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Women's Lived Experiences of Gender Microaggressions: Dental Hygienists' Stories

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Abstract

This dissertation presents research involving women's subjective experiences of gender microaggressions. The introduction includes a review of the literature on microaggressions: (a) the types of microaggressions, (b) the emotional and psychological cost to those who experience microaggressions, and (c) how gender microaggressions against women work to maintain oppression and sexual objectification of women in American society. This current research addresses the knowledge gap created by little research on women's lived experiences of gender microaggressions they encounter in their everyday lives, particularly in the workplace. The population studied was dental hygienists. This population is unique because of the disproportionate number of women dental hygienists and male dentists for whom they work. Additionally, results seemed to support the concept of gender microaggressions as an imbedded part of the profession of dental hygiene. Phenomenological studies of lived experiences can be of particular relevance for the ideographic practice of clinical psychologists and psychotherapists. The transferability of themes distilled from the language of individual experience to therapeutic understanding is a strength of phenomenological research methods, particularly when integrated with a hermeneutic model of interpretive dialogue. The research applied Interpretive Phenomenological Analysis (IPA) to aid in the understanding of women's expressions of their experiences of and how they coped with microaggressions, in order to inform psychotherapeutic practice. Results from the study revealed nine superordinate themes including: (a) experiences of gender microaggressions, (b) reactions and emotional responses, (c) perceived intentions of the aggressor, (d) consequences for taking a stand against microaggressions, (e) coping mechanisms, (f) implicit effects of gender microaggressions, (g) ambiguity about gender microaggressions, (h) thoughts on gender microaggressions, and (i) microaggressions against others. Further

interpretations are provided including findings that suggest participants' feelings that women need to strategize and legitimize to get what they need, that gender microaggressions are maintained within the field of dental hygiene, the interpretation that perceived support and validation from others who witness gender microaggressions serves to maintain the problem, and that participants demonstrated an evolution of their reactions and thoughts of gender microaggressions over time. A discussion of the findings is provided with support from the literature, implications and limitations of the study are presented, and future research is suggested.

Keywords: microaggressions, women, sexual objectification, mental health, IPA, coping, clinical psychology, psychotherapy

Women's Lived Experiences of Gender Microaggressions: Dental Hygienists' Stories

The term *microaggression* was first used in the 1970s by Psychiatrist Chester Pierce, who, within the context of his work with African Americans, defined the word as "subtle, stunning, often automatic, and nonverbal exchanges which are 'put downs'" (Pierce, Carew, Pierce-Gonzalez, & Wills, 1977, p. 65). Merriam-Webster online dictionary defines put down as "degrade," "disparage," "disapprove," "belittle," and "humiliate" (Put Down, 2019). Although microaggressions are commonly recognized in the context of race or racial identity, Sue (2010a) suggested that microaggressions manifest in condescending verbal or nonverbal communication directed at a member of any marginalized population identified as a particular ethnicity, gender, or sexual orientation. For example, Smith, Appio, and Cho (2012) found that, "[g]ender microaggressions, such as women's assumed inferiority to men, share the nebulous quality of racial microaggressions" (p. 99).

Sue (2010a) describes the way sexism has changed to include more subtle forms of control over women in modern patriarchal societies, such as gender microaggressions: "Sexism is any attitude or behavior of individuals, institutions, or societal norms based on the belief that men are naturally superior to women and should dominate them in all spheres of life: political, economic, and social" (p. 166). Since second wave feminism, the social norms of sexism have changed considerably in North American and European societies and today it is considered politically incorrect to discriminate against women (Sue, 2010a). However, sexism, gender inequalities, and discrimination against women still pervade American society. Sue (2010a) suggests that modern sexism is characterized by "invisibility, good intentions, but ultimately control of women" (p. 168). He differentiates *hostile sexism* of the past, which involves negative beliefs of women's inferiority to men, and the more modern *benevolent sexism* which includes

positive beliefs about stereotypical idealized qualities of women and a paternalistic desire to "protect the weaker sex" (Sue, 2010a, p. 168). Both types of sexism are "equally controlling and harmful" (Sue, 2010a, p. 168).

The Everyday Sexism Project, founded by Laura Bates (2016) in 2012 describes women's and girls' experiences of sexism in modern society and the ubiquitous detrimental effects it has on individuals and the maintenance of gender power differentials. Women and girls are subjected to sexism in every level of educational institutions, political arenas, workplace environments, public and private spaces, and the media (Bates, 2016). Furthermore, sexism is not only perpetrated against women by men; other women often either direct overt sexist comments to other women or maintain sexist environments through passive denial (Bates, 2016).

Despite the arduous efforts by women and others over the last few decades to liberate women from discrimination and sexism, some contemporary feminists fear that these great achievements might be taken for granted in today's society (Calder-Dawe & Gavey, 2016). Calder-Dawe and Gavey suggest that women and girls today may underrepresent the everyday sexism they experience because of fear of being stereotyped as "bitter, self-serving feminists" or being viewed as "politically correct crusaders" (p. 1) who submit trivial and unreasonable complaints in order to emphasize idealized convictions. This can make it difficult to identify, report, and challenge sexism and the social structures and institutions that maintain gender inequalities (Calder-Dawe & Gavey, 2016). In a study of adolescents' perspectives on sexism, Calder-Dawe and Gavey found a trend toward minimizing gender inequalities and overt sexism as insignificant in order to avoid the stigma of victimization. Bates (2016) also describes sexism as "an invisible problem" (p. 15) that often occurs when there are no witnesses to the offense, leaving women feeling powerless to even mention it to others, for fear of others denying or

minimizing the experience. Girls learn at a young age that voicing their experiences of sexism, discrimination, and even sexual violence can lead to denial and even ridicule, which adds insult to injury, and often does not lead to any resolution or justice (Bates, 2016).

One can be considered a bigot if one were to overtly discriminate against or sexually harass a woman, and furthermore, could be held criminally accountable for such actions (Sue, 2010a). However, there are less obvious, "invisible" (p. 169) forms of sexism that are less likely to be recognized by the offender or even the target; these are defined as gender microaggressions (Sue, 2010a). Although overt sexism, including gender inequalities and sexual discrimination against women in the workplace appears to be on the decline, it remains problematic and often manifests in more subtle, ambiguous ways (Basford, Offermann, & Behrend, 2014). Despite the often vague, off-handedness of gender microaggressions, they can cause considerable pain and suffering to the target of such messages, and the adverse effects can have long-term, chronic consequences (Sue, 2010a).

There is yet a paucity of research on microaggressions directed at women (Basford et al., 2014; Bates, 2016; Calder-Dawe & Gavey, 2016; Capodilupo et al., 2010; Gartner & Sterzing, 2016; Lewis et al., 2016; Nadal, 2010; Nadal & Haynes, 2012; Owen et al., 2010; Sue, 2010a). Studies on gender microaggressions against women are important additions to the sexism literature because it depicts the evolution of sexism and explores how sexism, discrimination, and oppression are expressed in modern society. Gender microaggression research is an important means to give voice to women's unrelenting experiences of sexism, no matter how subtle the offenses may seem, and to empower women through continued exploration into the ways gender microaggressions affect the well-being of women, womankind, and society as a whole.

The purpose of this phenomenological study was to explore women's lived experiences of gender microaggressions. Because of the insidious nature of microaggressions, it can be difficult to grasp the enormity of potential personal consequences to targets of these insults. Moreover, the interpersonal, social and political cost of microaggressions to individuals and entire groups of marginalized people may be bigger than we know. This study aimed to investigate these consequences and costs to women and explore the ways in which women cope with their experiences of microaggressions.

Conceptual Framework

The Nature of Microaggressions

Although the term *microaggression* was first coined in 1970, it became more widely recognized in academic literature in 2007 with the seminal article, Racial Microaggressions in Everyday Life: Implications for Clinical Practice, by Sue et al. (2007). Since then, there has been an increased interest in not only racial microaggressions, but also the intersection of microaggressions with other constructs such as gender and sexual orientation. Microaggressions occur in three forms: (a) microassaults, (b) microinsults, and (c) microinvalidations (Sue, 2010a). *Microinsults* are often unconscious, verbal messages that are unintentionally demeaning to a person or to their identification with membership in a group, such as ethnicity, culture, gender, sexual identity, or sexual orientation (Sue, 2010a). Examples of microinsults include communications that imply a person is a second-class citizen because of their group affiliation, or that their values are somehow pathological or abnormal compared to a majority group (Sue, 2010a). Like microinsults, *microinvalidations* are often unconscious (Sue, 2010a). However, microinvalidations diminish a person's lived experience in an environmental or societal context (Sue, 2010a). For example, "Use of the pronoun 'he' to refer to all people" sends the message that, "Male experience is universal," and "Female experience is meaningless" (Sue, 2010a, p.

32). Although potentially inadvertent, this language serves to degrade and maintain the oppression of women and other non-male gendered people.

Of the three forms of microaggressions, *microassaults* most resemble blatant racism, sexism, and bigotry. Sue (2010a) describes microassaults as "conscious, deliberate, and either subtle or explicit racial, gender, or sexual-orientation biased attitudes, beliefs, or behaviors that are communicated to marginalized groups through environmental cues, verbalizations, or behaviors" (p. 28). Microassaults are intended to degrade, attack, and/or harm a person through overt discrimination and may include derogatory comments or descriptions about a person or the person's group identification, ignoring or overlooking a person because of their apparent group affiliation, or humiliating or objectifying name-calling (Sue, 2010a).

Sue (2010a) suggests that microaggressions create a psychological dilemma in that both parties involved (the offender and the offended) have different experiences from which they make sense of the situation. For example, a man who unintentionally directs a microaggression at a woman may sincerely have no idea why the woman would be offended, because the man has never experienced life as a woman. Indeed, Sue (2010b) suggests that "White Americans have inherited the racial biases of their forebears" (para. 1) and thus, microaggressions might be directed at marginalized groups because of a consciously unacknowledged sense of privilege. People in marginalized groups must often try to understand and predict potential biases of people who have more power than they do in order to survive, while those in power have no need and often no desire to take any other perspective than their own (Sue, 2010a). Thus, microaggressions may seem trivial or innocent to the offender, but can cause significant and ongoing physical and psychological stress for the offended (Sue, 2010a). In fact, Sue (2010a) reported the following:

> Studies reveal that racial microaggressions while seemingly trivial in nature, have major consequences for persons of color and women. They have been found to (1) assail the mental health of recipients, causing anger, frustration, low self-esteem, and emotional turmoil … (2) create a hostile and invalidating campus or work climate … (3) perpetuate stereotype threat … (4) create physical health problems … (5) saturate the broader society with cues that signal devaluation of social group identities … and (6) lower work productivity and problem-solving abilities … (p. 51).

Sue (2010a) describes several themes recognized in the gender microaggressions literature, including "Sexual Objectification, Second-Class Citizenship, Use of Sexist Language, Assumptions of Inferiority, Denial of the Reality of Sexism, Traditional Gender Role Assumptions, Invisibility, Denial of Individual Sexism, and Sexist Jokes" (p. 169). These microaggressions imply and support the belief that women are inferior to men and boys and may compromise women's and girls' feelings of well-being, competency, power, and self-worth (Sue, 2010a). Furthermore, these effects can be compounded by what Bates (2016) describes as double discrimination" (p. 292). She reported many stories of women whose experiences of sexism also included other elements of bigotry, such as racism, classism, ageism, and prejudice around women with mental health issues and disabilities (Bates, 2016). Lewis, Mendenhall, Harwood, and Browne Huntt (2016) also describe "gendered racial microaggressions" (p. 758) in their study exploring experiences of Black women in a university with predominantly White students. They found that the women encountered microaggressions that stereotyped Black womanhood, including subthemes of assumptions about aesthetics and communication styles, invisibility and the struggle for respect, and expectation of the "Jezebel" (p. 767) or the "Angry Black Woman" (p. 768). In addition, Chrisler, Barney, and Palatino (2016) suggest that the intersection of

sexism and ageism may lead to a “cumulative burden” (p. 86) for older women and leads to disparities in health care.

Included here are two examples of gender microaggressions from The Microaggressions Project (n.d.), an online blog in which people anonymously share their personal experiences of microaggressions. One woman shared her experience as a patient in a dental office in which the dentist suggests that she should be concerned with being as pretty as other girls in California. She posted the following:

> I’m getting my yearly teeth cleaning done while visiting home for the holidays. My dentist heard that I had recently moved to LA. He decides then to work that into his “Flossing!” pitch: “You’ve got to start flossing more if you want to be pretty like all the other girls in Hollywood.” He then put his finger on my chin, and jiggled it a little. “I can see you’ve already got a chin job.” I don’t care about being pretty, regardless of where I live. And I had NOT gotten a chin job. I know it’s just his stupid attempt at humor, but it makes my blood boil. (Microaggressions: Power, Privilege, and Everyday Life, 2014)

In another example, a woman posts the following verbal put down by a friend:

> My guy friend and I spent all day replacing some parts on my car, it was a lot of work and I was proud of myself afterward. A family friend came over that afternoon and upon finding out we had been working in the shop all day he said, “So you make the coffee and he does the work?” He was genuinely surprised by my unamused reaction. (Microaggressions: Power, privilege, and everyday life, 2016)

Despite the current interest and research on microaggressions, some scholars are critical of the concept. For example, Lilienfeld (2017) challenges the microaggression research and contends that it “is far too preliminary to warrant its dissemination to real-world contexts” (p.

