perceived social support and perceived sexist events scores were centered, their interaction was computed, and Baron and Kenny's (1986) and Aiken and West's (1991) procedures for testing moderation were followed. As such, centered perceived social support, perceived sexist events, and their interaction were entered as predictors of self-esteem, empowerment, and psychological distress in a path-analytic model that included

the three mental health criteria as separate endogenous variables (in this case, structural equation modeling and separate multiple regression analyses for each mental health criterion test identical models and yield identical results). No significant interaction effects emerged in this model.¹

Discussion

With the present study, we contribute to research on the role of sexist events in women's mental health by examining the sexism–distress relation (a) with a sample of women who are seeking mental health services and (b) in the context of the additional roles of perceived social support in positive self-appraisal and psychological distress. Our results supported the generalizability of previously observed links between the frequency of perceived sexist events and psychological distress with women seeking mental health services. Our results also indicated that the sexism–distress link was significant in the context of an additional significant indirect relation between perceived social support and psychological distress, mediated through empowerment.

First, consistent with prior literature, the present results suggest that greater frequency of perceived sexist events is related to greater psychological distress of women. The magnitude of this correlation in the present sample of women seeking mental health services ($r = .43$) was comparable to the magnitude of correlations observed in prior studies that reported zero-order correlations (e.g., $r = .35$ in Moradi & Subich, 2003; $r = .39$ in Moradi & Subich, 2004). It is important to highlight that the relation between perceived sexist events and psychological distress in the present study emerged as significant and unique in the context of considering several other important correlates of psychological distress (i.e., perceived social support, self-esteem, empowerment). The persistence of the sexism–distress link across samples and when other important variables are considered points to the robustness of this

¹ We also conducted a series of hierarchical multiple regression analyses to examine whether any of the six perceived social support subscale scores moderated the relation of perceived sexist events with any of the mental health criteria (i.e., psychological distress, self-esteem, empowerment). Consistent with results using total perceived social support scores, none of the perceived social support subscale scores emerged as a significant moderator.

link. Thus, attending to perceived sexist events seems important in research aimed at advancing the understanding of women's psychological distress and in clinical work aimed at reducing such distress. Such attention also is consistent with feminist therapy perspectives that emphasize the importance of attending to sexist and oppressive power dynamics in the current and historical contexts of clients' lives (e.g., Brown, 1994; Worell & Johnson, 2001; Worell & Remer, 2003).

Contrary to its positive unique relation with psychological distress, the frequency of perceived sexist events was not related to perceived social support, self-esteem, or empowerment. Prior studies with women also have not found significant relations between perceived sexist or racist events and self-esteem (e.g., Cassidy et al., 2004; Moradi & Subich, 2004). Furthermore, within the larger body of research on perceived discrimination experiences, such experiences are linked consistently to psychological distress but inconsistently to aspects of psychological well-being such as positive self-appraisal (e.g., Cassidy et al., 2004; Fischer & Shaw, 1999; Lee, 2003, 2005; Moradi & Hasan, 2004; Utsey et al., 2000). Taken together, these findings suggest that perceived discrimination experiences may be linked differently to distress and well-being aspects of mental health for different groups. Thus, well-being and distress aspects of mental health should be conceptualized and assessed separately in research on the relation of perceived discrimination events to mental health. Similarly, separate assessment and consideration of well-being and distress may be needed in clinical work.

The findings of the present study also are consistent with social cognition conceptualizations of the role of perceived social support in mental health. More specifically, the present results indicate that perceived social support is related indirectly to lower levels of distress through the mediating role of empowerment (one form of positive self-appraisal). Furthermore, this series of relations may exist simultaneously with the previously described significant relation of perceived sexist events with psychological distress. It is important to note, however, that when empowerment and self-esteem were examined concomitantly as mediators of the social support–distress relation, empowerment but not self-esteem emerged as the significant mediator of this link. This finding attests to the importance of empowerment to women's mental health as posited by feminist scholars (e.g., Johnson et al., 2005; Worell, 2001; Worell & Remer, 2003). Furthermore, this finding highlights the value of considering both woman-centered and general conceptualizations of women's self-appraisal in research on women's mental health.

