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Feminist identity and the superwoman ideal

Sara Martino¹, Shaelene Lauriano²

¹The Richard Stockton College of New Jersey

²The College of New Jersey

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Corresponding Author:

Sara M Martino,
Richard Stockton College
martinos@stockton.edu

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Abstract

The “Superwoman” ideal is a construct born out of the women’s movement in the 1960’s defined as women who can “do it all and have it all” However, women today may actually be receiving the message that they should have it all and are experiencing stressors as a result of that pressure. Studies have found that girls who endorsed the superwoman ideal were also more likely to experience disordered eating behaviors. In contrast to the concept of the “Superwoman” and the possible negative effects it may have on young women, most research on feminist identity development have shown it to have a positive effect on both men and women. The gap in the literature today is whether there is a relationship between feminist identity and the superwoman ideal. The current study sought to examine a possible relationship between feminist identity and the superwoman ideal. Results indicate a significant inverse relationship between the passive acceptance stage of feminist identity and adherence to the superwoman ideal ($r = -.253, p < .01$). There was an inverse relationship between the embeddedness-emanation stage of feminist identity development and the superwoman ideal ($r = -.257, p < .01$), meaning that women who experienced more social isolation endorsed the superwoman ideal. There was no relationship between the activism stage of feminist identity development and the superwoman ideal. Implications and directions for future research are discussed.

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INTRODUCTION

The foundation of the women’s movement of the 1960s emerged during the 1950s, when the woman’s role in the home as a mother and wife transitioned into the working woman [1]. Women were beginning to face a challenge that is known in the present day; juggling the role of a provider along with the role of being wife and mother. Unfortunately, trying to juggle multiple roles is often stressful for women. As women feel the need to adhere to stereotypical roles in life in addition to roles they choose to take on, the result is a significant mental health issue for women [2]. Women today are facing multiple roles and are sacrificing more to balance them all.

The Superwoman ideal is a construct born out of the Women’s Movement in the 1960s, and defines women

who strive to “do it all and have it all” [3]. As women were becoming more empowered and liberated, it became increasingly apparent that women find themselves in situations in which they are striving to become the ultimate superwoman. Three main factors that contribute to the superwoman ideal are masculinity, perfectionism and body image.

Masculine Identity

In society today, more women are choosing to be a part of the work force. Additionally, the number of women who are surpassing the income salary of their husbands or partners has rapidly increased over the past twenty years. According to Time Magazine (2012) nearly forty percent of all women are not only stepping out of the traditional stay-at-home mom role, they are also surpassing the income of their husbands [4]. These

statistics increased rapidly in the early 21st century, even before the onset of the recession in 2007, which indicates that this was not simply the result of the state of the economy [4]. Many men view career success and the role of the family provider as a defining piece of their own masculine identity [5].

The modern day woman has the pressure to maintain traditional roles that encompass femininity, in addition to roles that are traditionally masculine. In other words, women are being pressured by society as well as putting pressure on themselves to do a majority of the child rearing and caretaking (being primarily responsible for household duties such as cooking and cleaning) while also taking on masculine roles such as career success, and competitiveness. These roles are generally contradictory and inconsistent meaning that women who are trying to live up to these roles are likely to experience what is known as gender role strain [6].

Gender role strain can occur when one is trying to balance several roles that are a result of the socialized gender expectations they are experiencing. For the superwoman specifically, this would be balancing the roles of wife, mother, caretaker and financial provider. Since these roles are of naturally conflicting domains, the woman is left feeling inadequate as a result of failure to achieve success in all areas [7]. The problem, however, lies when these qualities are sought after without compromise and sacrifice. According to McBride (1990), adherence to multiple roles is strongly associated with role strain, which can lead to depression, anxiety, somatic complaints, obsessive compulsiveness, anger and so on [8]. Working women (especially those with children) are more likely to suffer mental health problems than men [9]. This can further support the idea that working women are being spread thin between work and home, and are trying to obtain substantial achievement in most if not all of their roles. The theme of unyielding perfectionism brings a negative connotation to the woman that is driven to succeed in these multiple roles. According to Murnen, Smolak and Levine (1994), adherence to the superwoman schema specifically entails a desire to achieve perfection in roles that are traditionally masculine and feminine in nature [3].