139). He suggests that microaggression research has not been subjected to “rigorous scientific scrutiny” (p. 139) and that the diffusion of un-validated research regarding the construct of microaggressions may have negative social implications. Although Lilienfeld does not deny that prejudice exists, he proposes that microaggression research is embedded with political values and holds no empirical evidence that the implicit messages of microaggressions are commonly shared. Furthermore, Thomas (2008) expressed concerns with the implication that microaggression research may lead to restricted human interaction and “could have a chilling effect on free speech and on the willingness of White people, including some psychologists, to interact with people of color” (p. 274). Thomas also suggested that there is a “victimization philosophy embedded” (p. 275) in the microaggression concept, and that this undermines people’s strength and assets.

Microaggressions and Sexual Objectification

There is a strong correlation in the literature between gender microaggressions and the concept of sexual objectification. Sue (2010a) suggests that gender microaggressions against women can be objectifying, reducing the value of women to sex objects. Furthermore, Nadal and Haynes (2012) describe commonalities among sexism (overt, covert, and subtle), gender microaggressions, and sexual objectification. Additionally, qualitative research by Capodilupo et al. (2010) describes several categories of gender microaggressions including sexual objectification and sexism.

Fredrickson and Roberts (1997) described sexual objectification as “the experience of being treated as a body (or collection of body parts) valued predominantly for its use to (or consumption by) others” (p. 174). This implies that a person is valued only for what they can do for others, largely in a sexual context. When women are sexually objectified, they become

objects for another's desire, often with little regard for other aspects of their beings that make them human. Bartky (1990) suggested that sexual objectification is a means to alienate women from their bodies. According to Bartky, "Sexual objectification occurs when a woman's sexual parts or sexual functions are separated out from her person, reduced to the status of mere instruments, or else regarded as if they were capable of representing her" (p. 35). This separation of women from their selves through objectification diminishes the core of who they are. Bartky stated: "Clearly, sexual objectification is a form of fragmentation and thus an impoverishment of the objectified individual" (pp. 35–36).

Although any group can be the target, consciously or unconsciously, of microaggressions, the issue of power versus marginalization is fundamental in considering the psychosocial impact of these insults. Thus, it is important to keep in mind that of all genders, men maintain dominance in American society, with women having less power economically, politically, and socially (American Psychological Association [APA], 2007). Therefore, men will have a different experience of objectification and microaggressions than women who are more likely to suffer from issues of powerlessness (APA, 2007). Sue (2010a) suggested, "The messages in sexual objectification microaggression are many: (a) a woman's appearance is for the pleasure of a man; (b) women are weak, dependent, and need help; and (c) a woman's body is not her own" (p. 12).

Gender microaggressions can be delivered in overt face to face encounters, but are also evident in other forms, such as "educational texts, mass media, institutional norms, and cultural scripts" (Sue, 2010a, p. 164). These may not be in the form of overt sexism, but their less obvious messages still serve to maintain gender stereotypes and traditional gender roles (Sue, 2010a). Zastrow (2004) suggested that nearly every society perceives women as inferior to men,

and most religions subjugate women to inferior status. Our cultural scripts such as, “be ladylike,” “nice girls don’t initiate sex,” “don’t be bitchy” serve to reinforce women’s “appropriate,” that is, diminished competencies and power in relation to men (Sue, 2010a, p. 165).

Grossman (2016) reports incidences in which sexism, sexual discrimination, and harassment against women in the workplace have gone undefended by our American legal system. For example, she describes a case in which a company’s dress and grooming codes for women were burdensome and included wearing makeup, nail polish, sexualized uniforms, and feminine hairstyles. However, when a female employee objected and brought the case to court, the court, according to Grossman, “did a tremendous disservice to the cause of sex equality” by not siding with the employee (Grossman, 2016, p. 31). Grossman suggests that dress and grooming codes highlight gender differences instead of credentials or job skills and serves to “perpetuate existing gender hierarchies” (p. 31). In this way, sex-specific dress codes for women could be considered gender microaggressions because they serve to invalidate a woman’s abilities based on her appearance, to reduce women to an object that is valued for its sexualized appearance, and to reinforce gender oppression in a competitive socio-economic context.

Consequences of Microaggressions Against Women

In light of research suggesting that there are parallels among gender microaggressions, sexism, and sexual objectification (Capodilupo et al., 2010; Nadal & Haynes, 2012; Sue, 2010a; Swim, Hyers, Cowen, & Ferguson, 2001), it is reasonable to make the connection that many of the negative physical and psychological effects of sexism and sexual objectification of women share some of the same negative effects of gender microaggressions against women.

Research by Landrine, Klonoff, Gibbs, Manning, and Lund (1995) focused on “the common, pernicious, and (in some instances) subtle sexist events that all women experience

(Klonoff & Landrine, 1995) but whose role in women's symptoms has yet to be examined" (p. 475). Although the authors do not use the term *gender microaggressions* to describe these forms of sexism, it could easily be argued that the sexism and discrimination they studied correlates with established definitions of microaggressions including microinsults, microassaults, and microinvalidations. This becomes further evident as the authors described their suspicion that "the common and/or more subtle types of sexist discrimination (e.g., being called a 'bitch', [sic], being told a sexist joke, being discriminated against by colleagues, constantly being treated with a lack of respect… erode women's physical and mental health" (Landrine et al., 1995, p. 475). Landrine et al. (1995) found that "sexist discrimination significantly increases the ability to predict and explain" (p. 487) physical and psychiatric symptoms experienced by women. The authors suggested that while generic stressors (that could happen to anyone regardless of gender) better predicted symptoms of anxiety in women, gender-specific sexist discrimination better predicted symptoms of depression, premenstrual and somatic symptoms, total psychiatric symptoms, and obsessive-compulsive symptoms (Landrine et al., 1995).

Frederickson and Roberts (1997) suggested that sexual objectification negatively affects women's mental health, enables and reflects the oppression of women, and is a factor in discrimination in the workplace, sexual violence, and internalization of objectification. Szymanski and Henning (2007) found that women who internalized the sexual objectification they experienced self-objectified, leading to habitual body monitoring. This constant body monitoring led to body shame and appearance anxiety and ultimately led to increased risk for depression (Szymanski & Henning, 2007).

Further research has linked sexual objectification and self-objectification with depression and substance abuse (Carr & Szymanski, 2011; Moradi & Huang, 2008), eating disorders

(Calogero, Davis, & Thompson, 2005), and impaired sexual functioning (Fredrickson & Roberts, 1997; Sanchez & Kiefer, 2007). Moreover, sexual objectification was found to negatively affect performance on a math test when women were asked to try on bathing suits prior to taking the test (Fredrickson, Noll, Roberts, Quinn, & Twenge, 1998). Furthermore, Parent and Moradi (2015) found a consistent link between self-objectification and body shame, which directly resulted in lower condom use self-efficacy in sexually active women, which has serious implications for contracting Sexually Transmitted Disease (STD). In addition, Muehlenkamp, Swanson, and Brausch (2005) found an indirect relationship between self-objectification and self-harm through moderators of negative body regard and depression. Considering this evidence, it is clear that sexual objectification has huge implications on the physical and psychological well-being of women in a society where it is still socioculturally acceptable to objectify women.

Related to research regarding the negative effects of sexual objectification and sexism on women, the gender microaggressions literature describes similar consequences to often less overt forms of sexism and objectification. Research by Carliner, Sarvet, Gordon, and Hasin (2017) found that women in the United States who had experienced gender discrimination in the past year were 2 to 4 times more likely to use illicit drugs or have a drug use disorder than those women who did not report recent gender discrimination. Sands (1998) suggested that women and adolescent girls may experience depression, low self-esteem, and feelings of helplessness and passivity at higher rates when strict adherence to gender norms is implied or expected, and is maintained through gender microaggressions. Furthermore, Nadal and Haynes (2012) reported that negative messages about gender stereotypes, which are expressed through societal, social, and familial relationships, can lead to diminished academic and career self-concepts in girls and

women. These messages, which can be forms of gender microaggressions, can influence women's academic and career choices and maintain disparities in in education, vocation (especially in math and science fields), and economic status between women and men (Nadal & Haynes, 2012).

Nadal and Haynes (2012) suggested that people who experience subtle forms of discriminations such as microaggressions may begin to feel paranoid and isolated, and feel as if they have no means of recourse like they might if the discrimination was more obvious or blatant. The authors explained the following about the negative consequences of microaggressions:

> The empirical literature suggests that microaggressions often lead to an array of emotions for these individuals, including anger, sadness, belittlement, frustrations, and alienation, and that the cumulative nature of these microaggressions therefore may potentially lead to mental health problems, including depression, anxiety, and trauma (for a review, see Sue, 2010a). (Nadal & Haynes, 2012, p. 89)

While Rudman and Mescher (2012) found that "objectifying women was associated with men's reported rape proclivity" (p. 742), Gartner and Sterzing (2016) reported that the expression of gender microaggressions against women may actually begin in adolescence or pre-adolescence. Gartner and Sterzing proposed that chronic gender microaggressions in youth may lead to more serious and severe offenses such as sexual violence against adolescent girls, which places them at increased risk for problems with interpersonal relationships, depression, substance abuse, and even posttraumatic stress disorder (Walsh, Galea, & Koenen, 2012). Furthermore, early socialization to gender microaggressions serve to objectify girls and maintains oppression of women by teaching boys at an early age that males have power over

females (Nadal & Haynes, 2012). Gartner and Sterzing suggested that gender microaggressions in youth are so prevalent as to warrant a new conceptualization of youth sexual violence, which would include a continuum, “ranging from chronic, low severity (i.e., gender microaggressions) to infrequent, high severity (i.e., sexual assault)” (p. 497).

Rationale for Study

Much research exists on the study of microaggressions and how they affect members of marginalized groups according to race, ethnicity, socioeconomic class, gender, and sexual orientation (Nadal & Haynes, 2012). Additionally, Nadal et al. (2015) added to the literature with a study that explored intersectional microaggressions and their influences on people who identify with multiple groups. Furthermore, Swim et al. (2001) conducted a qualitative study exploring undergraduate women and men’s experiences of sexism in their daily lives. However, the sample may have been biased because the students were part of a psychology of gender class. Basford et al. (2014) conducted a study of gender microaggressions in the workplace; however, the study was done with an undergraduate sample using vignettes that simulated events in a workplace. The authors suggested that future studies should include exploring gender microaggressions in an actual workplace environment (Basford et al., 2014).

Onge and Burrow (2017) propose that the complexities of microaggressions deserve research that involves capturing the dynamic unfolding of people’s day-to-day experiences. A phenomenological study of women’s lived experiences of gender microaggressions in the workplace would add to the literature by providing a rich account of the ways in which women appraise, react to, and cope with subtle forms of discrimination on the job. This kind of study may serve to uncover subtleties regarding patterns of experiences, shared coping mechanisms, and potential protective factors that exist for women in the workplace.

Of special interest for an area of study may be women who work in traditionally female dominated fields such as teaching, social work, nursing, and dental hygiene. It is likely that women who work in traditionally male dominated fields such as construction work, military careers, or firefighting experience discrimination in various forms or encounter problems in the workplace. However, it may be valuable to study women's experiences as they occur in jobs in which women work closely together with other women.

Implications of Study

Gender microaggressions may influence women's mental health. Women may present for mental health care for any number of reasons, including depression, eating disorders, and substance abuse. When conceptualizing these cases, it is important for the clinician to consider how the potential effects of gender microaggressions have influenced the client. Szymanski, Carr, and Moffitt (2011) suggest that clinicians must understand that women tend to internalize experiences of sexual objectification. Women may come to believe that their worth lies in their appearance or use as sexual objects (Szymanski, Carr, &Moffitt, 2011). Similarly, women who encounter gender microaggressions may internalize their experiences, which may lead to diminished sense of control, self-esteem, self-worth, and general well-being (Sue, 2010a).

Understanding how women experience gender microaggressions is an important part of effectively treating women in mental health settings. Women may not be consciously aware of how significant and pervasive experiences of gender microaggressions have been in their lives. Nadal and Haynes (2012) suggested that women with less developed senses of feminist identity may be oblivious to or deny sexism or gender microaggressions. Gender microaggressions against women in American society have become a part of life, background noise, so to speak, evident in the constant bombardment of media depictions of women as sexual objects, sexist

jokes, subtle insults that maintain patriarchal power, and perpetuation of gender stereotypes and expected gender roles. Yet this background noise may have more of an impact on women than they realize. Gender microaggressions may not be as explicit as rape or sexual violence. Yet even subtle forms of aggressions and insults can be harmful to women individually and as a collective. Do women today simply accept this form of oppression? Do they appreciate the ways in which gender microaggressions may be directly (or indirectly) affecting their mental and physical health?

