The Role of Multiple Social Groups and Identities in Women’s Mental Health

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Michigan State University

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In this chapter we draw from diverse bodies of literature to explore the relationship between women’s multiple social groups, women’s multiple social identities and mental health. Using social identity theory and stress and coping theory as points of departure, we will explore the relationship between these dimensions and mental health as well as the pathways through which multiple social groups and identities influence mental health outcomes. Individuals belong simultaneously to multiple groups; thus we not only consider women’s gender, but also how memberships related to race, sexual orientation, and socioeconomic status (SES) are related to their well-being outcomes. We begin by defining group memberships and group identifications. Then, we review stress and coping theory and relate them to women’s group memberships and identities. Next, we review the literature on how women’s membership in single and multiple marginalized groups may make women vulnerable to stressors and negative mental health outcomes. We then review literature on how single and multiple group identifications may sometimes act as protective factors that offset those negative mental health effects. Finally, we conclude with suggestions for future research in this area and a summary.

Group Memberships and Group Identities

Individuals simultaneously belong to multiple social groups. For example, a woman may also be middle-class, African American, and a lesbian. Group memberships are important because individuals tend to categorize themselves and others on the basis of these characteristics (Fiske & Neuberg, 1990); that is they think about individuals according to their gender, race, social class, and sexual orientation (among other groups). These group memberships are grounded in a sociohistorical context and as such, categories such as race and socioeconomic class reflect the broader system of marginalization and oppression (Williams, Lavizzo-Mourey,
Furthermore, group membership impacts individuals’ lived experience and well-being (Harrell, 1999), in part, because stereotypes associated with social groups influence how individuals in those groups are treated (Fiske & Neuberg, 1990). For example, women are stereotyped as nice but not competent (Fiske, Cuddy, Glick, & Xu, 2002; White & Gardner, 2009) and African Americans are stereotyped as not intelligent (Steele, 1997; Steele & Aronson, 1995). Thus, an African American woman may be treated according to these stereotypes – as though she is not competent or intelligent, which may have consequences for her academic, occupational, and social relationship experiences. How individuals are treated because of their group memberships occurs mostly independently of whether the individuals places important on these group memberships. That is, an African American woman may be subjected to stereotyped treatment based on her gender and race even if she does not place importance on being female or African American in how she thinks of herself.

The extent to which individuals are treated according to their group memberships depends somewhat on their visibility. Although there are circumstances where ambiguity may exist, gender and race are usually visible identities such that one’s membership in a particular racial/ethnic or gender group is not only a matter of personal classification, but something that is ascribed to that individual based on the perceptions of others. Gender and race also tend to be stable memberships such that few individuals tend to move between categories within the group (e.g., from male to female). SES, also referred to as social class, and sexual orientation differ from gender and race in that they are usually less visible and may also be more fluid over the course of an individual’s lifespan. For example, an individual who is raised poor may experience a shift in his/her socioeconomic status through obtaining higher education and a professional
career. These differences in the outward visibility, as well as in some cases the permanence of these group memberships may have an impact on psychosocial outcomes.

Irrespective of the visibility and stability of group membership, when an individual sees herself in relation to a group to which she belongs, this reflects her level of identification with the group (Ashmore, Deaux, & McLaughlin-Volpe, 2004; Thoits, 1995). The process of identifying with a group involves acceptance of group membership as part of the self-concept and defining oneself based (at least in part) on characteristics of the group (Hogg, 2006). Identities provide individuals with a sense of meaning about themselves in relation to others (Demerath, 2006; Thoits, 1995) and they help individuals to understand the world and interact with others (Hogg & Abrams, 1990). Identity theorists have proposed that the self-concept is hierarchically organized whereby some identities are more important, central, or prominent within the individual’s self-concept (Hogg, 2003). Those identities that are more important, or higher on the identity-hierarchy, are theorized to have a greater psychological and behavioral impact (i.e., contribute more to the individual’s sense of self) than low importance identities (Settles, 2004). Because of the psychological implications of both group membership and group identification on women’s mental health, we focus on both in this chapter. In particular, we highlight how women’s group memberships sometimes serve as sources of stress, whereas their group identifications may offer benefits that permit women to better cope with these stresses.