In the context of clinical work aimed to reduce women's psychological distress, our findings suggest that attending to women's perceived experiences of sexism might need to occur in conjunction with providing and fostering social support that promotes women's sense of empowerment (e.g., self-nurturance, personal strengths, increased sense of power and competence, and social activism). Such an approach is also consistent with feminist therapy perspectives (e.g., Brown, 1994; Worell & Johnson, 2001; Worell & Remer, 2003). Relatedly, we acknowledge that labeling women with low self-esteem has been a tactic used in popular culture to point to the disposition of women instead of contextual factors as the root of relationship difficulties and psychological distress. Strategies to help counselors and clients avoid a self-blaming and ultimately self-esteem–reducing cycle might include

using empowerment as an alternative way to conceptualize positive self-appraisal as well as attending to the link between self-esteem and contextual factors, such as perceived social support. Attention to contextual factors that might shape women's self-appraisal also is consistent with the principles of Division 17 of the American Psychological Association concerning the counseling and psychotherapy of women (Fitzgerald & Nutt, 1986) and reflects a defining feature of counseling psychology (American Psychological Association, 1999).

Finally, the alternative model tested in the present study failed to support a moderating role of perceived social support in the relation between perceived sexist events and any of the three mental health indicators examined in this study (i.e., self-esteem, empowerment, and social support). Lack of support for the moderating role of perceived social support in the present study is consistent with much of the prior research on social support, negative life events, and mental health, which also fails to yield consistent support for perceived social support as a moderator (e.g., Burton et al., 2004; S. Cohen & Wills, 1985; Koeske & Koeske, 1991; Krause, 1987). Nevertheless, our findings and the larger social support literature highlight the importance of future attention to perceived social support as a resource that might be related to lower psychological distress separately from and simultaneously to the relation of perceived discrimination with greater psychological distress. Thus, working to build social support resources and simultaneously addressing women's experiences of sexism may be important in clinical practice. In addition, S. Cohen and Wills's (1985) position that the moderating effects of social support are maximized when there is a match between type of support and type of stress suggests that developing conceptual definitions and measures of sexism-specific social support (and social support for other forms of discrimination) may be fruitful areas for future research.

The findings of the present study must be interpreted in light of a number of limitations. First, a limitation of our study that applies to the present state of the art in discrimination–mental health research as well is that correlational designs do not test the direction of causality among variables. For example, perceived sexist events might result in greater psychological distress, psychological distress might result in more frequent perception of sexist events, or there could be a circular relationship between perceived sexist events and psychological distress. Nevertheless, correlational research provides a useful preliminary step in identifying links that can be explored further with longitudinal and experimental studies designed to evaluate the directional relations implied in much of the empirical and theoretical literature on perceived discrimination and mental health (Basic Behavioral Science Task Force of the National Advisory Mental Health Council, 1996; Branscombe & Ellemers, 1998; Landrine & Klonoff, 1996; Ruggiero & Taylor, 1995). One particularly fruitful direction for building on the present results is to use methodology similar to that used in Swim et al.'s (2001) diary studies to assess perceived sexist events, perceived social support, positive self-appraisal, and psychological distress of women across therapy sessions. Such research could (a) test the replicability of the present findings; (b) facilitate examination of temporal relations between perceived sexist events, perceived social support, positive self-appraisal, and distress; and (c) allow for exploration of the types of therapeutic experiences that reduce the strength of the link between perceived sexist events and

psychological distress, increase the level of perceived social support, and promote the relation of perceived social support with greater positive self-appraisal and lower levels of distress.

A second limitation of our study that applies to prior research on discrimination and mental health as well is that we assessed experiences perceived as or attributed to discrimination. Given the subjective nature of attributing events to discrimination, persons' perceptions are often the only data available to researchers and practitioners, and attending to perceived experiences of discrimination is a legitimate focus of inquiry. Nevertheless, differential perceptions of events (e.g., discrimination vs. no discrimination) may have different mental health implications, and research aimed at understanding individual differences (e.g., target's affect, target's knowledge about prejudice) and contextual factors (e.g., gender and race of perpetrator) that may shape persons' attributions of negative events to discrimination (e.g., Barret & Swim, 1998; Sechrist, Swim, & Mark, 2003; Stangor et al., 2003) is also important. Thus, pre- and postattribution studies are complementary approaches for understanding the discrimination-mental health link and informing prevention and intervention.