Gender microaggressions may not be a primary focus of psychological treatment. Yet experiences of microaggressions can have a powerful impact on women's identities and contribute to depression, eating disorders, sexual disorders, shame, and anxiety. Szymanski et al. (2011) suggested that psychologists assess their therapeutic approaches with women in order to determine how they might either maintain or challenge the societal values that encourage the sexual objectification of women. This includes considering how diagnoses of female clients relates to and may serve to sustain the patriarchal power dynamic in American society (Szymanski et al., 2011). It is clear that sexual objectification can be expressed in extreme forms such as sexual violence against women, and also in more subtle, ambiguous ways in the form of microaggressions and both forms can be harmful to women and must be considered when treating women in a therapy setting. Furthermore, Research by Owen, Tao, and Rodolfa (2010) suggested that women's perceptions of microaggressions within the psychotherapy setting may influence therapeutic outcomes. Thus, psychotherapists of all genders must be aware of their own inadvertent use of microaggressive language when working with women.

According to the APA (2007), psychologists treating women may not recognize the context of oppression and discrimination in which women live and are more likely to associate

their symptoms with intrapsychic factors as opposed to societal factors. Furthermore, the APA suggested that psychologists might not be aware of protective factors that help women cope with stressors in the context of their lives. It is important for clinicians to recognize adaptive strategies women use when faced with microaggressions in their lives, and to avoid over-pathologizing these women based on symptoms rooted in this context. Increased awareness of how sexual objectification and microaggressions permeate women's lives as well as awareness of factors of strength, resilience, and coping mechanisms could improve psychological interventions with women.

Making explicit the implicit feelings and attitudes that women have about gender microaggressions could lead to improved outcomes for women in mental health settings. Furthermore, research in this area may lead to discoveries about protective factors that enable women to overcome negative outcomes of gender microaggressions. Including relevant discussions of women's experiences of gender microaggressions in individual therapy, may help women to better understand themselves and how sexually objectifying experiences have influenced and continue to influence their lives. These important discussions could lead to improved mental health for women, empowerment for women to advocate for themselves when interacting with others, and promotion of social change to diminish harmful attitudes about the ways in which women are valued in society.

This study fills the aforementioned knowledge gap by investigating women's subjective experience of gender microaggressions. The focus is on the lived human experience of women in American society and the ways in which they appraise and respond to incidences of gender microaggressions.

Research Questions.

1. What are women's subjective experiences of gender microaggressions in American society?
2. What are common themes found among women's reported experiences of gender microaggressions, and what are the discrepancies in their themes?
3. What can women's reported experiences of gender microaggressions tell us about (a) women's perceptions of microaggressions' effects; (b) how women respond to microaggressions; (c) what actions they choose and why?

Method

Research Paradigm

This study was grounded in a transformative paradigm which confronts oppressive forces in society with the goal of social transformation (Mertens, 2015). This research paradigm aimed to analyze "how and why inequities based on gender, race or ethnicity, disability, sexual orientation, and socioeconomic classes are reflected in asymmetric power relationships" (Mertens, 2015, p. 21). Mertens (2015) describes the transformative paradigm as placing "central importance on the lives and experiences of the diverse groups that, traditionally, have been marginalized (i.e., women, minorities, and persons with disabilities)" (p. 21). The Ontological belief of the transformative paradigm is that there are "multiple realities that are socially constructed" (Mertens, 2007, p. 216) and that one's position in society informs these realities (Mertens, 2015). This paradigm calls for an "interactive link between the researcher and the participants in a study" (Mertens, 2007, p. 216) and that issues of trust, power, and respect must be addressed in order to discover and understand the realities shared with researchers by participants (Mertens, 2007, 2015). Methodology for this paradigm can include quantitative,

qualitative, or mixed methods, but a dialogic method is preferred in order to support the belief that the research should be interactive (Mertens, 2007, 2015).

Because gender microaggressions against women are entrenched in the reality that privilege or oppression depends on factors such as gender and gender roles, this study was based in a feminist axiology. The study assumed that women suffer from gender microaggressions in American society and that current social structures and language can be challenged through research and better understanding of the experiences of women relating to gender microaggressions. This framework views gender as a consolidating standard that influences how people live their lives and strives to make visible the political and societal powers that maintain women's subordinate status (Creswell, 2013). Feminists acknowledge that gender roles are embedded in politics and societal norms and are influential factors that can serve to maintain stereotypes (Corey, 2013). According to Beasley (1999), feminism encompasses many different approaches; however, most feminists agree that traditional mainstream ideas have simply accepted that women are subordinate to men and are commonly thought of as "partial helpmates…defined in terms of men's needs regarding pleasure, provision of services, children and so on" (p. 6).

Feminism embraces collaborative and egalitarian relationships and recognizes that gender dominance is problematic in patriarchal societies (Creswell, 2013). In feminist research, epistemology and methodology are fundamentally important (Campbell & Wasco, 2000). Campbell and Wasco explain that, "The overarching goal of feminist research is to capture women's lived experiences in a respectful manner that legitimates women's voices as sources of knowledge" (p. 783). Furthermore, feminist research aims to empower women to share their subjective experiences by creating a nonhierarchical and respectful research environment

(Campbell & Wasco, 2000). Marecek (2003) suggests that qualitative approaches to psychological research can help us make meaning of people's lived experiences within the context of "history, society, and culture" (p. 49), and looks at how social structures are maintained. This conceptual model entails a commitment to social change, which can serve to eliminate gender role expectations and liberate all genders from these constraints (Corey, 2013). Current feminist trends are concerned with the intersection of marginalized populations according to issues such as sexual orientation, race, age, socioeconomic status, and gender (Creswell, 2013).

Feminist principles correspond easily with research on gender microaggressions, as well as objectification theory, a framework that "places female bodies in a sociocultural context with the aim of illuminating the lived experiences and mental health risks of girls and women who encounter sexual objectification" (Fredrickson & Roberts, 1997, p. 174). Women who face gender microaggressions are experiencing a form of sexual objectification and are suffering the effects of a society that still accepts that women are subordinate to men and valued for the ways in which their bodies and body parts can be of use to others Considering the aforementioned conceptualizations helps one to see the problem of gender microaggression as a form of sexual objectification of women in American society, and the negative impact it has on women. By acknowledging this problem, current political and social structures can be challenged through research and better understanding of the subjective experiences of women. Because the feminist axiology in the transformative paradigm demands respect for cultural norms and social justice (Mertens, 2015), the research design must encourage the voices of the oppressed. Thus, for this research, an IPA method provided women space to voice their understanding of gender microaggressions, using their own language to describe their knowledge and experience.

Qualitative Design

This qualitative design is based on the Interpretive Phenomenological method, aiming to interpret by means of dialogic interviews women's experiences of the gender microaggressions they experience in their day-to-day lives. An interpretive phenomenological approach to research can provide an in-depth view of lived experiences and help us to understand the rich stories and contexts of people's lives (Smith, Flowers, & Larkin, 2012). Phenomenology is a philosophy from which lived experiences are reflected upon and interpreted within the complex nature of meaning-making (Smith, Flowers et al., 2012). This method of inquiry relies upon the acquisition of people's stories, often through structured interviews, about a specific phenomenon (Smith, Flowers et al., 2012). The recorded and transcribed interviews were analyzed using interpretive methods in order to discover common themes related to the experience of the phenomenon and the ways in which people make meaning of their experiences (Smith, Flowers et al., 2012). Of interest for this study, was what gender microaggressions mean to women, and how they appraise and cope with those experiences. The study aimed to discover protective factors that insulate some women from negative consequences of gender microaggressions. For those women who experience negative effects, the study aimed to determine how these experiences affect areas of their lives, such as relationships with others, their jobs, interests, and/or education.

Participants. The target population for this study was women employed as dental hygienists (ages 18 and older) residing in the United States who had experienced some form of gender microaggressions. Participants included women of any race, ethnicity, socioeconomic class, sexual orientation, or relationship status. Exclusions included women less than 18 years of age, and women who did not work as dental hygienists. It was thought that examining this

population could offer insights into women's lived experiences of gender microaggressions within a work environment in which women make up almost 96% of the workforce (American Dental Education Association 2017a). Although women dominate the field of dental hygiene, less than half of their dentist employers are women (Solana, 2016).

Adams (2010) suggests that, "Among health professions, there has traditionally been a clear gender division of labor. The most prominent and authoritative professions like medicine and dentistry were strongly male dominated" (p. 454). "Professions dominated by men have historically had more success in achieving professional status and professional privileges than those dominated by women" (Adams, 2003, p. 269). Furthermore, Adams (2003) suggests that professions dominated by men have limited professions dominated by women by using gender disparities to restrict women's professional work to positions of subordination. In the past, women were denied access to training and practice in these professions (Adams, 2010). Women's jobs in these fields were mostly limited to positions that supported men's medical and dental professions, and the "semi-professions" (Adams, 2010, p. 454) of nurses and dental auxiliaries were not afforded the same respect as the male doctors and dentists.

Eliason (2017) further describes the plight of women-dominated professions such as nursing to become viewed as "'legitimate' and autonomous professions rather than seen as 'physician handmaidens' or 'physician extenders.'" (p. 1). The author states that the second wave of feminism instigated an exploration of gender stereotypes in nursing and the public and professional perceptions of nursing as primarily "women's work, and by extensive [*sic*], less important than 'men's work'." (p. 1). Like the dental hygiene profession, the nursing profession attracts far fewer men than women and Eliason stated that nursing utilizes affirmative action strategies to recruit more men into the profession. Eliason further describes how gender

stereotypes are reflected in the language we use to describe people in nursing, such as clarifying "male nurse" (p. 1) when speaking about a nurse who is a man, versus "female physician" (p. 1) to designate a doctor who is a woman. The assumption in these messages is that nurse is analogous with woman and doctor or physician is analogous with man.

Ortega and Walsh (2014) compare the challenges faced by women in the professions of nursing and dental hygiene. The authors stated that there has been controversy in both nursing and dental hygiene regarding their unique distinction from their physician and dentist counterparts (Ortega & Walsh, 2014). Ortega and Walsh argue that both professions represent distinct disciplines as opposed to the traditional view of hygienists and nurses as only providing support to the dentists and doctors in the dental and medical professions. Furthermore, Ortega and Walsh suggest that the nursing profession has superseded the advancement of the dental hygiene profession in terms of legitimizing the conceptual framework as distinct from other professions within the field. Although dental hygiene, like nursing, evolved from an auxiliary position, it now encompasses its own body of knowledge and theoretical discipline (Ortega & Walsh, 2014). Ortega and Walsh suggest that it is important to follow the educational trajectory of the nursing profession, which has begun to establish itself as an academic discipline distinct from medical physicians. "Dental hygiene education is on a similar trajectory as nursing education was in the last century" (Ortega & Walsh, 2014, p. 5). This trajectory is instigating exploration of creating doctoral level degree programs in dental hygiene, similar to the doctoral programs already established in nursing. Currently, there is only one dental hygiene doctoral program, located in South Korea, and two others in development including one at Idaho State University in the United States and one at the University of Alberta in Canada; however, a survey of master's degree level dental hygienists suggested that 77% indicated that establishing a

doctoral degree in the dental hygiene profession is necessary if the profession intends to advance, and that 60% of the dental hygienists stated they would be interested in pursuing a doctoral degree in dental hygiene if it was available (Tumath & Walsh, 2015). Interestingly, in this survey, only 43% of dental hygienists believed that most dentists would support a doctoral degree in dental hygiene.

The dental hygiene profession began as a field dominated by women who worked under the supervision of male dentists (Adams, 2010). Although the genders of supervising dentists have changed during the feminization of health care professions, women still represent nearly all dental hygienists (Adams, 2010). Another consistent element throughout the gender changes within health care professions has been the challenges faced by women who strive to succeed in the health care field while still maintaining their feminine selves. As women have moved into traditionally male dominated fields such as medicine and dentistry, they have had to overcome the historic notion that "professionalism and masculinity were intertwined" (Adams, 2010, p. 462). Many women have had to make a choice between having a career and having a family. Recently, women in "female-dominated professions such as nursing, midwifery, and dental hygiene have pursued professional projects by overtly making a link between femininity and professionalism" (Adams, 2010, p. 463). The dental hygiene profession has offered women a unique opportunity to succeed in a professional career that combines science, skill, and competency with service to others, and is flexible enough to also pursue more traditionally feminine gender roles such as being a mother and caring for family.

Women who work as dental hygienists have carved out an almost exclusive niche working closely with the still male dominated dental profession. Women in this field have managed to balance career status and feminine identity in a world that still values masculinity intertwined

with professional status (Adams, 2010). In fact, Adams (2003) suggests that the "feminine abilities and skills" (p. 281) of dental hygienists, such as their caring nature, delicate touch, and patience, that initially grouped women into jobs subservient to male dentists, can be a potential asset to gaining professional status and autonomy today. Adams (2003) suggests that the feminine quality of dental hygienists' "emphasis on caring, communication, and collaboration" (p. 282) have "been identified as a foundation for professional knowledge, research, and autonomy" (p. 282). Thus, women who work as dental hygienists may represent an interesting perspective on the phenomenon of gender microaggressions. Hygienists might provide an opportunity for rich exploration of experiences of gender microaggressions, as well as the intersectionality of sexism and professionalization of individuals and the field of dental hygiene.