Stress and Coping

Differences exist in vulnerability to stress based on membership in various social groups, with consequences for women’s mental health outcomes. Stress is created by any event that requires an individual to change and adapt, whether the changes and/or events are positive or negative (Lazarus & Folkman, 1984). Individual well-being and functioning are impacted by the
degree to which an individual can respond to such demands. Within a stress and coping framework, indicators of mental health reflect an adaptive or maladaptive response in the face of situations that place demands on one’s psychological and social resources (Lazarus & Folkman, 1984). For example, responding to the stress of unemployment, a woman may engage in active coping, such as seeking out job opportunities, or passive and escapist coping strategies, such as using alcohol to manage the distress associated with job loss. These two types of responses lead to vastly different outcomes. Given this, it becomes important to examine women’s mental health because it is an indication of the presence of stressors. Equally important, well-being in the face of stressors is an indication of successful, adaptive coping. Historically, there has been a limited understanding of how women’s lived experiences influence mental health and research on stress and coping highlighted coping strategies that men were more likely to use as being more adaptive with respect to mental health (Banyard & Graham-Bermann, 1993). Over time, more nuanced investigations of the role of gender, coping, and mental health have developed and point to context and appraisal as influencing gender differences in coping (Tamres, Janicki, & Helgeson, 2002). Although some emotion-focused coping strategies more frequently used by women, such as rumination, are related to depression, disordered eating, and substance use (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Nolen-Hoeksema & Harrell, 2002), there is also evidence that other types of emotion-focused coping used by women are adaptive, such as the use of social support (Taylor, 2007; Taylor & Stanton, 2007).

As stress and coping theory has evolved with respect to the analysis of gender, it provides a useful framework for examining mental health in the context of multiple group memberships. There is evidence that membership in multiple socially marginalized groups can increase the number stressful events one experiences, which exacerbates harm to well-being (e.g., Bowleg,
That is, group membership provides a framework which may elucidate the types of stressors that will be experienced at the individual level. Although multiple group memberships may be associated with stressors, there is research suggesting that identification can be protective, providing mental health resources that influence one’s experience of marginalization and buffer against the negative effects of those events (Branscombe, Schmitt, & Harvey, 1999; Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003). Further, such experiences may improve one’s coping responses, fostering resilience in the face of subsequent identity-related stressors.

Women’s Group Memberships

Occupying membership in certain groups may contribute to marginalization at the individual/interpersonal level as well as the institutional/societal level, resulting in a greater number of stressors for individuals in those groups. For example, compared to men, women are more likely to have the interpersonal experiences of gender discrimination and sexual harassment (Jackson & Neuman, 2004; Paludi & Paludi, 2003) and compared to Whites, ethnic minorities are more likely to experience racial discrimination (Bergman, Palmieri, Drasgow, & Ormerod, 2007; Schneider, Hitlan, & Radhakrishnan, 2000). Research has also consistently shown that those from the lowest SES groups report more stressful events of all kinds than those from high SES groups (Hatch & Dohrenwen, 2007) and gay and lesbian men and women are more frequently discriminated against than heterosexual men and women (Dunbar, 2006).

Certain group memberships may also increase the likelihood of being in another marginalized group. For example, women are more likely than men to live in poverty (APA, 2007), which may reflect several forms of institutional and societal discrimination such as
receiving lower quality public education or the lack of legal protections against discrimination. Similarly, women, particularly women with children, are at far greater risk of being impoverished than are men and people of color are more likely than Whites to fall below the poverty line. Sexual minorities, especially gay and lesbian people of color typically earn far less than similarly qualified heterosexuals, experience high rates of unemployment, and are at much higher risk of falling into the lowest income brackets with over 14% earning less than $10,000 a year (APA, 2007, 2010).

