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Do Feminists Have The Benefit Of Better Psychological Well-Being?

Jaison, T. ^{1a}, Moosad, P. ^{1a}, Sankar, N.M. ^{1a}, Venugopal, A ^{1b}, Pillai, S. M. ²
^{1a}(Equally Contributing Authors, Department of Psychology, St. Teresa's College (Autonomous), India)
^{1b}(Assistant Professor, Department of Psychology, St. Teresa's College (Autonomous), India)
²(Associate Professor, Department of Statistics, University College, India)

Abstract:

Background: Mainstream society has always looked at feminism with contempt. In a patriarchal culture like India, it meets with even more resistance. However, studies have shown that being a feminist impacts female mental health positively. This study examines this claim in a sample of Indian women. The status of feminist identity was assessed using the Feminist Identity Composite scale (FIC) and then correlated to Ryff's Psychological Well-being scores in a sample of Indian women who were 18 and older. The inference was that women who conform to traditional gender roles experience lesser psychological well-being than their non-conforming peers. Through the study, the relationship between identification as a feminist and overall well-being was investigated. The study concludes that feminism has a positive correlation with psychological well-being and impacts a woman's life more than previously assumed but self-identification as a feminist does not have any significant impact on well-being.

Materials and Methods: A quantitative research design was done, aimed at understanding the relationship between feminist identity and the well-being in Indian women. Non-probability snowball sampling was used to collect responses from the participants. The final sample size was 340 after excluding 5 from the received responses. The Feminist Identity Composite Scale and The Ryff Scales of Psychological Well-being (18-item version) were the tools utilised. The statistical analysis was done using IBM SPSS software version 28.0.1.1 (14). Pearson's Correlation test, Regression Analysis, and Chi-square tests were run and probable associations between variables were found.

Results: Pearson's Correlation revealed that Passive Acceptance and Revelation subscales are negatively associated with well-being; Synthesis and Active Commitment are positively associated with well-being; Embeddedness has no significant relationship with well-being. The Regression Analysis also showed that Synthesis and Active Commitment are significantly positively related to well-being and its subscales, while Passive Acceptance, Revelation and Embeddedness are negatively associated with well-being and its subscales. Chi-square tests revealed no significant correlations between overall well-being and self-identification as a feminist.

Conclusion: Women who believe in abiding by traditional gender roles have less psychological well-being than women on the higher levels of feminist identity. Data indicates that self-identified feminists did not necessarily have higher well-being.

Key Word: Feminist identity, Women's mental health, Psychological well-being in India, Feminism in India.

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I. Introduction

As one of the most studied social and political movement in the world, the Women's Rights Movement addresses an umbrella of concerns including gender wage gap, reproductive rights, protection from sexual harassment, and so on. Though the Feminist Movement seeks to bring reform to all these issues, each community and individual prioritise them varyingly. Feminism is best understood as that which 'emphasises the validity of women's own interpretations of their lived experiences and needs, protests against the institutionalised injustice perpetrated by men as a group against women as a group, and advocates the

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elimination of that injustice by challenging the various structures of authority or power that legitimate male prerogatives in a given society' (Yakushko, 2007; Offen, 1988). Regardless of what feminism tries to achieve, certain communities resist feminist ideals, leading women to dread wearing the label of a feminist despite being one. Numerous studies have been launched to understand feminism but none have yet explored this dissonance observed in conservative cultures. As inferred from these studies, gender and gender discrimination have a significant impact on mental health. Since women have lesser social advantages and experience the scarcity of protective factors such as feeling respected or valued, the risk of poor mental health is exacerbated (Basu, 2012). Empowerment and solidarity among women, promotion of gender equality (Harlan, 1998), and awareness of the social and personal impacts of living in a patriarchal culture are factors that greatly contribute to improving the quality of life in females. According to feminist theorists, such awareness is a powerful component in healthy decision-making patterns that distinguish healthy and socially ingrained behaviour and promoting personal freedom (Saunders & Kaushbeck-West, 2006; Prochaska & Norcross, 1999).