An additional measurement issue to consider is that the SSE assesses a broad range of perceived sexist events rather than focusing on a single event or specific type of event. As such, regardless of the nature and impact of specific sexist events, the events that are reported more frequently play a greater role in perceived sexist events scores than do events that are reported less frequently. Prior research with the SSE indicates that the frequency of events and appraisal of events as stressful are highly positively correlated (e.g., Matteson & Moradi, 2005; Landrine & Klonoff, 1997). By attending to specific sexist events, researchers in future studies can clarify the extent to which events that are reported more frequently are also the same events that are perceived to be more stressful and also whether some types of events are more strongly related to mental health outcomes than are other types of events.

Finally, we are not aware of any other study that examined perceived sexism-mental health relations with women who are seeking mental health services. Thus, additional studies are needed to examine the replicability of our findings with clinical samples that represent women of different backgrounds (e.g., midlife and older women, women with specific psychiatric disorders, lower income women, racial and/or ethnic minority women) and women seeking mental health services in different contexts (e.g., community mental health clinics). Accumulation of data across studies with different samples will be critical for advancing understanding of the link between perceived sexist events and mental health of women with a variety of backgrounds and experiences. In addition, attending to other forms of prejudice and discrimination (e.g., racism, classism, ageism) in conjunction with perceived sexist events is an important direction for future research aimed at providing a more complete understanding of women's experiences and mental health. The present study represents one step, building on prior steps, in this effort.

In the context of the larger body of literature, our findings can inform research and practice. Overall, our findings support the generalizability of the link between perceived sexist events and psychological distress with women seeking counseling services and also support the robustness of this link when other important correlates of distress are considered. The present results also point

to the importance of attending to the additional role of perceived social support in studies of perceived sexist events and psychological distress. Finally, our results highlight the value of integrating the role of empowerment into psychologists' understanding of women's mental health.

These findings suggest the need for collaborative efforts between clients and counselors to attend to experiences of sexism and promote social support and a sense of empowerment. Some useful strategies might include engaging in active empathic listening to facilitate clients' exploration of their experiences of sexism and the feelings and cognitions associated with these experiences, providing psychoeducation regarding the realities of sexism, identifying and challenging internalized sexism, and placing responsibility for sexism outside of the individual. Indeed, simply naming experiences of sexism (and other forms of discrimination) may provide social support and a sense of empowerment for clients. In addition, exploring with clients available options for action when confronted with sexism (while also considering the potential costs and benefits of those options) and identifying sources of social support might help to promote clients' sense of empowerment. For example, engaging in individual or collective social activism (e.g., challenging sexist comments, taking a women's studies course), identifying support persons or groups with whom clients can discuss their experiences (e.g., a women's support group, women's center activities), and exploring formal mechanisms to report sexism each might promote sense of empowerment and social support in the face of sexism.

These strategies are consistent with feminist therapy behaviors aimed to promote clients' sense of empowerment and highlight the political implications and meanings of personal experiences (Moradi, Fischer, Hill, Jome, & Blum, 2000). Empirical examination of such interventions can help to clarify their utility as well as the direction of relations among the variables explored in the present study. In addition to these strategies to help individuals, our results and the broader literature on perceived discrimination and mental health suggest the need for continued efforts to reduce sexism and other forms of discrimination at the group and institutional levels. We hope that the present findings promote future research and social justice by advancing understanding of women's experiences of sexism and the link of such experiences with women's psychological distress and well-being.

References

- Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions*. Thousand Oaks, CA: Sage.
- Allport, G. W. (1954). *The nature of prejudice*. Cambridge, MA: Addison-Wesley.
- American Psychological Association. (1999). Archival description of counseling psychology. *The Counseling Psychologist*, 27, 589-592.
- Aneshensel, C. S., & Stone, J. D. (1982). Stress and depression: A test of the buffering model of social support. *Archives of General Psychiatry*, 39, 1392-1396.
- Arbuckle, J. L. (1999). Amos (Version 4.01) [Computer software]. Chicago, IL: SmallWaters.
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical consideration. *Journal of Personality and Social Psychology*, 51, 1173-1182.
- Barret, L. F., & Swim, J. K. (1998). Appraisals of prejudice and discrim-