Targeting this reasonably homogeneous group of women provided a sample conducive to Interpretative Phenomenological Analysis (IPA; Smith, Flowers, & Larkin, 2012). This sample population is homogeneous in terms of gender, career, employment conditions, education, geographic location, and relative socioeconomic status, thus providing some control of variables. In addition, dental hygienists would likely find this current research meaningful personally as well as professionally, because the nature of their careers situates them in close interpersonal relationships with a variety of others. Creswell (2013) suggested that phenomenological studies include 5-25 participants. However, Smith, Flowers et al. (2012) recommends that phenomenological studies using IPA utilize, on average, between four and ten interviews. Thus, the desired N for this study was six to eight participant interviews, in order to capture enough data that can be analyzed thematically, as well as allow for feasibility.

A total of eight participants completed the study. The women ranged in age from 34 to 62 (M = 50.63). Five of the women held Associate's degrees in dental hygiene, two held Bachelor's

degrees in dental hygiene, and one held a Master's degree in dental hygiene. Five women held more than one degree, including Bachelor's and/or Master's degrees in science, education, allied health leadership, marketing, and human services. Years worked as a dental hygienist ranged from 8 to 40 years (M = 27.13). Yearly income ranged from $20,000 to 40,000 to more than $100,000. Three women reported currently working full time and five women reported working part time. Over the course of their careers, participants reported having worked, to date, in a total of one to six different settings (M = 3.13). All eight women reported having worked in general practice at some point during their dental hygiene careers, while others reported working in the following settings: periodontal (2), orthodontic (2), prosthodontic (2), pediatric dentistry (2), dental hygiene public health (2), education (2), hospital (1), and independent practice (1).

Purposeful criterion sampling was used to ensure that participants shared the homogenous conditions of being dental hygienists and having experienced gender microaggressions in their lives. The recruitment strategy involved sending notices (see Appendix A) to the New Hampshire Dental Hygienists Association, and dental offices in New Hampshire who employ dental hygienists inviting them to participate in a research study on their experiences. The sampling process used both a snowball method and drew upon my own contacts with former colleagues. In order to acknowledge potential bias and power differentials that could arise due to my personal and professional experience in the field of dental hygiene, participants were not former colleagues or dental hygienists with whom I had worked or had personal relationships. Furthermore, no recruitment was accepted directly or by way of former employers or supervisors. Participants were offered a chance to be entered into a drawing to win a $25.00 prepaid VISA gift card, and this was awarded randomly to one participant once all interviews had been conducted. My email address was provided as means for interested potential

participants to contact me, and they were asked to include both a phone number and email for me to contact them.

In the initial phone or email contact with each participant, I reviewed the information on the Informed Consent Form (see Appendix B), and then scheduled an appointment for a face-to-face interview. A copy of this study's Informed Consent was emailed to participants to read before our scheduled interview. Each participant was advised that they could choose a public or private location with which they were comfortable for their interview, as long as it was a relatively quiet, distraction-free space. Two participants chose to interview at my home, two chose their workplace after hours, and four chose to interview at their homes.

Interview Process. The interview sessions began with revisiting the informed consent process and the signing of the Informed Consent Form. Definitions of microaggressions from the literature were read aloud and presented on a piece of paper to the participants. Using a semi-structured interview format, the interview questions (See Appendix C) were open-ended and aimed to elicit information regarding participants' experiences of gender microaggressions in their lives, and ways in which they interpreted and coped with their experiences. Additional questions and probes were used to elicit a complex and detailed rendering of the microaggression itself and details of participants' experiences. Descriptions of at least two experiences of microaggressions were collected from each participant. Qualitative interviewing typically begins with the most general question, to avoid biasing the participants' responses with ideas the research has derived from the published literature. Probes were also open-ended questions with the goal of eliciting the participants' interpretive details (e.g., context, the offender's relationship with the participant, witnesses), judgments (presumed assumptions of the offender, commonness of the experience), and personal reflections, including thoughts and emotions. Examples are: (a)

And then what happened? (b) Was anyone else there? What did they say/do? (c) What did he or she (the offender) want , etc.? Questions were used to pursue aspects of the participants' experiences which had not been mentioned by the end of a participant's descriptions, such as ways of coping with the experience(s), thoughts and feelings lingering after the experience, and a reflection upon microaggressions they could recall committing against someone else.

Data analysis. The data collected from the interviews were analyzed using Interpretative Phenomenological Analysis (IPA) as described by Smith, Flowers et al. (2012), in which, "the essence of IPA lies in its analytic *focus*. In IPA's case, that focus directs our analytic attention towards our participants' attempts to make sense of their experiences" (p. 79). IPA includes a detailed analysis of the experiential data from each participant, with interpretation of common themes within individual data and across the entire data set (Smith, Flowers et al., 2012). According to Smith, Flowers et al., 2012, IPA is valuable because it allows the analysis of rich, contextual data collected through interviews sensitive to the participants' complex psychological experiences. Furthermore, IPA uses interpretive theory, which encourages researchers to reflect on their perceptions of the participants' subjective experiences in order to situate those experiences within the context of the phenomenon being studied (Smith, Flowers et al., 2012). Because IPA values first and foremost the lived experiences of participants as told by them on their own terms, through their own stories, this particular analytic method coincides with feminist epistemologies, which "recognize women's lived experiences as legitimate sources of knowledge" (Campbell & Wasco, 2000, p. 773).

Audio recordings of the interviews were made and transcribed. The digital and document files were copied, and the original files were safely stored in a secure off-site location. I listened to the audio recordings and read the transcripts through several times to familiarize myself with

the content and tone of each interview. Each transcript was then individually analyzed for each participant's experiential accounts before moving on to the next transcript. I made exploratory notes to identify important elements of the participant's experience including content, language, and explicit and implicit meaning. Emerging themes were analyzed from each participant's data, and then connections across the emergent themes were explored within each data set. I then searched for patterns across data sets. Analysis was facilitated by use of MAXQDA, a qualitative data analysis software program, in order to catalogue and compare the transcribed interviews.

A dependability audit was initially planned to ensure that my coding of the interviews would be supported by another pair of eyes. I enlisted a colleague to code one of the transcripts early on in the process of analysis. However, as the analysis process progressed, the coding system changed significantly and rendered the colleague's coding irrelevant. My dissertation advisor reviewed my coding of one interview and predominantly agreed with the codes I had assigned.

Results

Emerging Themes

As analysis occurred, several emerging themes presented across data sets. There were nine major themes identified in the interview transcripts: (a) experiences of gender microaggressions, (b) ambiguity, (c) coping mechanisms, (d) thoughts on gender microaggressions, (e) reactions/responses/feelings, (f) perceived intention of aggressor, (g) implicit effects of gender microaggressions, (h) consequences for standing up against gender microaggressions, and (i) microaggressions against others. These nine superordinate themes and their coordinating subthemes are presented in Table 1.

Experiences of gender microaggressions. As expected by the selection criterion, all

eight participants were able to describe experiences they have had of gender microaggressions. They all had stories of microaggressions from the dentists they worked for and half of the participants described gender microaggressions from their patients. These experiences varied among participants, but the most common subordinate theme included an experience of some form of verbal put down. For example, Participant #8 recalled a conversation with her dentist employer after she had lost weight. She stated,

> He was like, "Wow!" He was like, "You did a great job. You look really good for having three kids." I mean, it hurt my feelings a little bit because it, there was just this underlying insult, you know? A compliment, but also an insult (laughs) at the same time!

In another example, Participant #7 described the way in which one of her dentist employers spoke to the hygienists in the office. She stated,

> I think the first guy referred to us as "gals." The dental hygienists were "gals." "You gals. Don't you gals have something better to do than stand around?" Here we were, you know, sweating from working, patient after patient. That was really annoying when he would be like that.

Other women described experiences of non-verbal gender microaggressions. For example, Participant #4 described what it was like working for a dentist who would often make comments about his dislike of overweight women. The dentist would eat lunch with the staff in the office. Participant #4 said, "He would make comments and stare at what we were eating. So, I made sure I came to work with a salad every day. But if somebody had a heavy meal, he would just stare at them."

All eight participants described gender microaggressions that involved comments on their physical appearance. Participant #6 described a job interview with a dentist in which he was

fascinated with, not her qualifications as a dental hygienist, but her stunning appearance. She stated: “When I went in for the interview, uh, pretty much the first words out of his mouth were commenting on my blond hair. ‘Oof, look at you and that blond hair!’ And I had the interview and I got the job.”

Six participants told stories of microaggressions that included perceived sexual innuendos. Participant #3 shared a story about planning to go to a conference and the response of a former dentist employer when she told him she was going with a colleague. She said, “He asked if I had my travel arrangements made already, and I said I had. And I mentioned another colleague that I was going with and he said, ‘Oh, I thought I was sharing a room with you!’” Participant #5 said her former dentist employer would publicly refer to the hygienists in the office as his “harem.” The following is her words from the interview as she thought through what this meant to her:

> Uh, hmm. I don’t know but I kind of thought well, well he is the boss, so he obviously does have more power than all of us. But if it was a thing like, I’m, this is my, these are my people, you know? Like, my employees but more like I’m the higher up and these are my people and, and then in a sexual way too. This is my harem. Usually a harem, don’t they usually sleep with the guy? Yeah (laughs). But I don’t think any of that was going on!

A few participants described gender microaggressions in the form of inappropriate jokes. Participant #6 described how her dentist employer would joke with her. She said, “…quite often would remind me to leave the bib on female patients because he, you know, he would joke and say, ‘I can’t even concentrate. I can’t even look at the teeth!’”

One participant described an environment in which she worked in which assumptions

about women's gender roles were pervasive. Participant #8 shared the following story about the assumptions her employer made about her roles as a woman as he believed they would relate to her job:

> When he hired me and had questions about childcare, for example and, um, his assumption was that if my kids were sick, I would always be taking the day of. "Well, do you have a nanny? Do you have childcare? What is your back up plan, um, you know, when your kids are sick?" And I have a very supportive husband who doesn't necessarily have a super flexible job, but we would share, you know, snow days. We would make it work together. But for him…he was always concerned that I would have to be one staying home on snow days or sick days, and I never even gave him that, you know, it wasn't like this track record that I was showing him over the years that that would happen. But that was always a concern for him.

One woman talked about her experience of gender microaggressions that included generalization of gender, such as a group of men and women being addressed as *hey, guys*. Although Participant #5 stated that she was not necessarily offended by this, she recognized it as a gender microaggression. She stated that it would, "maybe feel like you didn't, you weren't noticeable, or you were, you know, invisible, if someone was saying 'hey guys' and there was one girl."

Two women described experiences of gender microaggressions that involved physical touch. For example, Participant #3 stated,

> Well, when I was pregnant for [*sic*] my daughter, I was working in an office where I pretty much had to, it was working in the evening from five to nine, and uh, I had to avoid the dentist I was working for because he wanted to rub my belly. I felt like he was

following me around and he was just too touchy.

Four participants described experiencing gender microaggressions from patients. Participant #3 talked about a regular patient she had who insisted the staff in the office address him as *Mister*, but that this same patient did not even know her name. She said, “I’d say his name. You’d have to call him *Mister*.” She said he would say to her, “I like you, girly.” She went on to describe a scenario in which she was no longer in the office, but other staff reported to her that he asked for her but did not know her name. She said: “So, when he came in for his appointment, and of course he was with someone else and didn’t know it, and he walked in and he said, ‘you’re not,’ he didn’t even know my name, ‘you’re not my usual girl!’”

Three participants talked about gender microaggressions from other women. One participant described working for a woman who would discredit her hard work and achievements by suggesting that her good looks were what got her recognition. Participant #3 said, “Whenever I did do something or advance something, she chalked it up to, not my hard work, but my, um, looks.”

More women in the study reported experiencing gender microaggressions with others present to witness the aggression than gender microaggressions they experienced when alone with the aggressor. For example, Participant #7 talked about gender microaggressions she and the other women in the office would endure from the dentist employer in front of patients.

> He would say condescending things to me and the other hygienists. We were all women, of course, and were probably all under the age of 30. And he would just say anything to us in front of patients, like everything was okay. And I could remember sometimes the look on patient’s faces, like, uh, what? I can’t believe what he was saying.

There were two women who described instances in which the aggressor appeared to collude with witnesses to somehow validate their microaggression. Participant #1 stated, “and it was the first time that…, and I don’t know whether it was because he was being nudged by another guy, I was so mindful of them looking at my legs and what I looked like as a female.”

Participants were also aware of more systemic or institutional level gender microaggressions in their lives. For example, Participant #7 described the following recognition of gender microaggressions related to the profession of dental hygiene:

> Well, for that reason that those people who, lay people, who just think of this as a women’s profession only and there’s so many people that don’t understand the scope of our profession. They just don’t understand it and I just, that bothers me that after a hundred years the public does not understand the scope of our profession. Even the people in public health don’t understand it. So, there’s a failure within the dental hygiene association on a national level. But um, so, I think in order for us to be taken more seriously, to move away from this “pretty little girl” or “pretty little woman” profession that if more males came into it, like male nurses. You know, a male nurse, who was it, just got some big award, a male nurse was just chosen in NH for some big award. I can’t remember what it was, on MUR [*sic*]. Then people would take it more seriously. Oh, *men* go into this profession. *Men* need to make good money. *They* support families, or whatever. I think if we had more men in it, people are gonna respect the profession and see that we have this huge scope.