Research also shows that those who embody multiple marginalized groups have a greater number of these negative stressful experiences, because these group memberships (gender, race, class, sexual orientation, etc.) are interconnected, meaningful only in relation to one another, and useful in predicting outcomes when considered jointly (Intersectionality theory; Cole, 2009). Double-jeopardy theory (Beal, 1970; D. K. King, 1988) proposes that individuals who hold membership in multiple marginalized groups, such as women of color, will be at increased risk for victimization and other stressors related to those social groups. Using this framework, one would expect that over their lifetimes, women of color would experience more victimization than would White women because they may have negative stressful experiences based on both their marginalized gender and race. Although little research has explored how women of color may experience victimization compared to White women as a result of these marginalized group memberships (Settles, 2006; Thomas, 2004), a small body of research supports double jeopardy predictions that ethnic minority women, compared to White women and men of any ethnicity, experience increased incidences of past year and lifetime chronic stressors (Lu & Chen, 2004; Turner & Avison, 2003), harassment (Bergman & Drasgow, 2003; Berdahl & Moore, 2006), workplace discrimination (Nelson & Probst, 2004), pay inequity (Kim, 2006), sexual assault and
rape by force or coercion (Boykins, Alvanzo, Carson, Forte, Leisey, & Plichta, 2010; Kalof, 2000), and interpersonal violence (Oliver, 2000). When additional marginalized group memberships are considered, particularly low socioeconomic status, differences in the rates of stressful life events across groups are exacerbated further (Benson, Wooldredge, Thistlethwaite, & Fox, 2004; Frias & Angel, 2007), such as poor women of color reporting stressful experiences across a broader number of domains, including sexual coercion and assault by landlords in low-income housing (Reed, Collinsworth, & Fitzgerald, 2005; Short, 2008; Tester, 2008). Similarly, while lesbians are at increased risk of being targeted for hate crimes, lesbian women of color are more frequently targeted for the most severe forms of physical and sexual assault compared to other race-gender-sexual orientation groups (Dunbar, 2006). In addition to the increased incidence of victimization, double jeopardy posits that individuals will have unique interactive stressors that intertwine their marginalized group memberships and reflect multiple forms of bias concomitantly. For example, \textit{racialized sexual harassment} (Buchanan, 2005; Buchanan & Ormerod, 2002) refers to harassment experiences that reflect negative raced and gendered images simultaneously.

There are mental health disparities associated with being a member of a socioculturally marginalized group, likely related to the increased stress experience by group members. For example, epidemiological studies consistently find that women experience several psychiatric disorders (e.g., depression and anxiety) at higher rates than men (Dambrun, 2007, Kessler, 2003; Sachs-Ericsson & Ciarlo, 2000). Although some studies have found that Hispanics and Blacks frequently have lower rates of some psychological disorders (e.g., depression) compared to Whites, longitudinal studies show that when Blacks and Latinos do develop mood and anxiety disorders, the disorders are more likely to be persistent and debilitating conditions (Breslau,
Kendler, Su, Gaxiola-Aguilar, & Kessler, 2005). Poverty/low SES is also detrimental to psychological well-being across the lifespan and increases not only the likelihood of developing a diagnosable psychiatric illness, but of also having two or more comorbid conditions (APA, 2007; Gilman, Kawachi, Fitzmaurice, & Buka, 2002; Smith, 2005). Similarly, sexual minorities face discrimination and stress that increases their risk of developing psychiatric conditions, such as depression, as compared to heterosexual men and women (APA, 2007; Mays & Cochran, 2001) and experience greater psychological impairment following crimes based on their sexual orientation (Dunbar, 2006).

