

Mindfulness, Ambivalent Sexism and Women's Health Outcomes

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Abstract

This research investigates whether trait mindfulness, or contemplative awareness of one's surroundings changes the relationship between experiencing ambivalent sexism and the development of depressive symptoms. Ambivalent sexism has benevolent and hostile components. Hostile sexism refers to experiences or attitudes that aim to enforce rigid, traditional gender roles. Benevolent sexism is often paternalistic and encompasses attitudes that perpetuate women as being the gentler sex in need of protection. Although sexism, in general, has been linked with negative mental health outcomes, it remains unclear how these consequences differ between hostile and benevolent exposure. Because mindfulness has been shown to mitigate the deleterious effects of stereotype threat, anxiety and discriminatory experiences, it was hypothesized that aspects of mindfulness related to emotional regulation may alter the relationships between each component of ambivalent sexism and scores on a depression inventory.^{1,2,3} Undergraduate students completed an electronic survey, which included a series of questionnaires primarily aimed at measuring trait mindfulness, experiences with ambivalent sexism and aspects mental health. Simple slope analyses indicated that high levels of the nonjudgment and nonreaction subscales of mindfulness were associated with reduced depressive symptoms across both types of sexism in female students. These findings illustrate that high levels of trait mindfulness may be protective against the development negative health outcomes.

Keywords: Mindfulness; Ambivalent Sexism; Depression

1. Introduction

1.1 Ambivalent Sexism

Ambivalent sexism, first posited by Glick and Fisk, partitions sexism into two distinct elements, one benevolent and the other hostile.⁴ Contrary to outright gender bias, benevolent sexism relates to paternalistic and protective attitudes that men assume towards women. Although the target may perceive these attitudes positively (e.g. as affection, flattery, or chivalry) they subtly reinforce male dominance and stereotypic gender roles.⁵ When heterosexual couples discuss their personal aspirations, men who endorse benevolent sexism tend to emphasize how women will achieve their personal goals through dependence on their partner to make decisions and find solutions for them.⁶ Women who endorse benevolent sexism, however, highlight the ways that they, and the relationship, will benefit as a result of their partner's achievements.⁷ While this interdependence is often perceived as intimacy, it causes adverse effects such as perpetuating conventional gender roles and undervaluing women's skills and accomplishments.

Hostile sexism includes subjectively negative gender stereotypes that enforce patriarchy and male social power.⁵ This includes feelings of women as being inherently manipulative (sexually and otherwise), petty, emotionally unbalanced and more recently, in response to the feminist movement, power-seeking. Similar to benevolent sexism, hostile sexism permeates gender relations but with antagonism rather than dependency. In heterosexual relationships,

men who endorse hostile sexism construe their partner's behavior more negatively than intended by the partner.⁶ This perspective towards women is especially harmful when men perceive women as overreaching their societal place. Male endorsers of hostile sexism are less likely to give female job applicants high employment recommendations and more likely to support a male candidate for managerial positions.⁸ Although hostile sexism is blatant and easily perceived it is still unclear how the target's health is affected, both in the moment and residually.

1.2 Discrimination And Mental Health

Experiences of sexism may negatively influence women's health. Generally speaking, discriminatory experiences have been associated with a myriad of negative health outcomes. Perceiving oneself as the target of discrimination increases the likelihood of experiencing anxiety, depression and psychological distress.^{9,10,11} Prolonged exposure to discrimination has been positively associated with symptomology related to post traumatic stress disorder.¹² Personal discrimination has also been related to lower reports of subjective well-being.¹³ Well-being has been shown to encompass both societal well-being (i.e. feeling safe or trustful of society) in addition to psychological well-being (mental health). From these numerous mental health consequences, discriminatory experiences have been indirectly linked to suicidal ideation and addictive behaviors.^{14,15}