- ination. In J. K. Swim & C. Stangor (Eds.), *Prejudice: The target's perspective* (pp. 11–35). San Diego, CA: Academic Press.
- Basic Behavioral Science Task Force of the National Advisory Mental Health Council. (1996). Basic behavioral science research for mental health: Sociocultural and environmental processes. *American Psychologist, 51*, 722–731.
- Branscombe, N. R., & Ellemers, N. (1998). Coping with group-based discrimination: Individualistic versus group-level strategies. In J. K. Swim & C. Stangor (Eds.), *Prejudice: The target's perspective* (pp. 243–265). San Diego: Academic Press.
- Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington, MA: Lexington Books.
- Brown, L. S. (1994). *Subversive dialogues: Theory in feminist therapy*. New York: Basic Books.
- Burton, E., Stice, E., & Seeley, J. R. (2004). A prospective test of the stress-buffering model of depression in adolescent girls: No support once again. *Journal of Consulting and Clinical Psychology, 72*, 689–697.
- Cassidy, C., O'Connor, R. C., Howe, C., & Warden, D. (2004). Perceived discrimination and psychological distress: The role of personal and ethnic self-esteem. *Journal of Counseling Psychology, 51*, 329–339.
- Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist, 54*, 805–816.
- Cohen, J., & Cohen, P. (1983). *Applied multiple regression/correlation analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*, 310–357.
- Cronkite, R. C., & Moos, R. H. (1984). The role of predisposing and moderating factors in the stress–illness relationship. *Journal of Health and Social Behavior, 25*, 372–393.
- Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationship and adaptation to stress. *Advances in Personal Relationships, 1*, 37–67.
- Cutrona, C. E., & Troutman, B. R. (1986). Social support, infant temperament, and parenting self-efficacy: A mediational model of postpartum depression. *Child Development, 57*, 1507–1518.
- Derogatis, L. R. (1993). *Brief Symptom Inventory: Administration, scoring, and procedures manual*. Minneapolis, MN: National Computer Systems.
- Dohrenwend, B. S., & Dohrenwend, B. P. (1974). Overview and prospects for research on stressful life events. In B. S. Dohrenwend, & B. P. Dohrenwend (Eds.), *Stressful life events: Their nature and effects* (pp. 313–331). New York: Wiley.
- Enns, C. Z. (1993). Twenty years of feminist counseling and therapy: From naming biases to implementing multifaceted practice. *The Counseling Psychologist, 21*, 3–87.
- Fischer, A. R., & Shaw, C. M. (1999). African American's mental health and perceptions of racist discrimination: The moderating effects of racial socialization experiences and self-esteem. *Journal of Counseling Psychology, 46*, 395–407.
- Fischer, A. R., Tokar, D. M., Mergl, M. M., Good, G. E., Hill, M. S., & Blum, S. A. (2000). Assessing women's feminist identity development: Studies of convergent, discriminant, and structural validity. *Psychology of Women Quarterly, 24*, 15–29.
- Fitzgerald, L. F., & Nutt, R. (1986). The Division 17 principles concerning the counseling and psychotherapy of women: Rationale and implementation. *The Counseling Psychologist, 14*, 180–216.
- Ford, G. G., & Procidano, M. E. (1990). The relationship of self-actualization to social support, life stress, and adjustment. *Social Behavior and Personality, 18*, 41–51.
- Frazier, P. A., Tix, A. P., & Barron, K. E. (2004). Testing moderator and mediator effects in counseling psychology research. *Journal of Counseling Psychology, 51*, 115–134.
- Goodwin, R., Costa, P., & Adonu, J. (2004). Social support and its consequences: “Positive” and “deficiency” values and their implications for support and self-esteem. *British Journal of Social Psychology, 43*, 465–474.