Ambiguity. Five women described some ambiguity about gender microaggressions. These included either ambiguity about whether or not an experience could be considered a gender microaggression or more about the general hierarchy of the workplace. For example,

Participant #7 described the following when asked to share her experiences of gender microaggressions:

> So, I'd have to think hard, you know. What were those microaggressions? Because I certainly didn't recognize any then. And of course, because I'm older, I think, you know, because of this you too movement, you know? We just, it was what it was and we just didn't think there was anything necessarily wrong being talked to aggressively or condescendingly. Maybe we didn't like it but, oh well! That was the way of the world.

Participant #2 also suggested there was some ambiguity related to gender microaggressions in the field of dental hygiene. In her experience,

> I think there's something subtle about gender in my role as a dental hygienist throughout my career. Because of people automatically thinking it's females, you know? I mean, we're 99% females' profession. So, the assumption is kind of woven throughout almost every interaction that I have had in my career.

Participant #8 suggested she felt some ambiguity at times with possible gender microaggressions from patients. When describing what it is like for her when her patients seem to disregard what she has told them about their dental status, but accept it from the dentist, she said,

> I sometimes am not sure if it's a gender situation or if it's a hygienist versus dentist situation. And I think, um, it's sometimes unclear to me. It sometimes feels like it's a dentist/hygienist, like, no, no, no, let me talk to the *doctor*. I want to hear what the *doctor* has to say. And he'll come in and say the exact same thing, but because the dentist is saying it, you know, it's fact!

Coping mechanisms. All of the women who participated described some form of coping mechanism for managing the effects of gender microaggressions. Subthemes included

interactions with other women, either maintaining or changing their behavior, and creating reasons or rationales for tolerating the microaggressions. All eight participants described interactions with other women and reasons or rationales for tolerating gender microaggressions, while six women described some part of their own behavior which they either changed or maintained.

Interactions with other women included talking with other women, feeling sympathy or empathy for other women who experience gender microaggressions, receiving some kind of support from other women, and advocating or teaching others. For example, Participant #1 stated, “I’m always telling younger hygienists now be a member of your association. They’ve got your back. Ask us for help, you know? Check in with us.” In another example, Participant #8 shared her thoughts about the importance of the support she received from other women when she experienced a gender microaggression involving her pregnancy from a male dentist in the dental hygiene program in which she was enrolled:

> I mean, it was huge! Besides the fact that I probably would not have passed without them. If I had not been able to find a group of women willing you know to deal with the injections (laughs)! Um, just in general making a close connection with women to be able to study and to support each other and get through the program together was huge. I never would have been able to get through the program without them. And then of course after my son was born, you know, that was not an easy semester for me either, with a newborn! So, having their support, you know, on the other side of that too was huge.

Participant #8 also described how she coped with gender microaggressions in the offices she has worked. She said,

> And so, I accepted them. Yep. Yeah, and, you know, it seems like (sighs) there's always these male doctors and this, all the staff of women, and we all just kind of band together. So, we let it out at lunch time or take a walk during lunch and just kind of vent about it. Regroup (laughs), you know?

Maintaining or changing their own behaviors included maintaining professional conduct, avoidance of situations where the microaggressions could be repeated, keeping another person close to avoid the microaggression, not saying anything to anyone, and changing their own behaviors or improving themselves. Participant #2 described how she left a dental practice after experiencing gender microaggressions and sought self-improvement by continuing her education. She stated, "But for me it was pivotal. I left that practice. I went back to school to get my degree in education. I thought I could teach dental hygiene."

Participants shared stories about the reasons or rationales they had for tolerating gender microaggressions included making light of the situation or making jokes about it, young age or inexperience, they loved the work or the job, fear of consequences or loss or job or income, empathy for aggressor, and did not want to hurt the aggressor's feelings. Participant #6 described her rationales for staying in a job in which she experienced gender microaggressions from the dentist employer.

> Yeah. I think I was in the mind set. We just got married, we have a house. I mean we've got bills to pay now and, um, basically there was what, two or three jobs before that I didn't get and I thought, great! This is it! This is it! I said this is gonnna be great. I think I'm really gonna like it, you know? It'll be fine. It'll be fine. I won't let it bother me.

Participant #4 told a story about how she and the other hygienists in the office coped with a former dentist employer who would refer to the hygienists in the office as his wives. She said,

"But it's just like, you know, for me, I thought, you know, I chuckled, but he would say it every time. Every year at the same conference, 'these are all my wives.' (laughs). Yeah, we all just laughed it off."

Thoughts on gender microaggressions. All eight women in the study shared thoughts they had about gender microaggressions. Subthemes included differences between men and women, social issues, personal growth related to their experiences, change or lack of change over time, the ways in which power or the lack of power influences women and society, speculation about how they might have been treated differently if they were men, and ways in which gender microaggressions relate to the profession of dental hygiene. For example, Participant #1 shared her thought that, "One of the biggest issues in this world of microaggressions is that women, we don't ask. We don't ask for what we need." Participant #2 described what she was looking for in her professional relationships with men and spoke to how the issue of inequality is a factor in gender microaggressions. Her sentiment that she has had to strategize in her life in order to achieve some sense of gender equality was shared by other women. She stated, "Right, that's what I'm looking at. That *equality* in that relationship. And I know I can't always get it directly. I have to sometimes snake around it. But yeah, that's what I'm looking for."

Participant #8 shared her thoughts on gender microaggressions and how her participation in this study has led her to a greater awareness of gender microaggressions. She said,

> I think one of the most interesting things about this is even for all of these instances and I'm sure there's many more than what I've been able to remember. Um, you know, on the day to day level, they didn't really affect me, you know? They just, they just happened so frequently, and I, like I mentioned before, like, if I wasn't even thinking for examples, I mean, obviously some of them were bigger, and more life or, affected my life more than

> others but, um, yeah, just that I'm sure that I do this to people and it gets done to me and um, yeah. It's just interesting. I've actually enjoyed thinking about these and kind of chuckling now to myself when I notice it happening. I'm more aware of it happening, like you said. It's an interesting opportunity you've given me.

Reactions/responses/feelings. All of the women described various ways in which they reacted to, responded to, and felt about the gender microaggressions they experienced. They described their reactions in the moment the experience occurred, how they reacted at a later time, and present thoughts about their past reactions. Some women reported standing up for themselves and others reported simply tolerating the microaggressions. The emotions that the women experienced as a result of the gender microaggressions against them were numerous and varied. They included feeling uncomfortable, stupid, hurt, embarrassed, disgusted, dehumanized, degraded, disrespected or insulted, abused, defensive, shocked or unprepared, fearful, anxious, unsafe, feeling small, unimportant or unnoticed as a person, feeling not good enough, feeling taken advantage of, feeling undervalued as a professional, and feelings of futility.

Women had a range of feelings in the moments they experienced the gender microaggressions. The following are examples of some of the feelings the women had during their experiences of gender microaggressions: "Thinking back, it's like posttraumatic stress. Um, I think I remember being, like I was hit with a two-by-four, you know? It just like, stopped me in my tracks, like, uh-oh" (Participant #2)! "I certainly felt stupid when he made that announcement in front of the whole class" (Participant #8). "But it was hurtful. It was uncomfortable. I didn't ever want to be in the office alone with him" (Participant #5). "But at the time I was scared from the way he was talking to me. I felt like he was talking down to me, like I was just the cleaning lady again" (Participant #3). "I think we were all just kind of disgusted by it, I guess, you know"

(Participant #6)? “I am this tiny little fish in this big pond and they’re trying to be king of the mountain (laughs)” (Participant #2).

Participant #4 reported:

> I just feel, for me personally, weight, you know, for me, I’ve always felt self-conscious about my weight. And it’s kind of, it’s something I personally struggle with, you know, body image. So, to, not to assume somebody is thinking it, but to know that they are, it’s very uncomfortable. I was actually happy to wear scrubs. I actually didn’t like going out to dinner with him because he was probably checking us out.

Participant #1 described her experience this way:

> I was a little frazzled. It was so subtle. I don’t know if it was overtly staring, cuz [*sic*] I was never someone to dangle cleavage or anything. I thought I was professional. But it was more about my legs and someone might have said something. Anyway, I was just like, oh God, I don’t like this!

Several women described feeling undervalued as a professional. Although this is likely a common feeling among all genders in many professional or work environments, it seems to be a particularly devastating feeling for dental hygienists. Dental hygienists tend to be passionate about their work and consider their work with patients to be an important part of their personal identity. When this work is undervalued, it may be a blow to dental hygienists’ sense of self as there seems to be some enmeshment of personal and professional qualities. Feeling undervalued as a professional may equate to feeling undervalued as a person. Furthermore, because the field of dental hygiene is dominated by women, there is an integral aspect of being a dental hygienist and being a woman. The two concepts appear to become blurred in this profession. Also, one cannot ignore the struggles of women through the ages to reach some level of equality in

personal and professional circles and this appears to become an integral part of being a woman. Thus, women facing gender microaggressions in their chosen career may be affected emotionally on both a professional and personal level. Participant #1 sums this up in her statement regarding experiencing a gender microaggression from her dentist employer. She said, “and not respect for what I’m doing to deliver care to the patients as an individual primary care provider. Not as provider to provider. Definitely, um, and just the reference to me as ‘missy’ was just like, you’ve got to be kidding me.”

Participant #3 also commented on her feelings of being undervalued as a professional and how diminishing it felt for her that dental hygienists are often referred to as “the girls.” She said,

> And I think hygienists, I mean, we are providers. We’re educated, we’re licensed, you know? There’s a lot there. And before the dentist walks in the room, I felt like I always had everything laid out. Though we can’t diagnose, anytime we had any kind of treatment or treatment plans or, I mean, I would kind of splurt out what went on during the appointment, what we noticed. I did their work! They just walked in and acknowledged it! So, if we’re good enough on that level, then, you know, we’re colleagues. We are not *girls*! You know?

Participant #8 also demonstrated the complex relationship between her experience as a dental hygienist and as a woman when she summed up her experience of applying for work as a dental hygienist and being asked questions during the interview, not about her professional qualifications, but about her marital status, age, and children. She said,

> I felt, like, disappointed that that was one of the first questions, you know? Why don’t you ask me about my experience, my resume, my skills, you know? Because that’s why you’re hiring me for. It just, you know, it made me feel like that gets pushed aside.

All of the women shared stories about how others reacted to the microaggressions they experienced and subthemes included conceptualizing these reactions of others as either supportive or unsupportive. It is interesting to consider that, although participants felt validated and supported when others felt similarly to them regarding the gender microaggressions, these *supportive* reactions did not necessarily serve to address the issue of microaggressions or confront the aggressor. For example, Participant #1 shared a story about an office in which she worked where there were two dentists who were a father and son, and the father committed a verbal microaggression against her. Regarding the younger dentist's reaction to what his father had said to her, she stated, "He was very embarrassed about how his dad had talked to me." In an example of an unsupportive reaction by others, Participant #2 stated that after experiencing a gender microaggression from one of her patients, she dismissed the patient. She said, "But this dentist was really upset at me for not, for refusing to treat him. Yeah, he didn't support me. He was mad at me. He was angry with me."

Women reported having reactions in the moment the gender microaggression took place, as well as reactions later and present thoughts about how they might have reacted differently. Participant #1 recalled, "Um, so I definitely had an immediate, uh, I'll say flood of anger, you know? And then my next thought was that it was just unacceptable." In this scenario, the participant also acknowledged her reaction to this incident at a later time. She said, "I probably did what was asked of me. But I also gave my notice. So, that was my way of voicing my 'no way am I doing this with dad on every Tuesday.'" Participant #6 shared how awkward she felt not knowing how to respond to a patient telling her offensive jokes. She said, "It was awkward because, I mean, our office is somewhat open, you know? And I always question like, okay, how do I respond? Do I laugh? Uh, do I, you know? But it's always like, that nervous giggle." She

also shared her present thoughts on this experience, saying,

> Yeah, I get a little, you know, the more I talk about it I get a little irritated, you know, and I certainly, leading up to, you know, a week or two before and I see his name in the schedule and I'm like, (groans) here we go, that's the way I get to end my day, you know what I mean?

When reflecting on how they would handle similar situations differently if they occurred again, the participants offered several thoughts. Participant #3, who experienced a gender microaggression which involved her dentist employer touching her belly when she was pregnant, stated,

> Today, I know I would tell him "Stop!" you know I'm not comfortable with this and, you know, stop him so I didn't have to run around holding an assistant's hand keeping people with me to avoid him. I would just politely say. "I'm not comfortable with this. Please don't do it again."

Participant #4 also speculated on how she might handle a similar gender microaggression differently in the present. She said,

> I don't think I'd say something right then and there on the defense, but I, maybe what I'm thinking now is, I could do, is go to him privately and say, "I think you might have offended some of the women, including myself with those comments, whether it's joking or not, I just wanted to bring that to your attention."