Feminism cannot be defined universally, it is an ideology that different individuals with unique narratives define in the light of their experience and environment (Henley, Meng, O'Brien, McCarthy, & Sockloskie, 1998; Szymanski, 2004; DeBlaere et al., 2019). Multiracial feminist theory supports this by suggesting that what one understands as feminism differs across races, ethnicities, and individuals (Harnois, 2005; Robnett and Anderson, 2017; Liu & Zheng, 2019). In psychological research, approaches that have dominated research literature involve a developmental model rooted in counselling psychology – the Downing and Roush theoretical model developed in 1985 based on Cross' (1971; Cross & Vandiver, 2001) developmental model of politicised Black identity.

This approach identified five feminist identity stages through which an individual progresses -- Passive Acceptance, Revelation, Embeddedness-Emanation, Synthesis, and Active Commitment; and only very few females reach the final stage of feminist development. Research on feminist identity development, gender-role orientation and psychological well-being shows a more developed feminist identity related positively to psychological well-being (Saunders and West, 2006). Women who have more feminist values also score higher in overall well-being than those with traditional values (Yakushko, 2007).

FIC has proved to be the most appropriate scale yet to measure feminist identity development and over 20 studies have used it. The focal sample of these studies were Caucasian American female undergraduate students and here, the internal consistency reliability estimates for the stages of FIC are between 0.71 and 0.86. However, in African-American students (Blue & Berkel, 2010) and women from mainland China, internal consistency and convergent, discriminant and construct validity had variations (Liu & Zheng, 2019). These studies suggest that feminist identity development is tied closely to the socio-cultural experiences of a woman, and this model may not apply universally, especially to individuals belonging to marginalised groups.

The concept of well-being can be described as, 'optimal psychological functioning and experience' (Ryan & Deci, 2001). A theoretical model devised based on Ryff's (1995) approach to psychological well-being suggests six components -- Self-Acceptance, Positive Relations, Autonomy, Environmental Mastery, Purpose in Life, Personal Growth, each playing a role in determining the well-being of a person (Ryff, 1995; September et al., 2001). Researchers have found demographic differences in various aspects of well-being as well.

Holding strong feminist beliefs has been linked with high self-esteem (Fischer and Good, 1994), self-efficacy (Eisele and Stake, 2008), academic achievement (Valenzuela 1993), rejection of feminine norms for thinness and appearance (Hurt et al., 2007), sexual well-being (Schick et al., 2008), and sexual openness (Bay-Cheng and Zucker, 2007). Through the handful of Indian studies regarding gender or feminist identity development, the consensus reached was that problems women face do not stem from internal personal deficiencies but rather from society itself (e.g. sexism, racism) (Srivastava, K., 2007). The well-being of feminist women in a largely collectivistic country like India is uncertain. Further research among women is required to ascertain how strong their feminist ideals are and how much it affects their well-being in the country.

II. Material And Methods

The following study is based on a quantitative research design aimed at understanding the relationship between feminist identity and the well-being in Indian women. Non-probability snowball sampling was used to collect responses from the participants. Consent to participate in the study and demographic details were collected as well. The questionnaires circulated via Google Forms yielded a final sample size of 340. The Feminist Identity Composite Scale and The Ryff Scales of Psychological Well-being (18-item version) were the

tools utilised. The study also aims to check whether there exists a significant association between identifying as a feminist and their psychological well-being.

Study Design: Descriptive Research Design

Study Location: India

Study Duration: November 2021 to May 2022

Sample Size: 340 Indian Women.

Subjects & Selection Method: The data was collected by circulating Google Forms online through non-probability snowball sampling. The participants were Indian women who were of age 18 or above. The total sample size was 345, of which 5 responses were excluded due to evident response bias or not fitting the inclusion criteria. The sample was predominated by women from Kerala although it included women from other states of India, such as Delhi, Karnataka, Tamil Nadu, Maharashtra, Telangana, Meghalaya, Andhra Pradesh, Uttar Pradesh, West Bengal, and Goa.

Inclusion Criteria:

The participants were required to be Indian women who were 18 or above.

Exclusion Criteria:

5 responses were neglected as their ages did not fall under the inclusion criteria and due to evident response bias.