Marginalizing experiences are associated with detrimental consequences across a variety of outcomes, and may be especially harmful when individuals occupy multiple marginalized groups. Compared to a single traumatic event, experiencing multiple forms of trauma (e.g., victimization based on race, gender, and/or class) is associated with increased distress with the greatest harm being done by experiences of multiple interpersonal traumas (Green et al., 2000; Krupnick, et al., 2004). Further, those who hold membership in multiple marginalized groups are at increased risk and trauma related to intersected group memberships may be especially damaging (King, 2003, Settles, 2006). For example, Black women report particularly high rates of depression compared to White women and Black or White men (Baker, Buchanan, & Spencer, 2010) and gay and lesbian people of color, particularly those who are also poor, are at high risk for the development of stress-related psychological disorders (APA, 2007; Bowleg et al., 2003; Mays & Cochran, 2001). Further, due to the more severe and violent forms of physical and sexual assault lesbians of color experience, they often experience greater functional impairment (Dunbar, 2006). Similarly, women experiencing victimization targeting both their gender and race, reported significant harm to their work, psychological, and health
outcomes (Berdhal & Moore, 2006; Buchanan et al., 2009; Buchanan & Fitzgerald, 2008; Moradi & Subich, 2003). In sum, a plethora of research supports the notion that being in marginalized social groups is associated with more stressful life events and more negative mental health outcomes. These relationships are even greater for those in multiple devalued social groups.

Women’s Social Identities

Social identity theorists have proposed that a core reason that individuals form social identities is that they enhance individual self-esteem (Hogg, 2006) in part because identity formation involves a sense of commitment and attachment to other group members (Stets & Burke, 2000). Further, the association between identification and well-being should be greater for more important or more central identities. Although there are some exceptions, research often supports the positive relationship between greater group identification and psychological well-being. For example, research has found that a more central gender identity is related to higher self-esteem and life satisfaction in various samples of women (Schmitt, Branscombe, Kobrynowicz, & Owen, 2002; Settles, 2004). In addition, Black women and Latinas with a stronger racial/ethnic identity report less depression and higher self-esteem (French & Chavez, 2010; Iturbide, Raffaelli & Carlo, 2009; Settles, Navarrete, Pagano, Abdou, & Sidanius, 2010), women with a stronger feminist identity report higher psychological well-being (Saunders & Kashubeck-West, 2006), and lesbian women with a stronger lesbian identity reported higher life satisfaction (Fingerhut, Peplau, & Ghavami, 2005). Little research has been conducted examining social class identification; however, greater psychological well-being has been associated with perceptions of greater importance for the caregiver, wife, mother, and worker identities (Martire, Stephens, & Townsend, 2000).
In addition to research examining the direct link between women’s identities and psychological well-being, others have focused on the role of identity in the relationship between well-being and people’s experiences of mistreatment and devaluation: prejudice, discrimination, and other group-based stressors. One way in which identity acts to offset the stress of mistreatment is by mediating the relationship between mistreatment and well-being. The Rejection Identification Model (Branscombe et al., 1999; Schmitt et al., 2002) suggests that when individuals experience group-based discrimination, they react by increasing identification with the group, which in turn leads to increased well-being. Because individuals have a tendency to place an emphasis on the positive aspects of their group, the result of being identified with one’s group is the experience of increased self-esteem and self-worth (Tajfel & Turner, 1986). For example, a woman who feels her job application was not considered because of her sex might increase her gender identification to counteract feelings of rejection. Gender identification may lead the woman to have a greater sense of connection and community with other women, which in turn may lead her to have higher psychological well-being. In this way, the positive psychological well-being that results from gender identification offsets the negative psychological impact of the gender-based mistreatment that spurred the gender identification in the first place.

Some research supports the mediated model proposed by the Rejection Identification Model. Schmitt and colleagues (2002) found that women’s perceptions of discrimination against women were associated with reports of lower psychological well-being (assessed as lower life satisfaction, self-esteem, and positive affect, and increased anxiety and depression). As predicted by the model, this relationship was mediated by women’s level of gender identification, suggesting that greater group identification serves as a way of coping with the psychological
harm caused by discrimination. Further supporting this relationship, gender identification has been found to mediate personal discrimination and self-esteem among women (e.g., Bourguignon, Seron, Yzerbyt, & Herman, 2006).