While discrimination seems to be damaging for all, some research suggests that discriminatory exposure may affect males and females differently.¹⁶ A longitudinal study following intercity adolescents found perceived discrimination to be related to deleterious mental health conditions across gender.¹⁷ Females, however, reported significantly more symptoms of depression and anxiety despite males having more experiences with discrimination. Although women appear to be more prone these psychological developments than men, it is hypothesized that sexism may be the stressor that is contributing to this gender disparity.¹⁶ In women who are chronically depressed it is theorized that continual exposure to sexist beliefs plays a contributing role in causing low self-esteem and low self-efficacy.¹⁸ Additionally, mental health consequences have been associated with women perceiving discrimination against members of their gender.¹⁹

Although sexism has been shown to damage mental health, it remains unclear how outcomes differ between experiences with benevolent and hostile sexism. Because of its subtle nature, benevolent sexism may be perceived differently than hostile sexism. Owing to this dissimilarity in interpretation, the mental health outcomes correlated with each experience may vary.

1.3 Mindfulness

In the past decade there has been a flood of evidence highlighting the health-related benefits of both being a mindful individual (trait mindfulness) and of practicing mindfulness (state mindfulness). Jon Kabat-Zinn defines mindfulness as paying attention, in the present moment, on purpose and without judgement.²⁰ As such, mindfulness is a multifaceted construct, comprised of several independent but related attributes. As an operational definition, the model proposed by Baer, Smith, Hopkins, Krietemeyer and Toney that refers to trait mindfulness as an aggregate of five aspects (acting with awareness, nonjudgement, nonreactivity, observing and describing) will be used.²¹

Trait mindfulness has been linked extensively to positive mental health outcomes. Dispositional mindfulness is positively correlated to regulating negative moods and inversely related to stress, depression and anxiety.²² Furthermore, mindfulness predicts greater degrees of psychological flexibility and lower levels of experiential avoidance.^{23,24} Mindfulness-based interventions are being utilized to ameliorate symptoms of psychological distress, post-traumatic stress, work-related burnout, attention deficit disorder and to foster self-control.²⁵⁻²⁸ There is also evidence that persons measuring high in trait mindfulness worry less and are less likely to act on impulse.^{29,30}

Interestingly, trait mindfulness seems to relate to improved mental health outcomes when experiencing discrimination.³ In a cohort of middle-aged gay men, trait mindfulness proved to be protective against low self-esteem and depression when participants indicated discrimination based on their age or sexual orientation.³¹ Similarly, in a community sample of 600 adults dispositional mindfulness moderated the relationship between perceived discrimination and the development of depressive symptoms. These protective characteristics of trait mindfulness are hypothesized to function through three avenues: increased emotional regulation, self-compassionate attitudes and the ability to act intentionally in situations.³ Through these mechanisms, mindful individuals have the opportunity to consciously respond to discrimination both mentally, in their self-judgments and with stress reducing actions.

1.4 Current Study

The goal of the current study is to investigate the extent to which experiencing benevolent versus hostile sexism is associated with level of depressive symptoms. Additionally, mindfulness will be explored as a potentially moderating factor between sexist experiences and negative health outcomes. It is hypothesized that persons who are more mindful will perceive, and thus report, more sexism in their day-to-day lives. Trait mindfulness is also expected to dampen the depressive outcomes associated with experiencing sexism.

2. Method

The study used a series of measures administered electronically to examine the relationship between mindfulness, ambivalent sexism and health. All procedures and materials were approved by the Institutional Review Board prior to beginning the study.

2.1 Participants

Participants were 127 cisgender students (82% Female, Mean Age=21.6) recruited via classroom announcements, flyers and the online research participation forum of the psychology department. This study focused exclusively on the mechanisms of ambivalent sexism experiences as they relate to the cisgender population. It is unclear how non-cisgender participants, who may identify as agender or as a gender other than their biological sex, would interpret a scale designed to measure sexism within the traditional gender binary. Because of this, non-cisgender female participants (n=2) were excluded from analysis. Data from male participants (n=23) was also omitted from final analyses.