Procedure Methodology

A written consent was first obtained after which the demographic information of the participants was collected using a brief questionnaire asking for the participant's age and the state in which they resided. An additional question asked if they considered themselves feminists. In the next part, the respondents were administered the Feminist Identity Composite Scale. This scale measures the participant's level of feminist identity development (FIC; Fisher et al., 2000). Formed from the Feminist Identity Scale (FIS; Rickard, 1987) and the Feminist Identity Development Scale (FIDS; Bargad & Hyde, 1991), this scale consists of 33 positively phrased statements that are intended to assess an individual's positive feminist identity. Each question is scored with a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). This scale follows the Downing and Roush model (1965) of feminist identity development, spanning five dimensions or subscales, Passive Acceptance (PA), Revelation (R), Embeddedness-Emanation (EE), Synthesis (S), and Active Commitment (AC). The subscale scores were calculated by finding means across the items in each subscale and higher means indicated a higher level of agreement with that stage. The FIC is found to have acceptable Cronbach's alpha scores, primarily when the sample population consisted of white women. Fisher et al. (2000) found alpha coefficients from 0.68-0.84 for the subscales. The internal consistency reliability estimates for each stage of FIC are 0.74 (PA), 0.75 (R), 0.86 (EE), 0.71 (S) and 0.81 (AC) in the mentioned studies. Blue and Berkel (2010), however, conducted a study with African women, resulting in relatively lower reliability.

In the final part of the questionnaire, the participants were administered the Ryff's Psychological Wellbeing Scale. In this study, the short version of Ryff's measure of psychological well-being (1989) was used. This scale contains 18 statements, assessing six dimensions of psychological well-being, which are Autonomy, Environmental Mastery, Personal Growth, Positive Relations with others, Purpose in Life and Self-Acceptance. Agreement with each statement was indicated using a 7-point Likert-type scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Reliability measures were found to range from 0.8 to 0.9 on each subscale (Moradi, B., & Subich, L. M., 2002a).

Statistical Analysis

IBM SPSS software version 28.0.1.1 (14) was used to perform the statistical analyses. With Pearson's Correlation and Multiple Linear Regression, the relationship between FIC scores and well-being scores was evaluated. Using the SPSS software, the relationship between the subscales of Feminist Identity (independent variable) with overall well-being and with each subscale of Ryff's Psychological Well-being test was determined. Chi-square tests were run to find the relationships between the overall scores of well-being and whether the participants considered themselves a feminist. The values were classified into Low, Average and High categories based on the quartile values—values up to the first quartile fell in 'Low', values up to the third quartile fell in 'Average' and values above this fell in 'High'.

III. Result

Relationship between subscales of the Feminist Identity Composite Scale and subscales of Ryff's Scales of Psychological Well-being

When the relationship between the main variables of interest—feminist identity development and psychological well-being was examined, it was found that the subscales and total scores of the FIC are significantly correlated with the subscales and total scores of Ryff's psychological well-being scale.

From Table No. 1, PA is significantly negatively associated with other FIC subscales, as well as with Autonomy, Personal Growth, Purpose in Life and overall Well-being. It is significantly positively correlated to total FIC scores. R subscale of FIC is significantly positively associated with EE, S, AC and total FIC scores; and negatively associated with Environmental Mastery, Positive Relations, Purpose in Life, Self-Acceptance and overall Well-being. The EE subscale of FIC is significantly positively associated with S, AC and total FIC scores, and negatively associated with Environmental Mastery. It has no significant association with overall Well-being. S subscale of FIC is significantly positively associated with AC and total FIC scores, as well as with Autonomy, Personal Growth, Purpose in Life, Self-Acceptance and overall Well-being. AC subscale of FIC is significantly positively associated with total FIC scores, as well as with Autonomy, Personal Growth, Purpose in Life, Self-Acceptance and overall Well-being. The subscales of Ryff's psychological well-being are all significantly positively associated with each other and with overall well-being, apart from Autonomy with Purpose in Life.

In short, PA and R subscales are negatively associated with well-being, S and AC are positively associated with well-being and EE has no significant relationship with well-being.