Perfectionism

The perfectionism that the superwoman strives for is in all areas of her life. Unfortunately this drive in itself for woman is almost always leading to a dead-end, only exacerbating the potential feelings of inadequacy for women regardless of whether or not she is a mother and wife or not. Women often become stuck in their career roles despite their capabilities and potential as men continue to climb the ranks of success within

companies and corporations. The number of women CEOs and top executive positions of Fortune 500 and 1000 is below 3.6 percent [10, 11]. In addition to this, women are also less likely to be placed in managerial positions when compared to men and are continuing to be paid less, despite the fact that women are accounting for a higher percentage of degree holders on a continuum.

Dour and Theran (2011) refer to this occurrence as maladaptive perfectionism, and it is considered to be a risk factor for issues related to poor body image and eating disordered behaviors [7]. As the superwoman strives for perfection in all areas of her life, she not only wants to be the perfect wife, mother and employee; wanting to be attractive is also an important characteristic. As mentioned previously these roles are naturally conflicting; meaning that failure to achieve perfection is often likely to occur, thus affecting the superwoman in a negative manner.

The superwoman ideal includes the desire to be physically attractive and maintaining a thin physique, leading to the overall perception of one that is independent, successful and beautiful [12]. Hamacheck (1978) describes different levels of perfectionism on a continuum with normal perfectionists being able to re-evaluate themselves when necessary, leading to less detrimental affects on the individual. He proceeds to describe neurotic perfectionism in which the individual is not able to accept failure and is driven more by this factor as opposed to the actual desire to achieve [13].

Superwomen display this neurotic perfectionism in their drive to have it all. Unfortunately as the superwoman adheres to a persona that is seen as smart, autonomous, nurturing and attractive, she is also putting herself at risk for various factors that can be both psychological and physiological [14,15]. A prevalent link between perfectionism and adherence to the superwoman schema is the increased likelihood of poor body image and eating disordered behavior.

Body Image

Perfectionism alone has been researched in the literature of eating disordered behaviors, and more specifically, neurotic perfectionism. In a study conducted in 1996, Davis found that unrealistic body image and size aspirations in addition to anxiety about failure to achieve this image drive the attitudes of poor body image for those suffering from eating disorders [16]. As perfectionism has been found to have been a characteristic contributing to the development of eating disorders and perfectionism is a component of the superwoman ideal, it is clear that the superwoman is susceptible to the same risk factors in terms of developing eating disorders.

There is substantial research and literature that supports the idea that women adhering to the superwoman construct are more likely to engage in eating disordered behaviors [7,12,17]. In addition to the negative effects of role strain, the development of eating disordered behavior appears to be one of the strongest detrimental elements of the superwoman. Specific components of the superwoman schema that have been linked to the increased risk of developing eating disordered behaviors include competitiveness, dedication to a thin and fit body, appearance concerns, role multiplicity and perfectionism [3]. As the superwoman compares her views of perfection to the standards of modern society, ideal body image is also defined by the stereotypical image of what is an attractive size and shape for women today.

The literature on eating disordered behavior and the superwoman ideal has noted a prominent relationship between the two constructs; however, studies on feminist identity and eating disordered behavior as well as body image are somewhat conflicting. While some studies have found an inverse relationship between feminism and disturbed eating behaviors [18,19], some research has argued to support the opposite [20,21]. Though the relationship between feminist attitudes and body image is unclear, currently there has been no research on the relationship between the superwoman ideal and feminist identity.

Feminist Identity

According to a poll taken by CBS News in 2005, if the definition of feminism were to be described as someone who believed in the “social, political and economical equality of the sexes”, up to sixty five percent of those surveyed would identify as a feminist [22]. Even when framed in simple terms such as equality of the sexes, the percentage is only slightly more than half. This may leave one to assume that a significant amount of people are not aware of feminist principles, and are enforcing gender stereotypes. Duncan (2010) discusses that some women (weak feminists) may recognize feminist beliefs and even support them, however they are resistant to identify as a feminist [23].

In order to assess where one falls in terms of feminist identity development, the Feminist Identity Development Scale (FIDS) can be utilized. The scale was developed in 1991 by Bargad and Hyde [24] and is based off of the feminist identity development model created by Downing and Roush (1984) [25]. The Downing and Roush model of feminist identity development is based on various models of African American identity development and is comprised into five stages ranging from passive acceptance to active commitment. The work of Bargad and Hyde utilized the feminist identity development model in order to

create a 39-item, self descriptive and close ended scale in order to assess which stage of development the subject would be in [24].