2.2 Procedure

Participants accessed the study electronically. Interested students were provided a link from the researchers enabling them to take the study remotely. To prevent from exceeding the target sample size, respondents were given two weeks to complete the study. After this time they were informed that their link had expired and were encouraged to contact the researchers if they still wished to participate.

Consent and debriefing forms were included electronically in the study. Consent was obtained in accordance with the Institutional Review Board of the associated university. Participants checked one of two boxes to indicate consent or withdrawal from the study. Consenting students were linked immediately to the first measure. Students wishing to withdraw were transferred to the end screen of the survey.

Upon completing the study, all participants were given an identical personal identification number and prompted to email it to the researchers with their first and last name. By using a common identification number, student participation could be verified while keeping study results anonymous.

2.3 Instruments

2.3.1 *experiences with ambivalent sexism*

This measure was adapted from the Ambivalent Sexism Inventory (ASI) in order to assess personal experiences with ambivalent sexism rather than attitudes that suggest ambivalent sexism.³² For example, a benevolent item from the ASI reads, "In a disaster, women ought to be rescued before men." In the Experiences with Ambivalent Sexism Inventory (EASI), this question was adjusted to read, "I have witnessed others express the belief that women should be helped before men in an emergency situation." Participants indicated the degree to which they agreed or disagreed with the statement using a 6-point Likert scale. A sample item related to hostile experiences is "I have witnessed others express the belief that when women lose to men in a fair competition, they typically complain about being discriminated against." Benevolent ($\alpha=0.82$) and hostile ($\alpha=0.88$) items were used to create two subscales from the EASI. High scores on the EASI indicate more experiences with each type of sexism.

2.3.2 mindfulness

Trait mindfulness was gauged using the Five Facet Mindfulness Questionnaire (FFMQ), a 39-item measure.²¹ The FFMQ ($\alpha=0.89$) partitions mindfulness into five subcategories: observe, describe, act with awareness, non judge and non react. A sample item from the non react subscale is “When I have distressing thoughts or images, I ‘step back’ and am aware of the thought or image without getting taken over by it.” Participants were asked to respond to questions based on a 5-point Likert scale, answering what was generally true for them. High scores on this scale relates to high levels of mindfulness. All facets are significantly correlated to positive predictors of mental health that are commonly associated with mindfulness, including openness to experience and self-compassion.²¹

2.3.3 depression

Participants responded to the Center for Epidemiologic Studies Depression Scale (CES-D) ($\alpha=0.94$) in order to gauge depressive symptoms.³³ A sample item from this measure is “I felt that I could not shake off the blues even with help from my family or friends.” Responses are based on a four point Likert scale that indicates the frequency participants acted or felt a certain way during the past week. High scores on this measure relate to increased depressive symptoms.

2.3.4 demographics

Students were asked to identify their race/ethnicity from a list or to select “other” and write in an unlisted response. Participants indicated their year in college, their age and the approximate income of their family during the previous year. After listing their biological sex, students were asked what gender they identify with and “other” was given as an option in addition to male and female choices.

3. Data Analyses

In order to assess the central hypotheses, bivariate correlations were conducted to gauge the relationship between the independent variables (mindfulness, experiences with hostile sexism and experiences with benevolent sexism) depression. Following this, a regression analysis was used to measure the association between depression and mindfulness while controlling for demographic variables. In order to compare depression scores between participants who experienced high versus low levels of sexism, the quartile ranges for the EASI benevolent and hostile subscales were calculated. Participant’s total scores on the subscales were converted into categorical variables based on the quartile range that they fell within. One-way ANOVA procedures were used to determine significant mean differences for depression scores across quartiles for each type of sexism. Tukey HSD pairwise comparisons were then conducted to highlight between group differences.