Table No. 1: Correlations between FIC scores and Well-being scores.

| | PA | R | EE | S | AC | FIC | AU | EN | PG | PR | PL | SA | WB |
|-----|----|-----------------|-----------------------|---------------------------|----------------------------|-----------------------|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| PA | 1 | 0.108* 0.047 | 0.108* 0.046 | - 0.170* * 0.002 | - 0.235* * <0.001 | 0.214* * <0.001 | - 0.176* * 0.001 | 0.086 0.119 | - 0.267* * <0.001 | -0.090 0.101 | - 0.199* * <0.001 | -0.038 0.485 | 0.141* * 0.009 |
| R | | 1 | 0.376* * <0.001 | 0.221* * <0.001 | 0.343* * <0.001 | 0.724* * <0.001 | -0.062 0.254 | - 0.269* * <0.001 | -0.007 0.895 | - 0.240* * <0.001 | 0.132* 0.015 | - 0.234* * <0.001 | - 0.252* * <0.001 |
| EE | | | 1 | 0.220* * <0.001 | 0.325* * <0.001 | 0.589* * <0.001 | -0.010 0.860 | 0.163* * 0.003 | 0.053 0.333 | -0.058 0.290 | -0.005 0.921 | -0.024 0.659 | -0.067 0.218 |
| S | | | | 1 | 0.697* * <0.001 | 0.605* * <0.001 | 0.162* * 0.003 | -0.106 0.053 | 0.255* * <0.001 | 0.103 0.060 | 0.222* * <0.001 | 0.195* * <0.001 | 0.260* * <0.001 |
| AC | | | | | 1 | 0.678* * <0.001 | 0.142* * 0.009 | 0.063 0.242 | 0.220* * <0.001 | 0.051 0.350 | 0.212* * <0.001 | 0.193* * <0.001 | 0.201* * <0.001 |
| FIC | | | | | | 1 | -0.016 0.771 | -0.091 0.099 | 0.041 0.449 | 0.127* 0.020 | -0.020 0.719 | -0.020 0.715 | -0.065 0.235 |
| AU | | | | | | | 1 | 0.256* * <0.001 | 0.222* * <0.001 | 0.149* * 0.007 | 0.005 0.930 | 0.228* * <0.001 | 0.456* * <0.001 |
| EN | | | | | | | | 1 | 0.301* * <0.001 | 0.342* * <0.001 | 0.114* 0.038 | 0.476* * <0.001 | 0.647* * <0.001 |
| PG | | | | | | | | | 1 | 0.347* * <0.001 | 0.369* * <0.001 | 0.333* * <0.001 | 0.625* * <0.001 |

| PR | 1 | 0.436* * <0.001 | 0.415* * <0.001 | 0.720* * <0.001 |
|----|---|-----------------------|-----------------------|-----------------------|
| PL | | 1 | 0.250* * <0.001 | 0.538* * <0.001 |
| SA | | | 1 | 0.746* * <0.001 |
| WB | | | | 1 |

^{**} Correlation significant at 0.01 level (2-tailed).

Table No. 2 shows that R² is found to be 0.195, indicating that 19.5% of the variation in total well-being can be explained by the subscales of the FIC. The regression is significant at 1% level of significance (F=16.15, p-value<0.001). The B coefficients indicate that PA, R and EE are negatively related to well-being, and S and AC are positively related. The p-values show that PA, R, S and AC significantly affect overall well-being.

In general, the regression analysis showed that S and AC are significantly positively related to well-being and its subscales, while PA, R and EE are rather negatively associated with well-being and its subscales.