Perceived intention of aggressor. All of the participants shared their perceptions of why the person from whom they received the gender microaggressions aggressed against them. Subthemes included perceptions that the aggression was intended as an insult, as a joke, a sexual advance, or out of ignorance. Some participants believed the aggressions were part of a larger

gender culture or because the aggressor wanted to exert power or control. A few participants believed that the microaggressions were actually intended as positive comments, although they were not necessarily received that way. Participant #7 perceived one gender microaggression as an insult. She stated, “I knew it was a definite, it was an insult. He dropped it there expecting me to pick it up because he threw a little tantrum because he didn’t have gloves.” And, Participant #8 recognized that her dentist employer thought he was being nice when he told her she looked good for having three kids. She said, “He truly in his mind probably thought he was giving me a compliment. But just based on our history with him, working with him as a doctor, women were just on a different level with him.” Participant #4 described her perception of gender microaggressions from her dentist employer as a result of his fondness for control over women. She stated, “And I feel like he didn’t like to hire male staff members because, I think he liked the control he felt like he had over women.”

Implicit effects of gender microaggressions. All of the women interviewed described some situations in which gender microaggressions had implicit consequences to either themselves, the profession of dental hygiene, dentistry, or society. For example, Participant #2 described her thought about how her own experiences of gender microaggressions in her lifetime has impacted others in her life, such as her daughters. She said, “Now I think, you know, we have, I have…daughters. And they’re grown and all out on their own and I’m sure it had a tremendous influence on how I raised them.” In this context she described how, although her daughters have also been exposed to gender microaggressions, that they are much more aware and vocal than she had been and are less likely to tolerate them than she had been. In another example, Participant #7 described how the dentist’s persistent gender microaggressions against women staff members ultimately had a negative impact on his business. She said: “There was a

huge turnover. Nobody ever stayed more than a year or two and patients would get angry. They'd be in the chair and say, 'well, where's …? I can't believe this. Every time I come here it's somebody different!'"

Consequences for standing up against gender microaggressions. Three women experienced some consequences of standing up against gender microaggressions. Participant #1 described her experience of standing up to continued gender microaggressions from the Board of Dental Examiners toward dental hygienists. She said that one day she decided to record the meeting with her phone. She said,

> I had to have the ovaries to do that and they were clearly not happy that I did it and I still to this day have a bull's eye on my back. Can you see it (laughs)? But again, that's partly who I am. And when I feel it's the right thing to do for all, I was willing to be the one who said, yeah, I'll just put my phone there.

Participant #2 described a situation in which her dentist employer was upset with her because she refused to treat a patient who had delivered a gender microaggression toward her. She said, "This dentist was really upset at me for not, for refusing to treat him."

Microaggressions against others. All eight participants described microaggressions against others. An interesting interpretation from these descriptions was not only the microaggressions they described, but the way in which they told the stories. The women's demeanors appeared to change when discussing this topic. They became less articulate and their use of phrases such as *um, I don't know, you know, and kind of* increased when relaying these experiences. There were more smiles, nervous laughs, and long pauses when considering ways in which they may have aggressed against others. It appeared from their verbal and non-verbal language that they were uncomfortable disclosing these stories. Interestingly, some women used

the same coping mechanism of joking or making light of the situation that they would use when they shared stories of how they had been aggressed against. A couple of women clearly felt guilty about their microaggressions toward others, verbalizing this and/or using non-verbal body language such as hunched shoulders and guilty looking facial expressions.

Participant #3 shared her thoughts about how she has committed gender microaggressions against others in the form of jokes. She said,

> I have said things about, I'm sure I have, like that's a totally blonde thing to do, you know? I've said that, you know, I know I've said that, you know, I was so blonde in the moment, kind of thing. Maybe not to someone but to myself, like saying that in front of someone, oh my God I can't believe I did such a blonde thing! And sometimes it's like a blonde in front of me and I'm like, oh God! You're from a bottle, though right? (laughs) You know, or that kind of thing.

When asked about gender microaggressions she had committed against others, Participant #8 replied,

> So, what comes to mind, and it's embarrassing actually, I made an assumption that in an office that had two periodontists that we were referring a patient to were both male. And I referred to this one doctor as a *he* when in fact it is a *she*.

Further Interpretations of Superordinate Themes

In addition to the Emergent Themes, other, more abstract, shared ideas became apparent across some of the participants' stories. These ideas seemed less tangible and less comprehensive to the participants, but inspired thought regarding common concepts about the everyday lives of these women. These further interpretations are offered here.

Strategize and legitimatize. An interesting concept that became evident with four participants was a feeling that women need to strategize to get what they want or need. Participant #1 shared her thoughts about gender differences between men and women and that women have not been socialized to ask for what they need. She said,

> And I think it's just fascinating to see the men who have learned to navigate the corporate world and they are skilled at it. And I see a lot of women need, um, they have a lot of atrophied muscles they need to strengthen to get better at that.

Participant #2 also implied that she has had experiences in which she has been unable to get what she needed directly and had to seek an indirect way to get it. She said, "Right, that's what I'm looking at. That equality in that relationship. And I know I can't always get it directly. I have to sometimes snake around it, but, yeah, that's what I'm looking for."

Participant #8 also described a scenario in which she felt that, because she is a woman, she needed to strategize to get what she needed. She shared the following story about her relationship with an employer who she believed did not value women or their ability to act responsibly. She described a co-worker who shared a strategy with her about what to say to the dentist if she needed to take any time off. She said the co-worker told her,

> If you ever need time off and he gives you a hard time about it, just tell him that your husband really needs you to take the day off, that your husband can't get away from work or your husband really needs you home and that he, he'll be fine with it.

She goes on to describe using this strategy when she needed time off. She said,

> And I had to do that once because my daughter was having her tonsils and adenoids out and um, I needed a day to take her for pre-op testing so I had asked him for the time off for the day of the surgery. So, I had asked him for the time off for her day of the surgery

> which he had said yes to, not realizing that we had to do pre-op blood work and everything the day before. And when I found out about that, he said um, no, we have patients scheduled and I said, I did, I played the husband card (laughs)! And I said well I'm, you know, my husband really needs me to do this, you know? And he said okay.

This idea of having to *snake around* or strategize to somehow legitimize what a woman needs or find the closest thing to equality in a man's world seems to relate to the gender microaggression literature regarding women feeling less than or not valued because of their gender. In the literature, Eliason (2017) describes the challenge of women-dominated professions such as nursing to be perceived by others as legitimate professions instead of being viewed as 'physician handmaidens' or 'physician extenders.' (p. 1). Participant #7 described her feelings regarding the need to invite men into the dental hygiene profession in order for the public to take it more seriously. Is this a microaggression in itself? What does it say about women and the field of dental hygiene if they need to bring in men to rescue them from twentieth century sexism still embedded in the current professional field of dental hygiene? Participant #7 shared the following:

> And so I welcome men, males to be in our profession. I think that would make, have our profession looked at more seriously by people who look at this as just a little girly woman's profession. I wish I had the thought to bring this postcard my sister in law sent to me years ago. I'll have to think to copy it and send it to you. It's a postcard with an old advertisment with a dental hygienist with a little bit of cleavage showing. It's a tiparillo, something about my hygienist recommends a tiparillo. Maybe she'll come over and, um, light me up sometime, or something like that. It was a bona fide tiparillo cigar commercial. And, I don't know, probably it was 60's. So decades later, we're

> moved on from that but I think there's still, I guess you can call it a stigma. It's just little ole [*sic*] girls' profession and you go into it until you get married and have kids and, you know, that's it. It's so far removed from that now. But, I think in the minds of some it still is that. Cuz [*sic*] we still have students, we have them write an essay when they come in, why I want to be a dental hygienist, and we're still like, where does this come from? I can make my own hours? That is so old. It's like whoa! What world was that in? You used to hear that like with the mothers who were hygienists back in the 50s and 60s. They would have a little part time job.

Gender microaggressions against the field of dental hygiene. Some participants appeared to recognize that there are likely embedded gender microaggression within the field of dental hygiene, while others offered some evidence of this in their experiences, even if they did not explicitly verbalize this concept. For example, several participants alluded to the importance of maintaining professionalism with dentists and patients despite the unprofessional and often aggressive behavior they experienced from them. Participant #1 described, with an evident sense of pride, the degree of professionalism she displayed even after she had experienced repeated microaggressions from a former employer and gave him her notice that she was leaving her position. She said,

> I told him I wouldn't leave him in the lurch. I would cover the boys and girls club in … if they wanted me to. … said that's very professional…. I said of course I'm gonna do that. I said I've been working with you side-by-side. Until you get somebody else.

Participant #2 described the following thoughts she had regarding how gender microaggressions are maintained within the profession of dental hygiene by actions of dental hygienists who simply abide by the gender culture in the workplace without question. She cited

experiences in the ways in which gender microaggressions she experienced working as a dental hygienist impacted her ability to make independent decisions. She stated, “I think having had those aggressions, it affects how your decision making, you know? You’re not seeking, you’re not really able to… access your own power. You acquiesce.”

Participant #3 shared an experience in which she was at a regional meeting and witnessed an awards ceremony in which a dental hygienist was being recognized for an achievement. However, she felt that the dignitary from the American Dental Hygienists’ Association (ADHA) who was recognizing this hygienist was generally not supportive of change within the dental hygiene profession. She seems to imply that there is a microaggression here in terms rewarding hygienists for maintaining the status quo and not making waves. Participant #3 said,

> And she went on to tell us at that same award presentation, the … Dental Association brought in a, uh, dignitary from ADHA who spoke on squelching hygienists and squelching any practice acts that might come up or any legislation to advance the profession of dental hygiene. They said that in front of her. And I said well, she was unphased by it. She was just happy to get her recognition, her award for being one of the “girls” and they had this at the very same meeting she’s sitting there being acknowledged. Squelching the hygiene profession and any advancement in it. And I’m like, there’s a disconnect here.

Is this inherent or is it a socially constructed element of what makes a *good* hygienist according to the male dentists who employ women dental hygienists? Is a *successful* hygienist one who is always professional, always treats the doctor as the authority, doesn’t question the dentist, does not make waves, and puts up with gender microaggressions within the field of dental hygiene and personally as well? It would appear that the qualities that help hygienists

succeed may also contribute to maintaining gender microaggressions within the field.

In the literature, Adams (2003) suggests that the "feminine abilities and skills" (p. 281) of dental hygienists, such as their caring nature, delicate touch, and patience, initially branded women as good candidates for jobs subservient to male dentists. Adams (2003) suggests that the feminine quality of dental hygienists' "emphasis on caring, communication, and collaboration" (p. 282) are assets for women in the field. Participant #8 shared the following thoughts on how women tend to have social qualities that serve as assets to them in their professions as dental hygienists and attributes similar social qualities to another successful hygienist she knew who was a man:

> And I think it was somewhat embarrassing to be the only guy in the program and maybe similarly to how, you know, male nurses are often mistaken for the doctor. But, um, why it's female only I, at least for him I think, he didn't want the responsibility of being a dentist but then also felt like people would judge him like he had failed at being a dentist and so, is it worth being a hygienist? I do also think that hygienists do tend to be more, not emotional, but can connect with their patients beyond teeth. And beyond their mouths. Um, and I think that men seem to have a harder time with that. I see that just with the dentists I work with that are very focused on the teeth and they do great work and they'll tell the, answer all the questions, but that emotional connection isn't always there. And um, I know for me, I, that's one of the things I love the most about my job is the connections with my patients. It's probably a need that I need fulfilled as well as the patient needs and maybe that's, you know, men have other needs. And maybe they can't fulfill the patient's needs like that. So, I don't know. I've often thought about this. Why are there so many women and not very many men? And of those men, hmmm, so, there

> was always an assumption with this one man that his sexual orientation was that he was gay. That for some reason you know, why he, why would he be a straight hygienist? Right? He's not gay. But does he have some flamboyant, um, behaviors or dress, you know, dressed like that role? I think for a lot of people that's how they identified him. And he probably is a more emotional man and sensitive man than other men. And so therefore for that role, he can fulfill that role.

When asked to clarify if she thought women generally have an ability to connect more with people on an emotional or personal level than men do and if that is an asset for a dental hygienist, she replied with the following:

> Yeah, I think so. And I think, you know, hygienists that I've met that have not enjoyed their jobs and are not successful and have issues with their dentists or employers or patients are the ones that don't connect very well. That really just look at it as a paycheck, and, you know, I get in, I clean teeth, I get out. No chit-chat. They struggle. You know patients don't want to see them. They complain. The dentists aren't happy with the outcome.

Regarding the male hygienist she knew, she said, "and with this one male hygienist that, um, that, you know, that he had this asset too. Even though he was a man he still had this ability to connect and that was an asset for him as a dental hygienist."

Furthermore, some women recognized the maintenance of gender microaggressions against the field of dental hygiene as a consequence of the power of the dental board, which has traditionally been made up of male dentists. The rules, regulations, and pay scales for dental hygienists have been created by the male dentists who employed them. Participant #1 described her hope that dental hygienists would someday have their own governing board and shared the

following regarding her experience of the dental board which currently regulates dental hygienists:

> We had tried to break apart the dental hygiene, the dental hygiene part of the business and have our own board and regulate ourselves. That was the goal. And they were clinging to us for the money from our licenses like you wouldn't believe. And, so, there was a, one dentist in particular who has that same, you know, I'll tell you what, I'm sure he talked to his staff like "missy" and "you do this."