To examine the moderating effects of mindfulness, the five facets of mindfulness: describe, observe, act with awareness, non react, and non judge) were calculated as subscales of the FFMQ. This was done in order to determine the specific aspects of mindfulness that are protective against the development of depressive symptoms. Bivariate correlation analysis were used to determine the association between the five facets, experiences with sexism and depression. Following this, multiple regression analyses were used to assess the interaction effects of EASI and FFMQ subscales on depression scores. To further illustrate the interaction effect of each mindfulness facet and type of sexism, simple slope analyses were conducted.

4. Results

Preliminary correlation analyses (Table 1) indicated a negative correlation between mindfulness and depression $r(93) = -0.556, p < 0.001$. Based on this strong inverse relationship, a regression analysis was conducted to determine the extent that scores on the FFMQ predicted depressive symptoms in participants. After controlling for demographic variables including race, income, year in college and age, results indicated that mindfulness significantly predicted depression scores ($\beta = -0.427, p < 0.001$). Additionally, correlational results indicate that the describe and observe facets of mindfulness are related to reporting more experiences with benevolent sexism. Since no initial correlation was found between measures of ambivalent sexism and depression, a one-way ANOVA was used to test if there were

pairwise differences in depression scores between quartiles of hostile sexism or benevolent sexism. Results indicated a significant mean difference in CES-D scores between the quartiles of benevolent sexism $F(3, 96) = 2.896, p = 0.039$ but not hostile sexism. A post hoc Tukey HSD showed that this difference occurred between participants who scored in the 4th and 1st quartiles (Table 2). Participants who fell in the 1st quartile (the 25% of participant scores that experienced the least benevolent sexism), had a mean depression score that was 9.64 points higher than those in the 4th quartile (participants who fell between the 75th and 99th percentile in the EASI benevolent subscale).

Having established a relationship between both of the independent variables and depression, regression analyses were conducted to explore interaction effects (Table 3). The mindfulness facets that interacted most with experiencing benevolent and hostile sexism to predict depression scores were non judge and non react. Together, ambivalent sexism and these inhibitory aspects of mindfulness are accounting for a significant proportion of the variance in scores on the CES-D. To further explore the moderating effects of these variables, simple slope analyses were conducted. The results indicate that participants who experienced more sexism had lower depression scores (Figures 1-4) regardless of type of sexism. However, the effect was stronger for benevolent sexism. Additionally, participants who were higher in mindfulness, specifically those who were less reactive and less judgmental of themselves, showed lower depression scores regardless of the amount of sexism they experienced.

Table 1. Bivariate correlations between FFMQ (total and subscales), depression and EASI subscales

	Correlation Coefficients							
	Obs	Des	AwA	NonJ	NonR	FFMQ Total	EASI Hos	EASI Ben
CES-D	0.068	-0.128	-0.410**	-0.660**	-0.407**	-0.556**	-0.007	-0.159
EASI Hos	0.079	0.125	-0.205*	-0.151	-0.165	0.123		
EASI Ben	0.216*	0.204*	-0.010	-0.029	-0.011	-0.122		

Obs observe, *Des* describe, *AwA* act with awareness, *NonR* non react, *NonJ* non judge, *EASI Hos* experiences with hostile sexism, *Easi Ben* experiences with benevolent sexism, *CES-D* depression
* $p < .05$, ** $p < .01$

Table 2. Tukey pairwise comparisons for depression and EASI benevolent quartiles

Quartile	Mean Difference	95% CI	t-value	Adjusted p-value
2 - 1	-2.69	(-12.01, 6.62)	-0.76	0.873
3 - 1	-1.86	(-10.64, 6.92)	-0.55	0.945
4 - 1	-9.64	(-18.60, -0.67)	-2.81	0.030
3 - 2	0.84	(-8.70, 10.37)	0.23	0.996
4 - 2	-6.94	(-16.65, 2.77)	-1.87	0.248
4 - 3	-7.78	(-16.97, 1.42)	-2.21	0.127