Group identification could also act as a moderator of the relationship between group-based mistreatment and well-being. The Buffering Hypothesis (e.g., Sellers, Copeland-Linder, Martin, & Lewis, 2006; Yip, Gee, & Takeuchi, 2008), suggests that identity is protective in that it buffers an individual from the negative effects of discrimination or other forms of mistreatment. Specifically, the Buffering Hypothesis suggests that group-based mistreatment will be related to lower psychological well-being primarily for individuals with low group identification – that is, those who do not feel that their group membership is an important part of how they think about themselves. Conversely, it suggests that those with high group identification will be psychologically protected from the effects of mistreatment, in part because identities are a resource that provides group members with a range of ways with which to deal with group-related stressors (Sellers & Shelton, 2003). An example of this buffering effect is that women may experience negative psychological outcomes when they realize they have been paid less than similarly qualified men only when they are not highly identified with their gender. Those women who self-identify with their gender have identity-related resources and sources of support, and thus are protected when they learn of their pay discrimination.

Some studies support the buffering hypothesis. For example, Sabik and Tylka (2006) found that the relationship between experiences of sexism and women’s disordered eating was buffered only for those women with higher feminist identification. Similarly, Rederstorff, Buchanan, and Settles (2007) found that for White women with more feminist attitudes, the relationship between sexual harassment and psychological distress was buffered compared to
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White women with more traditional gender attitudes. To date, most of the literature testing and finding support for the buffering hypothesis focuses on the protective role of racial identity (e.g., Sellers et al., 2003; Torres & Ong, 2010) but does not compare results for men and women. In one exception, Settles and colleagues (2010) found that positive personal feelings about Black people (i.e., private racial regard) were more strongly related to less depression for African American women with a more central racial identity compared with those for whom race was less important. However, more research is needed on the buffering effect of racial, social class, and sexual orientation identities for women specifically.

Further, it should be noted that some studies find that rather than buffering, women’s group identification exacerbates the relationship between negative experiences and subsequent outcomes. Thoits (1991) suggested that negative events related to important identities are more threatening to one’s sense of self compared to less important identities. For example, McCoy and Major (2003) found that women low in gender identification experienced less depressed emotion and higher self-esteem if they were able to attribute a negative evaluation about their performance to sexism of a male evaluator than when it they could not do so. However, for women high in gender identification, depressed mood and self-esteem were not buffered by attributions to sexism. Additionally, Iturbide and colleagues (2009) found that for Mexican American college females, greater acculturative stress was related to more depressive symptoms for women with a more central ethnic identity but not for those who did not attach as much importance to their ethnic identity. Further complicating matters, Yip and colleagues (2008) found that for Latino and Asian women and men, whether ethnic identity was a protective or buffering factor depended on the age of the individuals. Thus, there is evidence for both the
buffering and exacerbating effects of group identification in the relationship between negative group-based experiences and psychological outcomes.

A third way that identity can be protective is by making group-based attributes more likely. The Discounting Hypothesis (Crocker & Major, 1989) suggests that, in a specific situation, group identification is associated with the tendency to attribute ambiguous negative events to discrimination and prejudice. As such, highly identified individuals can discount their negative treatment by attributing the experience to prejudice of other individuals, rather than attributing it to negative or undesirable aspects of themselves. This model maintains that being able to perceive mistreatment as being a function of one’s group membership may have positive outcomes for psychological well-being because the individual is able to make an external (rather than internal) attribution for her negative experience. For example, a woman who learns that she has received a smaller raise than her male coworker and is identified with her gender is more likely to attribute this inequity to gender discrimination on the part of her employer, rather than to her poorer workplace performance, which protects her well-being.