As feminists continue to work to bolster the foundation work that has been started in the 1960s, the superwoman ideal becomes a label that women in the present day can relate to without much hesitation. Until the present study, there has yet to be a study that examined the relationship between feminist identity and the superwoman ideal. As suggested by Synder and Hasbrouck, research is needed to explore “how feminist identity development may affect women’s susceptibility to harmful sociocultural influences” (Snyder and Hasbrouck, p.598, 1996). As the superwoman’s high achievement standards are set by current expectations as defined by society and modern day culture, the concept of feminism and susceptibility to the superwoman ideal can be examined in a similar context. The purpose of the current study is to explore the gap in the current literature on both feminist identity as well as adherence to the superwoman ideal. The hypothesis of the study is that a relationship does exist between feminist identity and the superwoman ideal.

METHOD

Participants

Young women (123 women, age range 18-30) were recruited for participation in this study through the online lab scheduling software SONA at a northeastern suburban college. The mean age of participant was 21.7 years of age.

MATERIALS AND PROCEDURE

Superwoman Scale. Superwoman Identity was measured using the Superwoman Scale (SWS) developed by Murnen, Smolak, and Levine (1994) [3]. An adapted 23-item scale for college students was used for this study [16]. Cronbach’s alpha for this version of the scale was .82 and was replicated in this study ($\alpha=.88$). Scores range on a 6-point Likert scale from 1-*strongly disagree* to 6-*strongly agree*. The scale is summative and the range of scores can be from 23-138, with higher scores indicating greater endorsement of the SWS. Example questions include: I do not like to leave my house until I look my best; it means a great deal to me to be the very best at everything I do; and I hold myself to high appearance standards because I believe that in order to truly succeed in society you must be thin and attractive.

Feminist Identity Development Scale. Feminist Identity Development (FIDS) was measured using the FIDS scale developed by Bargad and Hyde (1991).

This five factor scale was developed after a racial identity development model and moves from passive acceptance to active commitment. Each stage of development has a 5 point Likert Scale rating ranging from 1-*strongly disagree* to 5-*strongly agree*. Example Items include: I don't think there is any need for an Equal Rights Amendment, women are doing well (stage 1), Some of the men I know are more feminist than some of the women I know (stage 4), and I want to work to improve women's status (stage 5).

PROCEDURE

Students signed up for the study online and signed the informed consent form electronically. Students were then given the SWS and the FIDS in random order followed by basic demographic questions. Data was collected and analyzed using SPSS.

RESULTS

Results indicated that there were measurable

correlations between a few stages of Feminist Identity Development and scores on the SWS. Pearson correlations were conducted between each stage of the FIDS and the SWS. Table 1.1 highlights all of the correlations. Stage 1 on the FIDS (passive acceptance) was negatively correlated to scores on the SWS ($t=-.253, p<.01$), Stage 3 was also negatively correlated to scores on the SWS ($t=-.257, p<.01$). There was no relationship found between an activist stage of Feminist Identity Development and the SWS, indicating that a feminist identity is not related to the pressure to have it all.

In addition to basic correlations, factor analyses were completed to look more specifically at items that related to the superwoman construct. Table 2 highlights the factor loading on stage one of the FIDS. Table 3 highlights factor loading on stage three of the FIDS. One factor emerged in stage three that has been labeled social immersion. This factor had a Cronbach's alpha of .79.

Table 1 Correlations between measures

Measure	FIDS1	FIDS2	FIDS3	FIDS4	FIDS5
SWS	-.253**	-.119	-.257**	-.166	.014

Note: * $p<.05$; ** $p<.01$

Table 2. Factor Loadings for FIDS Stage 1

	Component			
	1	2	3	4
Feminist Identity Development Q1pre (1)	.713	-.419	.078	.002
Feminist Identity Development Q11pre (1)	.780	-.197	.204	-.019
Feminist Identity Development Q14pre (1)	.632	.053	.085	.115
Feminist Identity Development Q17pre (1)	.391	-.295	.358	.421
Feminist Identity Development Q22pre (1)	.669	-.328	-.192	-.108
Feminist Identity Development Q24pre (1)	.210	.713	-.215	.123
Feminist Identity Development Q28pre (1)	.487	.425	-.017	-.540
Feminist Identity Development Q36pre (1)	.399	.494	-.251	.398
Feminist Identity Development Q40pre (1)	.284	.087	-.488	.305
Feminist Identity Development Q43pre (1)	.574	-.071	-.408	-.408
Feminist Identity Development Q45pre (1)	.128	.451	.680	-.212
Feminist Identity Development Q46pre (1)	.495	.319	.322	.204