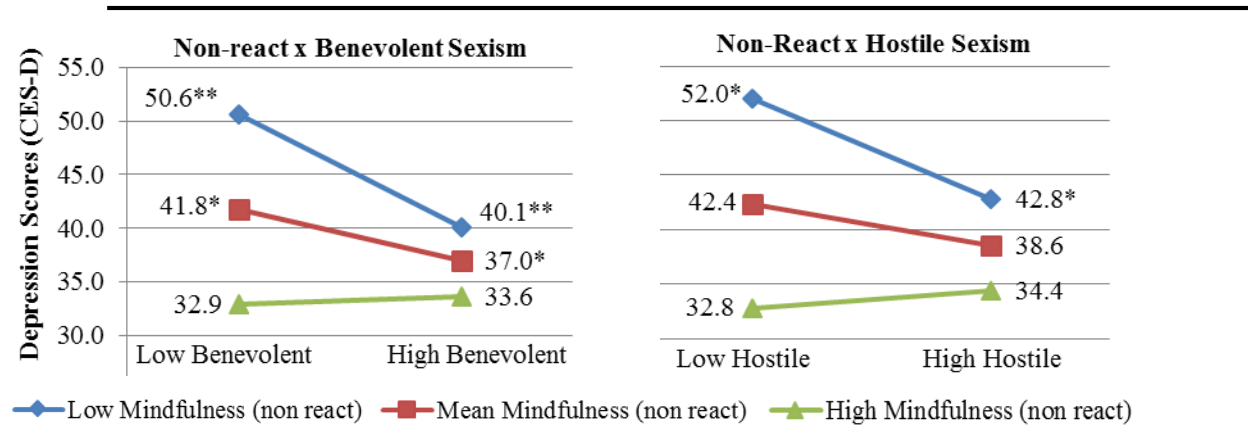
Adjusted p-value = 98.97%

Table 3. Effect of Ambivalent Sexism and Mindfulness Facets on Depression

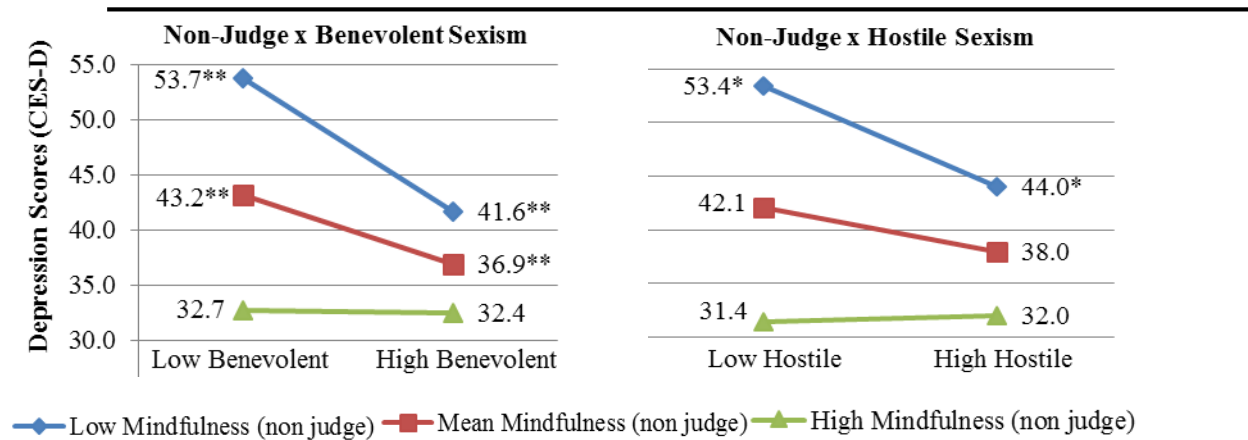
Model	Unstandardized		Standardized Beta	t-value	p-value
	B	Std. Error			
EASI Ben	-1.216	0.429	-0.803	-2.834	0.006
NonJ	-2.837	0.710	-1.574	-3.993	0.000
EASI Ben x NonJ	0.038	0.016	1.058	2.318	0.023
EASI Ben	-2.087	0.572	-1.367	-3.645	0.000
NonR	-4.852	1.152	-1.738	-4.211	0.000
EASI Ben x NonR	0.087	0.026	1.798	3.291	0.001
EASI Hos	-0.736	0.348	-0.597	-2.116	0.037
NonJ	-2.550	0.733	-1.390	-3.479	0.001
EASI Hos x NonJ	0.024	0.013	0.812	1.819	0.072
EASI Hos	-1.809	0.595	-1.449	-3.039	0.003
NonR	-5.541	1.514	-1.984	-3.660	0.000
EASI Hos x NonR	0.080	0.027	1.908	2.924	0.004