Supporting the Discounting Hypothesis, several studies have found that when women attributed negative outcomes or feedback to sexism rather than some internal cause (e.g., their own lack of ability), they had higher self-esteem and were less depressed (Major, Kaiser, & McCoy, 2003; Major, Quinton, & Schmader, 2003). Additionally, Major and colleagues (2003) found that women who are more identified with their gender are more likely to make attributions to sexism (Major et al., 2003), offering support for the pattern of relationships proposed by the Discounting Hypothesis.

In sum, just as membership in certain marginalized social groups can lead women to experience more mistreatment and differential health outcomes, group identification can protect
against the negative effects that can come with these marginalizing experiences. Experiences of group-based mistreatment may lead individuals to become identified with their group, which provides psychological resources that increase psychological well-being. Identification with other marginalized group members may help individuals to feel less alone in having negative group-related experiences, like discrimination (Bourguignon et al., 2006). Further, group identification may facilitate information sharing and modeling through which group members are able to develop a wider range of coping mechanisms to use when dealing with group-based mistreatment (Frable, Platt, & Hoey, 1998; Sellers et al., 2003). Additionally, the sense of connectedness provided by such identification can permit group members to focus on positive aspects of the group in the face of prejudice (Sellers & Shelton, 2003). Finally, group based identification may make it more likely that individuals will attribute their negative experiences to bias rather than an aspect of the self (Crocker & Major, 1989). Although group identification sometimes makes individuals more vulnerable to mental health declines in the face of negative experiences, there is a great deal of support for it often acting as a psychological resource.

Examination of the identity literature raises two issues. First, there are some contradictory findings, for example that higher identification sometimes buffers poor mental health outcomes and other times exacerbates them, in the face of negative group-based experiences. Second, little is known about why racial identity is related to psychological well-being. Yap, Settles, and Pratt-Hyatt (in press) have proposed that both of these issues may be resolved by considering what individuals’ perceive to be the identity functions of their group identities. Yap et al. (in press) built upon theories that identities may serve different functions in various contexts (e.g., Deaux & Martin, 2003; Phinney, 1992; Tajfel & Turner, 1986) to suggest that individuals may differ in whether they tend to perceive positive or negative functions associated with their identities. For
example, one woman may perceive her gender identity as providing her with a social support network of other women (a positive identity function) whereas another woman may perceive her gender identity as making her vulnerable to gender stereotyping and discrimination (a negative identity function). Learning what individuals view as the functions of their identities may help to reconcile the inconsistencies observed in some previous research studies.

As with group memberships, individuals simultaneously hold multiple identities that interact with each other to influence women’s mental health outcomes. Researchers have distinguished between identity conflict and identity harmony (Brook, Garcia, & Fleming, 2008). Identity conflict or interference occurs when individuals have difficulty enacting or meeting the expectation of two identities and is associated with lower psychological well-being (Settles, 2004). In contrast, when identities facilitate each other – that is, enactment of one identity makes enactment of the other identity easier, identity harmony occurs and is associated with higher psychological well-being (Brook et al., 2008). Further, as with single identities, the importance of identities has been found to buffer the relationship between identity interference and well-being. In a sample of female-scientists, Settles, Jellison, and Pratt-Hyatt (2009) found that the relationship between women’s level of interference between their woman and scientist identities and level of depression two years later was buffered for women who increased their level of gender identification over that two year period, but not for those who decreased their gender identification. Similarly, they found a similar buffering of the relationship between interference and self-esteem two years later for women who increased their identification as scientists. Thus, increasing one’s sense of self related to being a woman or scientist protected women’s psychological outcomes from the negative effects of conflict between the woman and scientist identities.
Others have made a similar distinction between individual tendencies to separate or integrate important identities (Benet-Martinez Leu, Lee, & Morris, 2002; Settles, Sellers, & Damas, 2002). When individuals integrate their identities, they “assimilate” better (Sacharin, Lee & Gonzalez, 2009), that is they can more easily switch between the identities. However, when identities are cognitively separate, individuals incur a greater switch cost of moving between identities, making such transitions more difficult. Jasinskaja-Lahti, Liebkind, and Solheim (2009) proposed the Rejection-Disidentification Model, building upon the Rejection Identification Model (Branscombe et al., 1999) to consider the process for individuals who have multiple groups with which they identify, such as biracial individuals (who identify with two racial groups) or immigrants (who identify with two national groups). The Rejection-Disidentification Model suggests that when an individual is discriminated against by one of his/her in-groups, s/he may respond by disidentifying with that group and also increasing his/her identification with an alternate in-group. For example, biracial African-American/White individuals who are discriminated against by White people would become less identified as White while increasing their identification as African-American. As the research that examines multiple identities simultaneously is in its first decade, this is an area where there is the opportunity for tremendous growth in the literature, particularly for studies that examine relationships between these multiple identities and women’s mental health outcomes.