Table No. 2: Regression analysis with overall well-being scores as the dependent variable.

| Variable | B coefficient | Std. Error | Beta coefficient | t | p-value | |
|------------|---------------|------------|------------------|--------|---------|--|
| (Constant) | 4.322 | 0.395 | ı | 10.955 | <0.001 | |
| PA | -0.113 | 0.052 | -0.109 | -2.163 | 0.031 | |
| R | -0.353 | 0.056 | -0.348 | -6.358 | < 0.001 | |
| EE | -0.041 | 0.048 | -0.047 | -0.867 | 0.387 | |
| S | 0.336 | 0.105 | 0.218 | 3.186 | 0.002 | |
| AC | 0.216 | 0.100 | 0.158 | 2.163 | 0.031 | |

R²=0.195, F=16.15, p value<0.001

From the correlation and regression analyses, it is evident that there is a significant relationship between the subscales of the Feminist Composite Identity scale and Ryff's Psychological Well-being scale.

Association between identifying as a Feminist and Psychological Well-being

Table No. 3 shows the relationships between the total scores of psychological well-being and whether participants considered themselves feminists. Overall well-being was not significantly associated, indicating that self-identified feminists did not necessarily have higher well-being.

Table No. 3: Association between overall well-being scores and identifying as a feminist.

| | | Overall Well-being S | | | |
|---------------------|-------|----------------------|-------------|-------------|-------------|
| | | Low | Average | High | Total |
| Are you a feminist? | Yes | 38 24.7% | 76 49.4% | 40 26% | 154 100% |
| | Maybe | 30 30.9% | 47 48.5% | 20 20.6% | 97 100% |

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^{*} Correlation significant at 0.05 level (2-tailed)

| No | 21 23.6% | 43 48.3% | 25 28.1% | 89 100% |
|-------|-------------|--------------|-------------|-------------|
| Total | 89 26.2% | 166 48.8% | 85 25% | 340 100% |

Chi-square value=2.355, df=4, p-value=0.671

IV. Discussion

Feminism is a range of socio-political ideologies and movements aiming to define and establish the equality of sexes on all grounds. The feminist identity is never isolated from other identities that women hold. In the light of Roe v Wade, it is clear that feminism has not yet created the necessary impact on policymakers even today. While India's MTP Amendment Act 2021 expands the access to the safe and legal termination of pregnancy, a woman having complete autonomy over her body is still not a reality. Collectivistic communities, especially ones like India, consider feminism 'against their culture'. Among the dissenters, some people expect women to stick to traditional gender roles, while others claim to be advocates for women's rights but are hesitant to label themselves as feminists. Perhaps owing to these conditions, as much as a quarter of the sample identified as non-feminists. Ironically, nearly all the sceptics had scores suggestive of feminist identity, indicating that more than being unsupportive of the cause of feminism, the discredited label is the issue.

From the FIC questionnaire responses, most women fell in the Synthesis stage. This stage is the fourth stage that involves the integration of positive feminine qualities with one's own personality to create a realistic self-concept that surpasses gender roles and the capability of evaluating men individually rather than with collective stereotypes. This suggests that most women in the sample are aware of the defects in the system and they are able to direct their energy to respond appropriately to discrimination. This is the highest level to which most women progress. They fight their own battles but seldom do they commit to bringing change for the larger good.

Analyses showed that psychological well-being and feminist identity development are significantly correlated. More importantly, the Passive Acceptance and Revelation subscales are negatively related to well-being. This suggests that the internalisation of and conformity to misogynistic ideas influence a woman's mental health significantly. The inequality and injustice that women face in a male-dominated world give rise to discomfort and stress, which may even escape the notice of the oppressed individual, and reduce women's psychological well-being. However, once these individuals are able to identify the root of their distress, they move a step ahead in their feminist identity but this does not improve their mental well-being yet. Perhaps, recognizing all the ways in which they are disadvantaged and discriminated against adds to the existing factors negatively impacting the women's psychological health.

The subscales Synthesis and Active Commitment are positively associated with well-being. As the final stages in the development of feminist identity, the positive association of these subscales with overall well-being indicate that once women reach these levels in their lives, they are bound to experience a better mental health status. The inclusion of stereotypically feminine values or qualities into one's personality, not as an internalisation of social norms, but as a conscious choice of self-acceptance leads women to have a better self-concept. This integration allows the individuals to look beyond gender roles and enables them to evaluate their counterparts as individuals and not in the light of stereotypes. Being able to set aside stereotypic appraisals of people, women with fully developed feminist identities also feel the urge to make the world a better place for everyone. These women have the resources and ideas to act in congruence with their beliefs. Being an instrument of change has many positive effects on the mental well-being of a person; making even the slightest of impacts on the world can be greatly satisfying for a woman who is operating to change the world for the better. Regression analysis yields that Passive Acceptance, Revelation, Synthesis and Active Commitment significantly affect overall well-being, where Revelation is the highest negatively related and Synthesis is the highest positively related.