- House, J. S., Landis, K. R., & Umberson, D. (2004). Social relationships and health. In W. D. Murelick & J. S. Erger (Eds.), *The social psychology of health: Essays and readings* (pp. 237–246). Thousand Oaks, CA: Sage.
- Jackson, T., Weiss, K. E., Lunquist, J. J., & Soderlind, A. (2005). Sociotropy and perceptions of interpersonal relationships as predictors of eating disturbances among college women: Two prospective studies. *The Journal of Genetic Psychology, 166*, 346–359.
- Johnson, D. M., Worell, J., & Chandler, R. K. (2005). Assessing psychological health and empowerment in women: The Personal Progress Scale Revised. *Women and Health, 41*, 109–129.
- Kanner, A. D., Coyne, J. C., Schaefer, C., & Lazarus, R. S. (1981). Comparison of two modes of stress measurement: Daily hassles and uplifts versus major life events. *Journal of Behavioral Medicine, 4*, 1–39.
- Kelloway, E. K. (1998). *Using LISREL for structural equation modeling: A researcher's guide*. Thousand Oaks, CA: Sage.
- Kendler, K. S., Myers, J., & Prescott, C. A. (2005). Sex differences in the relationship between social support and risk for major depression: A longitudinal study of opposite-sex twin pairs. *American Journal of Psychiatry, 162*, 250–256.
- Klem, L. (1995). Path analysis. In L. G. Grimm & P. R. Yarnold (Eds.), *Reading and understanding multivariate statistics* (pp. 65–97). Washington, DC: American Psychological Association.
- Kline, R. B. (2005). *Principles and practice of structural equation modeling* (2nd ed.). New York: Guilford Press.
- Klonoff, E. A., & Landrine, H. (1995). The schedule of sexist events: A measure of lifetime and recent sexist discrimination in women's lives. *Psychology of Women Quarterly, 19*, 439–472.
- Klonoff, E. A., Landrine, H., & Campbell, R. (2000). Sexist discrimination may account for well-known gender differences in psychiatric symptoms. *Psychology of Women Quarterly, 24*, 93–99.
- Koeske, G. F., & Koeske, R. D. (1991). Underestimation of social support buffering. *Journal of Applied Behavioral Science, 27*, 475–489.
- Krause, N. (1987). Life stress, social support, and self-esteem in an elderly population. *Psychology and Aging, 2*, 349–356.
- Lakey, B., & Cassady, P. B. (1990). Cognitive processes in perceived social support. *Journal of Personality and Social Psychology, 59*, 337–343.
- Lakey, B., & Cohen, S. (2000). Social support theory and measurement. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 29–52). New York: Oxford University Press.
- Landrine, H., & Klonoff, E. A. (1996). The Schedule of Racist Events: A measure of racial discrimination and a study of its negative physical and mental health consequences. *Journal of Black Psychology, 22*, 144–168.
- Landrine, H., & Klonoff, E. A. (1997). *Discrimination against women: Prevalence, consequences, remedies*. Thousand Oaks, CA: Sage Publications.
- Landrine, H., Klonoff, E. A., Gibbs, J., Manning, V., & Lund, M. (1995). Physical and psychiatric correlates of gender discrimination: An application of the Schedule of Sexist Events. *Psychology of Women Quarterly, 19*, 473–492.
- Lee, R. M. (2003). Do ethnic identity and other-group orientation protect against discrimination for Asian Americans? *Journal of Counseling Psychology, 50*, 133–141.
- Lee, R. M. (2005). Resilience against discrimination: Ethnic identity and other-group orientation as protective factors for Korean Americans. *Journal of Counseling Psychology, 52*, 36–44.
- Lincoln, K. D., Chatters, L. M., & Taylor, R. J. (2005). Social support,