Similarly, Participant #2 shared her thoughts on how gender microaggressions against the field of dental hygiene has been maintained. She said: "On a macro, on a large-scale level, in terms of the power that dentists, because they have held to power. They've held the power. They have the power. They're on the board, the boards that have all the power." Participant #6 also seemed to recognize the power that men have had over the field of dental hygiene in her comment about the reality of searching for, but not finding equality. She said, "Because, I mean we're trying to be about equality, but we do still work in a man's world."

These women's stories seem to correspond with the literature about women working in health care fields traditionally being in subservient roles to men who have traditionally been in the roles of doctor or other authoritative figures. As these women told their stories, it was evident that several participants recognized the oppressive nature and powerlessness they felt because of these embedded gender microaggressions in their chosen profession. Some women may exhibit qualities that help them be successful in their work as dental hygienists. However, those same qualities may keep them in subservient positions to male employers.

Additionally, the demographics of dentistry continue to change and more women are becoming dentists. How is this changing the landscape of gender microaggressions within the

field of dental hygiene? Some participants expressed concerns about gender microaggressions from women dentists who employed them, and the literature supports the concept that women also commit microaggressions against other women. The scope of this current research did not explore the idea that women who become dentists may have different qualities than women who are successful as dental hygienists. However, some participants in this study appeared to have a sense that women who were dentists were separate from them in some way, *the other*, if you will, and still had the potential to inflict gender microaggressions on them.

Support of others as maintenance of gender microaggressions. Reactions of others often seemed supportive and validating to the women experiencing the microaggressions in the study. Yet the women's stories of others' reactions did not include indications that others did anything to interrupt the pattern of microaggressions. In fact, one might argue that some reactions of others were actually gender microaggressions themselves. Sue (2010a) suggests that some forms of modern sexism can be described as *benevolent sexism* which includes a paternalistic desire to "protect the weaker sex" (p. 168). Sue (2010a) suggests that this form of sexism can be just as controlling of and harmful to women.

Several participants described experiences of gender microaggressions which were then compounded by the reactions of other men who the women perceived were intending to be supportive or helpful to them. For example, Participant #3 shared a story in which a former dentist employer dismissed one of her patients when he overheard the patient making gender aggressive comments to her. She said, "And, um, and then when the dentist came, again it was kind of like, *the rescue*, but I didn't look at it bad at the time. I was relieved." She seems to imply here that at the time of the incident she did not recognize this support from her dentist as a gender microaggression, and in fact she implied that she welcomed his intervention.

Participant #6 described an incident in which she told her husband when a former dentist employer would invite the women in the office to stay after work to have drinks with him. Her story seems to relate to the literature on the more subtle sexism of present times in that her husband appeared to exhibit control with a perceived intention of protecting his wife. Another *rescue* if you will. Participant #6 shared the following: "My husband: absolutely you are not staying after work with your male boss and, whether it's you or two other females, because that just opens, opens a Pandora's box. It just opens up, uh, some not so good situations that could come of that." She goes on to describe her decision to leave her job after speaking with her husband. She implies that his support in encouraging her to leave because of the gender microaggressions she was experiencing at work felt positive to her and she appeared unaware of the gender microaggression in his unwillingness to tolerate the thought of his wife staying after work to have a drink with her boss. Participant #6 stated:

> Well definitely after talking with my husband cuz [*sic*] you know, as things, as I was telling him the couple of things, the few things I shared with you, he's, you know, he says this isn't an okay environement for you to be in, you know? He says you've been there for such a short amount of time. You stay with him, you know, five to ten years, what kind of, you know, things is he gonna say, you know ? And so, then I realized, yeah, this is not the environment I want to be in, you know? It doesn't matter what, what he's gonna offer me if I say I'm gonna leave.

In other examples, participants described the reactions of others as supportive or validating, even though no actions were taken to stand up to the aggressors. For example, Participant #5 described how the women in her office were supportive of each other regarding the gender microaggressions they received by laughing about their experiences. She said,

> Oh, I think, I don't, we never talked about it, but I mean, they all sort of laughed and giggled and, you know, like, oh yeah, *ha ha*, you know? But I don't know, I didn't know them well enough to say what'd you think of that?

She seemed to imply some ambiguity here. Her experiences were validated by peers but there is a sense that she wished more had been done to remedy the situation.

In the literature, Calder-Dawe and Gavey (2016) suggest that women may minimize the everyday sexism they experience because of fear of being stereotyped as someone who submits trivial and unreasonable complaints in order to emphasize idealized convictions. This makes it difficult to challenge sexism and the social structures and institutions that maintain gender inequalities (Calder-Dawe & Gavey, 2016). Women learn from a young age that voicing their experiences of sexism, whether in the form of gender microaggressions or macroaggressions, such as sexual assault, can lead to consequences such as denial or ridicule by others and may not result in any resolution or justice (Bates, 2016). Thus, it may be that women seek support from others who quietly validate their experiences and, like them, will not make waves that might result in dangerous consequences.

It is interesting to think about this concept of support and validation from others when women experience gender microaggressions. Although this appeared to be a necessary coping mechanism and a protective factor for women experiencing these aggressions, it cannot be ignored that this does not address the issue of sexism and in some instances may actually maintain opression through lack of action and further microaggressions. Not only do these *supportive* interventions from others fail to directly address the microaggression with the aggressor to let them know it is not appreciated and is unacceptable, but may also provide an example to anyone who has witnessed the microaggression that women are okay with it or that

the socially acceptable thing to do is to continue to be quiet about it.

Evolution of reactions and thoughts about gender microaggressions. Women in the study shared stories of their reactions to gender microaggressions in their lives, and for many of them it was evident that their thoughts and reactions evolved over time. Most of the participants described tolerating gender microaggressions early in their careers and attributed this tolerance to being young or lacking experience. Their stories suggested that their attitudes about gender microaggressions changed over time. When Participant #7 was asked if she might respond differently now to a similar gender microaggression that she experienced in the past, she replied: "Oh yeah! I'm older and wiser. Yeah, I would have said something to him. I would have taken him aside or, can I talk to you? I would be perfectly comfortable now, but certainly not in my 20's. I would have been 22, 23, 24." Participant #3 also said that she would react differently now to a similar microaggression she experienced in the past. She said, "If I saw him today, because I'm much older now and have more experience, if it happened today, I'd act differently." She went on to say,

> Today, I know I would tell him 'Stop,' you know, I'm not comfortable with this and, you know, stop him so I didn't have to run around holding an assistant's hand keeping people with me to avoid him. I would just politely say, 'I'm not comfortable with this. Please don't do it again.'

Some women clearly had thoughts about how they would like to react differently today if they experienced similar gender microaggressions as in the past; however, they were not convinced they would have the confidence to say something to the aggressor in the moment. For example, Participant #4 shared her thoughts about how she would like to react differently if she was exposed to a similar gender microaggression today. She said, "Oh, That's a good question! I'd love to say

I would, I just, I just don't know." She went on to speculate about how she would like to handle a similar situation:

> I don't think I'd say something right then and there on the defense, but I, maybe, what I'm thinking now is, I could do, is go to him privately and say, "I think you might have offended some of the women, including myself with those comments whether it's joking or not. I just wanted to bring that to your attention.

Although lacking confidence that she would be able to react differently in the moment now, her story implies an evolution in thinking about gender microaggressions.

Summary of Themes

Women in this study shared their stories related to their experiences of gender microaggressions. Common themes included the ways in which they experienced verbal put downs and nonverbal microaggressive behaviors in the form of sexual innuendos, comments about physical appearance, and assumptions about gender roles. More idiosyncratic themes included physical touch and inappropriate jokes. The women described experiences both with and without witnesses. Some women experienced gender microaggressions not only from their dentist employers but from others including patients and other women. Some women reported feelings of ambiguity about whether or not an experience could be considered a gender microaggression.

All of the women described some similar forms of coping mechanisms, including interacting with other women, creating reasons or rationales for tolerating gender microaggressions, and either maintaining or changing their behaviors in response to the microaggressions. The participants also shared their thoughts on gender microaggressions related to gender differences, social issues, change, power, personal growth, and specifically related to

the field of dental hygiene. Reactions to the gender microaggressions and feelings related to their experiences varied. Some women simply tolerated the aggressions, while a few stood up for themselves. Their reactions evolved over time, with some women responding differently after some time had passed. Women described many emotional reactions including feeling abused, degraded, dehumanized, disrespected, fearful, and hurt. Some of these feelings were significant and long-lasting.

Women also described what they perceived were the intentions of the aggressors. All of the women described what they perceived as intentions related to power or control, and some believed intentions included sexual advances, insults, or jokes, or that the microaggressions were because of ignorance or simply due to a gender culture. Women also described implicit effects of gender microaggressions, consequences for standing up against gender microaggressions, and their experiences of microaggressions they have committed against others.

There were also other interpretations to be inferred from the participants' stories of gender microaggressions, including the feeling that women need to strategize in order to get what they want or need, a feeling that there is a need to legitimize the field of dental hygiene, and a recognition of some participants that there are likely embedded gender microaggression within the field of dental hygiene. Another interpretation was the concept that, although women often felt supported and validated when others recognized gender microaggressions as negative, this may in fact serve to maintain this phenomenon as an expected part of societal norms. Additionally, there appeared to be an evolution of reactions and thoughts about gender microaggressions across time. In the following section, the above themes will be explored further and integrated with the existing literature on gender microaggressions.

Discussion

This qualitative study explored women's lived experiences of gender microaggressions and sought answers to the following questions: What are women's subjective experiences of gender microaggressions in American society? What are common themes found among women's reported experiences of gender microaggressions? What are the discrepancies in their themes; and what can women's reported experiences of gender microaggressions tell us about (a) women's perceptions of microaggressions' effects, (b) how women respond to microaggressions, (c) what actions they choose and why? In this section, common themes found in the study's analysis that answer the research questions are discussed in relation to the existing literature. Furthermore, participants' experiences of the phenomenon of gender microaggressions are discussed in the context of how this problem is maintained in society and specifically within the field of dental hygiene.

Women's Experiences of Gender Microaggressions: Common and Discrepant Themes

In response to the first research question regarding *women's subjective experiences of gender microaggressions and common and discrepant themes,* this study found that most women experienced gender microaggressions in the form of verbal put downs, comments on physical appearance, sexual innuendos, non-verbal microaggressions, experiences of gender microaggressions at a systemic or institutional level, and inappropriate jokes. More idiosyncratic themes included (a) experiences of gender microaggressions in the form of physical touch, (b) assumptions about gender roles, and (c) generalization of gender.

The ways in which women in this study experienced gender microaggressions are generally consistent with the existing literature regarding themes of gender microaggressions. Sue (2010a) describes gender microaggression themes in the literature, including: "Sexual

Objectification, Second-Class Citizenship, Use of Sexist Language, Assumptions of Inferiority, Denial of the Reality of Sexism, Traditional Gender Role Assumptions, Invisibility, Denial of Individual Sexism, and Sexist Jokes" (p. 169). Women in the current study shared common stories of their experiences related to sexual objectification (comments on physical appearance and sexual innuendos), sexist jokes (inappropriate jokes), traditional gender role assumptions (assumptions about gender roles), assumptions of inferiority (physical touch), and second-class citizenship (generalization of gender).

Women in this current study did not explicitly speak to Sue's (2010a) report of the gender microaggression themes of invisibility, denial of the reality of sexism, or denial of individual sexism. Participants' stories might have implied passive denial of sexism when they were discussing their perceived intentions of their aggressors; women who perceived the intentions of aggressors as positive, joking, or committed out of ignorance appeared to imply that the aggressor did not know they were being offensive. However, since none of the women shared stories in which they had confronted the aggressor, evidence that the aggressor actively denied that his or her behaviors were sexist did not appear in their experiences.

Findings from this current study indicated not only *what* gender microaggressions were experienced, but *who* committed them. All participants described gender microaggressions committed by their dentist employers, and some also described experiences of gender microaggressions from their male patients and from other women. Bates (2016) suggests sexism is not only perpetrated against women by men but that other women often direct sexist comments to other women or maintain sexist environments through passive denial.

The women in this study reported gender microaggressions both with and without witnesses. Bates (2016) describes sexism as "an invisible problem" (p. 15) that often occurs

when there are no witnesses to the offense. Bates stated that unwitnessed sexism often leaves women feeling powerless to mention it to others, for fear of others denying or minimizing the experience. Most women in the current study seemed willing to share their experiences with others who supported or validated their experiences (such as other women or trusted friends and family members), but some women described not telling anyone about experiences of gender microaggressions in which there were no witnesses. Most participants in this study did not confront the aggressor or report the incident to an authority figure.