There were correlations between the subscales of Autonomy, Environmental Mastery and Purpose in Life with self-identification as a feminist, despite the overall insignificance of self-identification as a feminist on well-being. Women who readily exert their independence and function to meet their own principles rather than seek approval from others experience a freedom of choice that improves the state of their mental health. This freedom of choice also enables women to create an environment for themselves that suits their own needs without conforming to the collective misogynistic ideals. Perhaps, as a result of this, women who identify as feminists have a direction in life that is not dictated by others and display a brand of maturity that seems to advance themselves and the people around them.

V. Conclusion

Women who believe in abiding by traditional gender roles have less psychological well-being than women who are on the higher levels of feminist identity. Data from the responses indicates that self-identified feminists did not necessarily have higher well-being.

References

- Bargad, A., & Hyde, J. S. (1991). Women's studies: A study of feminist identity development in women. Psychology of Women Quarterly, 15(2), 181–201. https://doi.org/10.1111/j.1471-6402.1991.tb00791.x
- [2]. Basu, S. (2012). Mental health concerns for Indian women. Indian Journal of Gender Studies, 19(1), 127–136. https://doi.org/10.1177/097152151101900106
- Blue, E. L., & Berkel, L. A. (2010). Feminist Identity Attitudes, Negative Affect, and Eating Pathology in African American College Women. Journal of Black Psychology, 36(4), 426–445. https://doi.org/10.1177/0095798409353753
- [4]. DeBlaere, C., & Bertsch, K. N. (2013). Perceived sexist events and psychological distress of sexual minority women of color: The moderating role of womanism. Psychology of Women Quarterly, 37(2), 167–178. https://doi.org/10.1177/0361684312470436
- DeBlaere, C., Chadwick, C. N., Zelaya, D. G., Bowie, J.-A., Bass, M. F., & Finzi-Smith, Z. (2017). The Feminist Identity Composite: An examination of structural validity with sexual minority women. Psychology of Women Quarterly, 41(1), 20–31. https://doi.org/10.1177/0361684316676046
- Devika, J. (2020). The defence of aachaaram, femininity, and Neo-Savarna power in Kerala. Indian Journal of Gender Studies, 27(3), 445–470. https://doi.org/10.1177/0971521520939283
- Downing, N. E., & Roush, K. L. (1985). From passive acceptance to active commitment: A model of feminist identity development for women. The Counseling Psychologist, 13(4), 695–709. https://doi.org/10.1177/0011000085134013
- Eisele, H., & Stake, J. (2008). The differential relationship of feminist attitudes and feminist identity to self-efficacy. Psychology of Women Quarterly, 32(3), 233–244. https://doi.org/10.1111/j.1471-6402.2008.00432.x
- [9]. Fischer, A. R., & Good, G. E. (2004). Women's feminist consciousness, anger, and psychological distress. Journal of Counseling Psychology, 51(4), 437–446. https://doi.org/10.1037/0022-0167.51.4.437
- [10]. Fischer, A. R., & Holz, K. B. (2007). Perceived discrimination and women's psychological distress: The roles of collective and personal self-esteem. Journal of Counseling Psychology, 54(2), 154–164. https://doi.org/10.1037/0022-0167.54.2.154
- 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(1), 15–29. https://doi.org/10.1111/j.1471-6402.2000.tb01018.x
- Liss, M., O'Connor, C., Morosky, E., & Crawford, M. (2001). What makes a feminist? Predictors and correlates of feminist social identity in college women. Psychology of Women Quarterly, 25(2), 124–133. https://doi.org/10.1111/1471-6402.00014
- Liu, Y., & Zheng, Y. (2019). Reliability and validity of Feminist Identity Composite in Chinese women. Frontiers in Psychology, 10, 2842. https://doi.org/10.3389/fpsyg.2019.02842
- [14]. Marecek, J., & Kravetz, D. (1977). Women and mental health: a review of feminist change efforts. Psychiatry, 40(4), 323–329. https://doi.org/10.1080/00332747.1977.11023945
- [15]. Moradi, B., & Subich, L. M. (2002a). Feminist Identity Development Measures: Comparing the Psychometrics of Three Instruments The Counseling Psychologist. 30, 66–86.
- [16]. Moradi, B., & Subich, L. M. (2002b). Perceived Sexist Events and Feminist Identity Development Attitudes. Links to Women's Psychological Distress The Counseling Psychologist, 30, 44–65.
- Moradi, B., Subich, L. M., & Phillips, J. C. (2002). Revisiting feminist identity development theory, research, and practice. The Counseling Psychologist, 30(1), 6–43. https://doi.org/10.1177/0011000002301002
- [18]. Offen, K. (1988). Defining feminism: A comparative historical approach. Signs, 14(1), 119–157. https://doi.org/10.1086/494494
- Rickard, K. M. (1989). The relationship of self-monitored dating behaviors to level of feminist identity on the feminist identity scale. Sex Roles, 20(3–4), 213–226. https://doi.org/10.1007/bf00287993
- [20]. Roy, R. E., Weibust, K. S., & Miller, C. T. (2007). Effects of stereotypes about feminists on feminist self-identification. Psychology of Women Quarterly, 31(2), 146–156. https://doi.org/10.1111/j.1471-6402.2007.00348.x
- Ryff, C. D., & Keyes, C. L. (1995). The structure of psychological well-being revisited. Journal of Personality and Social Psychology, 69(4), 719–727. https://doi.org/10.1037//0022-3514.69.4.719