Suggestions for Future Research

Our review of the literature has revealed several domains in which additional research is needed. First, the bulk of the extant literature fails to examine outcomes and relationships by sex making it difficult to know whether patterns might differ across men and women. There are many reasons to believe gender differences will exist, but these will remain elusive until
attention is paid to the unique experiences of women and the ways in which such experiences impact and are impacted by women’s multiple group memberships and identifications. Further, there is a dearth of research on women with membership in multiple marginalized groups. For example, poor women and lesbian women have received very little attention by researchers, yet they experience specific vulnerabilities that impact their general well-being and health. Of the research that has been done with these groups of women, they have largely focused on their group membership, but have rarely examined group identification and the ways in which their identification with these groups both exacerbate and buffer their well-being.

As a second yet related issue, more research is needed on the ways in which individuals enact multiple identities simultaneously. One question that has not been addressed is whether or not identification with one group might offset stressors related to another group in which they belong. For example, could a woman’s strong, positive racial identity offset stressors related to gender discrimination? Third, research on group membership and identification needs to focus greater attention on the impact of context and ecological factors. Most research to date has focused on relationships between group memberships/identities and individual-level experiences, but broader factors, such as stressful neighborhood and political events, may create a sociopolitical context that act as stressors with differential impact on members of marginalized groups.

Summary

All individuals are members of multiple groups from which they may derive a sense of self-worth, identity, and value. However, this process occurs within a larger ecological context which can influence experiences related to these identities and the extent to which they identify with those groups. For those who belong to marginalized groups, such as women, people of
color, lesbians, or those living in poverty, they are likely to experience individual- and structural-level mistreatment and discrimination, which is associated with detriment to their psychological well-being. Moreover, those who hold membership in multiple marginalized groups, such as poor women of color, are at increased risk of experiencing mistreatment, putting them at increased risk of psychological harm. However, the relationship between identity, group-based mistreatment, and mental health is complicated. Merely belonging to a group does not mean an individual strongly identifies with that group. In the face of identity-based mistreatment, those who are not identified with that group may not experience distress because they do not see group-related experiences as personally relevant. Conversely, when faced with such experiences, these individuals may attribute mistreatment to their own deficits rather than contextualizing them within a larger system of oppression, which may exacerbate psychological harm. However, being highly identified with the group is associated with potential harm and potential benefits when one has negative group-related experiences. For example, being highly identified may exacerbate psychological distress because individuals are aware of the severity of the problem and difficulty an individual will have in changing the individual and structural factors that perpetuate group-based mistreatment. Conversely, being highly identified may be beneficial to psychological well-being despite having such experiences because the individual is able to make external attributions (e.g., racism, sexism) rather than engaging in self-disparagement. Equally important, group-identification may provide sources of support by joining with others who have had similar experiences. Understanding how multiple group memberships and identities interact to impact individuals’ well-being (and especially women’s well-being) is an important, yet understudied area with tremendous potential for the development of theory and empirical research.
References


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