- traumatic events, and depressive symptoms among African Americans. *Journal of Marriage and Family*, 67, 754–766.
- Matteson, A. V., & Moradi, B. (2005). Examining the structure of the schedule of sexist events: A replication and extension. *Psychology of Women Quarterly*, 29, 47–57.
- Moradi, B., Dirks, D., & Matteson, A. (2005). Roles of sexual objectification experiences and internalization of standards of beauty in eating disorder symptomatology: A test and extension of objectification theory. *Journal of Counseling Psychology*, 52, 420–428.
- Moradi, B., Fischer, A. R., Hill, M. S., Jome, L. M., & Blum, S. A. (2000). Does “feminist” plus “therapist” equal “feminist therapist”? An empirical investigation of the link between self-labeling and behaviors. *Psychology of Women Quarterly*, 24, 285–296.
- Moradi, B., & Hasan, N. T. (2004). Arab American persons’ reported experiences of discrimination and mental health: The mediating role of personal control. *Journal of Counseling Psychology*, 51, 418–428.
- Moradi, B., & Subich, L. M. (2002). Perceived sexist events and feminist identity development attitudes: Links to women’s psychological distress. *The Counseling Psychologist*, 30, 45–66.
- Moradi, B., & Subich, L. M. (2003). A concomitant examination of the relations of perceived racist and sexist events to psychological distress for African American women. *The Counseling Psychologist*, 31, 451–469.
- Moradi, B., & Subich, L. M. (2004). Examining the moderating role of self-esteem in the link between experiences of perceived sexist events and psychological distress. *Journal of Counseling Psychology*, 51, 50–56.
- Norris, F. H., & Kaniasty, K. (1996). Received and perceived social support in times of stress: A test of the social support deterioration deterrence model. *Journal of Personality and Social Psychology*, 71, 498–511.
- Peirce, R. S., Frone, M. R., Russell, M., Cooper, M. L., & Mudar, P. (2000). A longitudinal model of social contact, social support, depression, and alcohol use. *Health Psychology*, 19, 28–38.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Ruggiero, K. M., & Taylor, D. M. (1995). Coping with discrimination: How disadvantaged group members perceive the discrimination that confronts them. *Journal of Personality and Social Psychology*, 68, 826–838.
- Russell, D. W., & Cutrona, C. E. (1991). Social support, stress, and depressive symptoms among the elderly: Test of a process model. *Psychology and Aging*, 6, 190–201.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069–1081.
- Saltzman, K. M., & Holahan, C. J. (2002). Social support, self-efficacy, and depressive symptoms: An integrative model. *Journal of Social and Clinical Psychology*, 21, 309–322.
- Sechrist, G. B., Swim, J. K., & Mark, M. M. (2003). Mood as information in making attributions to discrimination. *Personality and Social Psychology Bulletin*, 29, 524–531.
- Slavin, L. A., Rainer, K. L., McCreary, M. L., & Gowda, K. K. (1991). Toward a multicultural model of the stress process. *Journal of Counseling and Development*, 70, 156–163.
- Smith, E. M. J. (1985). Ethnic minorities: Life stress, social support, and mental health issues. *The Counseling Psychologist*, 13, 537–579.
- Stangor, C., Swim, J. K., Sechrist, G. B., DeCoster, J., Van Allen, K. L., & Ottenbreit, A. (2003). Ask, answer, and announce: Three stages in perceiving and responding to discrimination. *European Review of Social Psychology*, 14, 277–311.
- Stevens, J. (1996). *Applied multivariate statistics for the social sciences*. Mahwah, NJ: Erlbaum.
- Swift, A., & Wright, M. O. (2000). Does social support buffer stress for college women: When and how? *Journal of College Student Psychotherapy*, 14, 23–42.
- Swim, J. K., Hyers, L. L., Cohen, L. L., & Ferguson, M. J. (2001). Everyday sexism: Evidence for its incidence, nature, and psychological impact from three daily diary studies. *Journal of Social Issues*, 57, 31–53.
- Travis, C. B., Gressley, D. L., & Crumpler, C. A. (1991). Feminist contributions to health psychology. *Psychology of Women Quarterly*, 15, 557–566.
- Ullman, J. B. (1996). Structural equation modeling. In B. G. Tabachnick & L. S. Fidell (Eds.), *Using multivariate statistics* (3rd ed., pp. 709–811). New York: HarperCollins.
- Utsey, S. O., Ponterotto, J. G., Reynolds, A. L., & Cancelli, A. A. (2000). Racial discrimination, coping, life satisfaction, and self-esteem among African Americans. *Journal of Counseling & Development*, 78, 72–80.
- Weber, M. L. (1998). *She stands alone: A review of the recent literature on women and social support*. Winnipeg, Manitoba, Canada: Prairie Women’s Health Centre of Excellence.
- Windle, M. (1992). A longitudinal study of stress buffering for adolescent problem behaviors. *Developmental Psychology*, 28, 522–530.
- Worell, J. (2001). Feminist interventions: Accountability beyond symptom reduction. *Psychology of Women Quarterly*, 25, 335–343.
- Worell, J., & Johnson, D. (2001). Therapy with women: Feminist frameworks. In R. K. Unger (Ed.), *Handbook of the psychology of women and gender* (pp. 317–329). New York: Wiley.
- Worell, J., & Remer, P. (2003). *Feminist perspectives in therapy: Empowering diverse women*. Hoboken, NJ: Wiley.
- Wylie, R. C. (1989). *Measures of self-concept*. Lincoln: University of Nebraska Press.

Received March 2, 2006

Revision received May 24, 2006

Accepted June 9, 2006 ■