- Ryff, Carol D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. Journal of Personality and Social Psychology, 57(6), 1069–1081. https://doi.org/10.1037/0022-3514.57.6.1069
- Ryff, Carol D. (1995). Psychological well-being in adult life. Current Directions in Psychological Science, 4(4), 99–104. https://doi.org/10.1111/1467-8721.ep10772395
- Saunders, K. J., & Kashubeck-West, S. (2006). The relations among feminist identity development, gender-role orientation, and psychological well-being in women. Psychology of Women Quarterly, 30(2), 199–211. https://doi.org/10.1111/j.1471-6402.2006.00282.x
- [25]. September, A. N., McCarrey, M., Baranowsky, A., Parent, C., & Schindler, D. (2001). The relation between well-being, impostor feelings, and gender role orientation among Canadian university students. The Journal of Social Psychology, 141(2), 218–232. https://doi.org/10.1080/00224540109600548
- Srivastava, K. (2012). Women and mental health: Psychosocial perspective. Industrial Psychiatry Journal, 21(1), 1–3. https://doi.org/10.4103/0972-6748.110938
- Szymanski, D. M., Gupta, A., Carr, E. R., & Stewart, D. (2009). Internalized misogyny as a moderator of the link between sexist events and women's psychological distress. Sex Roles, 61(1–2), 101–109. https://doi.org/10.1007/s11199-009-9611-y
- Yakushko, O. (2007). Do feminist women feel better about their lives? Examining patterns of feminist identity development and women's subjective well-being. Sex Roles, 57(3–4), 223–234. https://doi.org/10.1007/s11199-007-9249-6
- Yoder, J. D., Snell, A. F., & Tobias, A. (2012). Balancing multicultural competence with social justice: Feminist beliefs and optimal psychological functioning. The Counseling Psychologist, 40(8), 1101–1132. https://doi.org/10.1177/0011000011426296
- Zucker, A. N. (2004). Disavowing Social Identities: What it Means When Women Say, "I'm not a Feminist, But" Psychology of Women Quarterly, 28(4), 423–435. https://doi.org/10.1111/j.1471-6402.2004.00159.x

Jaison, T. "Do Feminists Have The Benefit Of Better Psychological Well-Being?." *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 28(1), 2023, pp. 40-47