Dependent variable: depression

The non react subcategory of mindfulness was shown to moderate the relationship between both forms of sexism and depression scores. Specifically, participants high in non react displayed no difference in depression scores, regardless of the amount of sexism they experienced. High levels of sexism, however, were associated with lower depression scores for those low in non react (Mean difference on low mindfulness [non-react] between high and low benevolent sexism = 10.5, $p < .01$; Figure 1; (Mean difference on low mindfulness [non-react] between high and low hostile sexism = 9.2, $p < .05$, Figure 2). High levels of benevolent sexism were also related to lower depression scores for those with moderate levels of non react mindfulness (Mean difference on mean mindfulness [non-react] between high and low benevolent sexism = 4.8, $p < .05$), but no effect was found for hostile sexism.



Figures 1, 2. Simple slope graphs examining the moderating effect of mindfulness subcategory non react and ambivalent sexism on depression.



Figures 3, 4. Simple slope graphs examining the moderating effect of mindfulness subcategory non judge and ambivalent sexism on depression.

Figures 3 and 4 depict a similar relationship between ambivalent sexism, the non judge facet of mindfulness and depression. People high in non judge show no difference in depression scores when experiencing either type of sexism. High levels of ambivalent sexism though, were associated with lower depression scores for those low in the non judge subcategory (Mean difference on low mindfulness [non-judge] between high and low benevolent sexism = 12.1, $p < 0.01$; Figure 3; Mean difference on low mindfulness [non-judge] between high and low hostile sexism = 9.4, $p < 0.05$; Figure 4). Finally, high levels of benevolent sexism were associated with moderate levels of non judge (Mean difference on mean mindfulness [non-judge] between high and low benevolent sexism = 6.3, $p < 0.01$). This effect was not found when looking at experiences with moderate levels of hostile sexism.

Persons measuring low in non judge have a mean difference in CES-D scores of 12.1 ($p < 0.01$) from high experiences with benevolent sexism to low and 9.4 ($p < 0.05$) for hostile sexism. Participants near mean levels of non judge exhibited a significant difference in depression scores (6.3, $p < 0.01$) when looking at benevolent sexism but not hostile. Similar to non react, high scores in non judge related to almost no mean changes in depression scores regardless of the amount of benevolent sexism they reported experiencing.

5. Discussion

The current study sought to explore the relationship between mindfulness, ambivalent sexism and negative health outcomes, specifically, depression. Because mindfulness is a construct related to increased personal awareness, it was also hypothesized that persons measuring high in mindfulness would report more exposure to sexism overall. This hypothesis was supported by correlational results. Specifically, the describe facet of mindfulness (i.e. the ability to put one's experiences, opinions and beliefs into words) and the observe facet (i.e. being in tune with sensations, thoughts or emotions that one is experiencing) were both positively correlated with experiencing benevolent sexism. Exposure to benevolent sexism is often subtle and frequently goes unnoticed. It is understandable that persons who are more aware of their internal state and better at putting their experiences into words would detect more benevolent sexism in their day-to-day lives. Additionally, acting with awareness (i.e. being focused on the present and taking action deliberately) was inversely correlated with experiencing hostile sexism. Because hostile sexism is blatant, it may be that people who are more aware and intentional in their actions purposefully avoid situations or relationships where they are perceiving hostile sexism.