Table 3. Factor loadings on FIDS Stage 3

	Component	
	1	2
Feminist Identity Development Q2pre (3)	.622*	.124
Feminist Identity Development Q7pre (3)	-.113	.765
Feminist Identity Development Q10pre (3)	.769*	.370
Feminist Identity Development Q16pre (3)	.782*	-.183
Feminist Identity Development Q19pre (3)	.680*	.456
Feminist Identity Development Q35pre (3)	.435	.486
Feminist Identity Development Q48pre (3)	.491	.647

*note: social immersion factor

DISCUSSION

The purpose of this study was to examine a possible relationship between the superwoman ideal and feminist identity development. The results yielded a statistically significant inverse relationship in both stages one and three of feminist identity development and the superwoman ideal. In other words, the more the participants identified with the passive acceptance stage of feminism, the less likely they were to conform to the superwoman ideal. In stage three of the model, women that fell into the category of embeddedness or emanation were also less likely to conform to the superwoman ideal. Since active feminism is captured in stage five of the model (active commitment), we can assume that there is no direct relationship between the feminist and the superwoman. However, all correlations were relatively weak correlations despite reaching clinical significance.

In an effort to explore the findings further, factorial analyses were conducted on the Stage one and Stage three of the FIDS to determine more information about the stages. Items that were significant at the .01 level from the FIDS Stage one include: “I don’t think there is any need for an equal rights amendment, women are doing well; I don’t see much point in questioning the general expectation that men should be masculine and women should be feminine; I’ve never really worried or thought about what it means to be a woman in this society; I do not want to have equal status with men”. Overall, the qualities of these items appeared to have a common theme of sexism, which are the qualities that contributed to the inverse relationship to the superwoman ideal. According to the findings, sexist ideals do not seem to be related to achieving perfection-particularly in masculine domains. This fits with the research on the superwoman that these women want to have it all, which is not a traditional gender role schema [3].

In stage three of the FIDS, (embeddedness-emanation), there was one prominent factor that emerged. The factor that was significantly related to the superwoman ideal was conceptualized as social immersion. The

following items were significant at the .01 level: “I just feel like I need to be around women who share my point of view right now; My social life is mainly with women these days, but there are a few men I wouldn’t mind having a nonsexual friendship with; I share most of my social time with a few close women friends who share my feminist values”. According to these results, the more frequently women relate and connect to other women, the lower the adherence to the superwoman ideal. Women who are more socially isolated may feel more pressure to have it all as defined by the superwoman construct. This may be an area to explore further to increase social support among women to reduce the pressures they feel.

As this is the first study to examine the relationship between feminist identity and the superwoman ideal, future research should look to expand these findings. A limitation of this study was that the overall age of the sample was around twenty-one years old. It is possible that many women at this age are focused mainly on school and their career as opposed to being the perfect mother and wife. For this reason, future research should examine an older population of women that are more established in their careers and settled in their family life in order to see if the findings are further supported with an older sample.

Previous studies have indicated that the superwoman ideal has been linked to eating disorder behavior [7,12,17]. Moving forward with research, additional studies should examine other factors that may contribute to adherence to the superwoman ideal or relationships between factors. Currently, no studies have looked at the possible relationship between self-injury and the superwoman ideal, which would expand the research on disordered eating to other self-harming behaviors. According to Fleming and Englar-Carlson (2008) self-injurious behavior affects a significant group of people, with as many as two and four million people engaging in self-injurious behavior each year [26].

This study has demonstrated that there may be some intervention or protective feature to feminism for

young women feeling the pressure to “have it all”. Social immersion or social support from other women could possibly serve as a protective factor for women facing pressured by society. Further research with a larger sample may help to expand these findings and define their utility in educating women about balance and choosing what they want to have instead of needing to have it all.

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