It was also hypothesized that mindfulness would moderate the relationship between experiences with sexism and negative health outcomes. The results of moderator analyses indicate evidence of an interplay between mindfulness and experiences with ambivalent sexism that is influential in predicting depressive symptoms. The nature of this relationship though, was unexpected and directionally opposite of the second hypothesis. It was anticipated that high levels of mindfulness would be related to better health outcomes. This aspect of the hypothesis was supported by simple slope analyses. Persons reporting high levels on non judge (i.e. people who avoid making judgements of themselves based on the nature of their thoughts) and non react (i.e. people who have the ability to observe their

thoughts and feelings without being absorbed or overcome by them) had lower mean scores on the CES-D than those at low and mean levels of those facets. This was true whether participants experienced high or low levels of both forms of sexism. However, simple slope analyses also revealed that persons at low and mean levels of non judge and non react had fewer depressive symptoms when they experienced more hostile and benevolent sexism. This is contrary to the initial hypothesis that depressive outcomes would be positively associated with experiencing ambivalent sexism. This finding also differs from current studies that have found mindfulness to be protective against negative health outcomes when experiencing discrimination.^{3, 31} It is possible that these outcomes differ because gender-based discrimination is perceived differently than ageism, racism and sexuality-based discrimination. In certain situations, benevolent sexism in particular has been linked to beneficial outcomes in women. In examining conflict in heterosexual relationships, researchers have found that when male partners endorse benevolent sexism, women often perceive it as investment in the relationship and suffer less anxiety during conflict as a result.³⁴ In addition to intimacy and commitment, benevolent sexism may be perceived as flattery or chivalry. Despite this potential explanation for the relationship between benevolent sexism and depression, it remains unclear why experiences with blatant, hostile acts of sexism relate to fewer depressive symptoms.

Participant's attitudes towards ambivalent sexism were not taken into account in the current study. It is possible that endorsers of benevolent and hostile sexism have more favorable outcomes when they are exposed to situations that align with their beliefs and attitudes. For example, women who endorse benevolent sexism have been shown to have more life satisfaction because their sexist attitudes align with the existing patriarchal structure of society.³⁵ Failure to account for endorsement of ambivalent attitudes could potentially explain the unexpected relationship between sexism and depression found in this study. Future research should consider the measurement of ambivalent attitudes and/or the perception of specific actions as sexist when attempting to understand this relationship.

Another limitation of the current study was that the sample of women was somewhat homogenous in age and race. It may be that a more diverse sample would have significantly different experiences and attitudes regarding ambivalent sexism. The strength of participant's gender identity was also not taken into account. Persons who see gender as a more significant part of their identity often report or react to experiences with ambivalent sexism differently than an individual whose gender is not integral to their self-concept.³⁶

6. Conclusion

The current study adds to the growing body of literature supporting the beneficial health outcomes associated with mindfulness. In line with past research and the hypothesis, high levels of mindfulness were related to lower levels of depression. This outcome was specific to the non judge and non react facets of mindfulness. Mindfulness was protective against depressive symptoms regardless of the amount of ambivalent sexism that participants reported experiencing. This finding however, was only applicable to persons measuring high in mindfulness. Subjects at mean and low levels of mindfulness actually benefited from experiencing benevolent and hostile sexism (at least in terms of depressive outcomes). These findings are consistent with past research that has found benevolent sexism to be perceived positively by women but contrasting to the majority of findings regarding hostile sexism.³⁷ Future investigation of the relationship between ambivalent sexism beliefs and experiences may shed light on the unique mechanisms of hostile and benevolent sexism.

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