Why do women choose to not tell others about their experiences or confront their aggressors? In this study, some women appeared to feel a sense of futility when considering their options after experiencing gender microaggressions. For example, Participant #2 shared her thoughts on why women, and particularly dental hygienists, are not more actively involved in taking a stand against gender microaggressions. She implied a sense of futility when she stated, "And, so, it's like, ugh! Damned if we do, damned if we don't." This seems to correspond in some ways with Bates (2016) suggestion that women feel powerless in that they believe nothing would change if they reported the offense or confronted the aggressor. It is possible that women in our society have simply learned to tolerate these aggressions as a form of *learned helplessness* (Maier & Seligman, 1976) in which repeated experiences of unescapable abuse can leave a person feeling as if they have no power to change their situation, so they give up trying.

While Bates (2016) describes the potential consequence of feelings of powerlessness when women experience sexism without anyone to witness the offense, the more relevant question arising from this current study is what does it mean when gender microaggressions are committed with witnesses, and no one reports or confronts the aggressor? Women in this current study reported feeling validated and supported when witnesses recognized the microaggressions

and felt similarly to the victim. This certainly came through as a common coping mechanism for women who experienced gender microaggressions. The women in this study seemed to value their interactions with other women who shared similar thoughts regarding the microaggressions they experienced or witnessed. Although an apparently welcome social interaction, what are the implicit implications of this level of support and validation? Could this form of passive support actually serve to perpetuate this form of oppression by maintaining the status quo? What message does this send to others on a societal level when the socially accepted response to gender microaggressions is to simply validate others feelings and otherwise keep quiet about the offense? Sue (2010a) suggests that microaggressions can "saturate the broader society with cues that signal devaluation of social group identities" (p. 51). When others witness gender microaggressions that are tolerated by the victim, the behavior of the aggressor and the victim are both modelled and potentially repeated, thus maintaining the oppression.

Women in this current study were asked what they thought the intentions were of those who committed gender microaggressions toward them. Their perceptions, are, of course, consequent to their life experiences as women. All participants shared their thoughts about what they perceived were the intentions of the aggressor. Common themes included perceived intention of power or control, part of a gender culture, ignorance, sexual advance, and positive intentions. Idiosyncratic themes regarding the intentions of the aggressor were that they were joking and they insulted the participant. Sue (2010a) suggests that microaggressions are experienced differently by the offender and the offended because both parties have different lived experiences from which they interpret the situation. So, a man may unintentionally direct a microaggression at a woman without understanding why the woman might be offended because the man has never experienced life as a woman. Sue (2010b) also suggests those committing

microaggressions may not consciously be aware of their status of privilege over those in marginalized groups.

When considering the intentions of those who commit microaggressions, it is important to understand that intentions, especially *good* intentions, such as *benevolent sexism* as described by Sue (2010a) or even non maleficent intentions are not excuses for the damage the behaviors inflict on others. And these damages go beyond individual suffering to the boundaries of systemic and societal levels that maintain oppressive systems. When women pardon the behaviors of others who commit gender microaggressions against them on the grounds that the offender did not really mean any harm it likely creates a feedback loop which perpetuates the behaviors. The woman pardons the offense so there are no consequences for the offender, so the offender offends again, and the woman believes there is no harm intended, so no action is taken and the cycle is repeated within individual dynamics as well as on a societal level.

Sue (2010a) suggests that people in marginalized groups (such as women) must often try to understand and predict potential biases of people who have more power than they do in order to survive. Although most of the women in this study seemed to easily assign intentions of their aggressors, some women in this study were unsure of the intent behind the gender microaggressions. These women had to think about the question of why they thought the aggressor behaved the way they did in committing the microaggression. Although Sue (2010a) alludes to the concept that women may have adapted a survival mechanism in which they must understand what men's intentions are, a few of the women in this current study seemed to employ an opposite adaptation: they did not question what was behind the demonstration of power. It is possible that there is some indication of learned helplessness (Maier & Seligman, 1976) as well in this finding, or maybe these women were not so concerned with the intent

behind the aggression as they were with the consequences to their own feelings. This could be relevant to current events related to the #MeToo movement in which intent is deemed irrelevant to the offense and the focus of social change is on the physical and psychological effects of the offense.

Perceived intentions of the aggressors fell into categories of microinsults, microinvalidations, and microassaults as defined by Sue (2010a). Women who perceived the intentions of those who committed gender microaggressions against them as positive, were meant as a joke, or out of ignorance could be considered microinsults. These microaggressions were likely not intended to be offensive, and the women who experienced them appeared to recognize that despite the consequences to them psychologically, the offenders did not mean to harm them.

Microinvalidations are also often unconscious and diminish a person's lived experience in an environmental or societal context (Sue, 2010a). Perceptions that the gender microaggressions were intended as a sexual advance or were a part of a gender culture could be considered microinvalidations. Again, women seemed to recognize that these types of microaggressions were not likely intended to harm them and were an unconscious expression of the aggressor's own lived experiences, but their experiences had an essence of invalidating their experiences as women. It is important to note here that microinsults and microinvalidations may seem trivial or innocent to the offender, but they can still cause significant and ongoing psychological stress for the offended (Sue, 2010a).

Participants who perceived the intentions of the aggressor as a means to exhibit power or control or as a direct insult likely fell victim to microassaults. This form of microaggression is often conscious and deliberately meant to insult, degrade, or harm. While they tend to be more

blatant than other forms of microaggressions, they can still be delivered in subtle ways. When sharing their perceptions of these intentions, women in this study felt that these microaggressions came from people in authority and were deliberately meant to insult them or diminish their own sense of power in these situations.

Women's Responses to Microaggressions: What Actions They Choose and Why

All of the women in the study shared their reactions, responses, and emotions related to their experiences of gender microaggressions. All eight women reported reactions in the moment and thoughts about how they might handle a similar situation differently now. Most of the women described reactions that occurred over time after their initial experiences of the gender microaggressions. All of the women shared their perception of others' reactions to the microaggressions they witnessed, and shared their feelings and emotions related to their experiences.

The emotions women in this study reported included feeling uncomfortable, stupid, hurt, embarrassed, disgusted, dehumanized, degraded, disrespected or insulted, abused, defensive, shocked or unprepared, fearful, anxious, unsafe, feeling small, unimportant or unnoticed as a person, feeling not good enough, feeling taken advantage of, feeling undervalued as a professional, and feelings of futility. These emotional and psychological consequences appear consistent with the literature related to how experiences of gender microaggressions impact women's mental health. For example, Landrine et al. (1995) suggest that less overt types of sexist discrimination, such as microaggressions, "erode women's physical and mental health" (p. 475). Although women in this study did not report physical health symptoms resulting from their experiences of gender microaggressions, their stories implied a considerable drain on their

mental health, especially for those women who tolerated gender microaggressions over many years.

Furthermore, Nadal and Haynes (2012) suggested that microaggressions can contribute to feelings of "anger, sadness, belittlement, frustrations, and alienation, and that the cumulative nature of these microaggressions therefore may potentially lead to mental health problems, including depression, anxiety, and trauma" (p. 89). Sue (2010a) suggests that microaggressions can cause pain and suffering and have long-term, chronic consequences for the offended. Indeed, one woman in this current study compared her experiences of gender microaggressions to posttraumatic stress. Sue (2010a) also attributes psychological consequences such as "anger, frustration, low self-esteem, and emotional turmoil" (p. 51) to the experiences of microaggressions. It is clear from this current study that gender microaggressions elicited significant emotional responses from the participants, some of which were long lasting and influential for many years. It was evident that many of the women relived some of those emotions while recounting their stories as a part of this research, even though the experiences they shared were not necessarily recent.

All of the women described ways in which they coped with their experiences of gender microaggressions. Common themes included interactions with other women, creating reasons or rationales for tolerating gender microaggressions, and either maintaining or changing their behaviors. Although the literature indicates ways in which women might negatively cope with sexual objectification and internalization of sexual objectification by engaging in substance use, risky sexual behaviors, and disordered eating (Calogero et al., 2005; Carr & Szymanski, 2011; Moradi & Huang, 2008), the current study offered many other ways that women coped with gender microaggressions. A significant protective factor appeared to be women's support of one

another of their experiences of gender microaggressions. Women talked to one another, and took it upon themselves to advocate for and teach others, men, and women. They showed empathy for other women, and even at times for the aggressor committing the microaggressions.

Women also coped by maintaining professional behavior, despite the unprofessional behavior they received from powerful others. It appeared to be a significant source of pride for some women who managed this in the face of aggression. Many women referred to themselves as professional or implied that their professionalism was an important part of who they were as people. Other women shared stories of resilience when talking about how their experiences of gender microaggressions were catalysts for them to make positive changes related to themselves, their attitudes, their careers, and the people with whom they chose to associate.

Some women coped with gender microaggressions by tolerating them with a sense of acceptance about how society is. They may have recognized the microaggressions and did not like them, but made the decision to tolerate them for various reasons. Some women felt stuck in jobs where they experienced gender microaggressions regularly and stayed employed in these environments because they needed the money and felt they had no other options at the time.

Others made light of the situation and laughed about it, not wanting to make a big deal about it, while at the same time, feeling a range of negative emotions around their experiences. Still others feared negative consequences of addressing the gender microaggressions and thus, maintained silence. This phenomenon relates to the suggestion by Calder-Dawe and Gavey (2016) that women likely underrepresent the sexism they experience because they fear being stereotyped as “bitter, self-serving feminists” (p. 1) or viewed as “politically correct crusaders” (p. 1). Women do not want to make waves for fear of consequences. In fact, women in this study reported coping with gender microaggressions in silence or brushing it off because they felt they

would be targeted further by the aggressors. This can make it difficult to challenge everyday sexism (Calder-Dawe & Gavey, 2016). Furthermore, Bates suggests that women are socialized from a young age to avoid voicing their experiences of sexism because talking about it with others or reporting it to authorities can lead to denial, ridicule, and ultimately no justice (Bates, 2016).

All of the women shared thoughts they had about gender microaggressions. They talked about general issues, microaggressions related to the dental hygiene profession, differences between men and women, speculation about treatment if a different gender, change or lack of social change, power or lack of power, and personal growth. All eight women shared microaggressions they have committed against others. The thoughts and stories women shared about gender microaggressions in this study implies at least a general awareness of the everyday sexism described by Bates (2016). Although gender microaggressions are often subtle forms of sexism that may not even be recognized by the offender or even the target (Sue, 2010a), most women in this current study appeared to recognize the overall gender discrimination they experienced in their lives, even if they were unaware of the term *gender microaggression* used in the literature to describe this phenomenon.

Basford et al., 2014 suggest that although blatant sexual discrimination and harassment seem to be declining, gender inequalities in the workplace are still a problem and often manifests in more ambiguous ways. This is evident in some women's experiences in the current study. Women shared their stories of ambiguity related to whether or not an experience could be considered a gender microaggression or whether their experience was more accurately explained by workplace hierarchy. The vagueness in these experiences appeared somewhat distressful to the participants as they were not able to easily categorize some of their experiences. This seemed

to be further complicated by most women's feelings that the profession of dental hygiene is awash with gender microaggressions on the systemic level.

The ambiguity some women experienced when trying to determine if their stories referred specifically to gender microaggressions did not seem to prevent them from feeling a sense of discrimination and marginalization. They felt that something was not right in the way they were treated, even if they could not specifically label the offense as a gender microaggression, or even attribute it to the larger context of sexism. They seemed to feel discriminated against, sometimes without fully understanding why. This vague sense of being a victim of insult, but not knowing quite what to respond to, appears consistent with the invalidating nature of microaggressions as described by Sue (2010a). Despite feeling that something was amiss, the women were not always able to articulate their feelings or how the circumstance contributed to their feelings. This likely serves to further marginalize women because they are unable to understand the situation or talk about it with others, and thus, are less likely to be able to confront the aggressor or the factors on a societal level that maintain gender power differentials.

Some participants appeared to recognize that there are likely embedded gender microaggressions within the field of dental hygiene, while others offered some evidence of this in their experiences, even if they did not explicitly verbalize this concept. These women were quite aware of the gendered roles in dentistry, where the profession of dental hygiene is dominated by women and still more than half of the employer dentists are men. Several women were also aware of the institutional structure of the governing board for dental hygienists on which male dentists have traditionally made up the majority. For these women, feelings of resentment and anger were evident in their stories related to gender microaggressions they have

felt on a systemic level in their careers. For example, one woman described her frustration when she figured out early in her career that her value as a dental hygienist was determined by a group of dentists who decided wages for hygienists in a region. Another woman described her resentment when she felt the dental board took credit for a program that she said was initiated, set up, and run by a group of dental hygienists.

The literature appears to support this systemic gender bias in the health professions. Adams (2010) suggests that health professions have seen gender inequality in the division of labor, with medicine and dentistry being "strongly male dominated" (p. 454). Adams (2003) also suggests that these health professions dominated by men have orchestrated systems by which to limit professions dominated by women, such as nursing and the field of dental hygiene, by using gender disparities to restrict women's professional work to positions of subordination. Several of the women in this current study reported feeling as if they were subordinate to their employing dentists and associated this feeling with feelings of disrespect and feeling undervalued as a professional. Women reported striving for many years for some sense of gender equality and respect for their professional identities, only to be met over and over again with gender microaggressions that continued to keep them from achieving feelings of satisfaction regarding parity.

The field of dental hygiene reinforces an environment of gender microaggressions by valuing qualities stereotypical of women. Adams (2003) suggests that the "feminine abilities and skills" (p. 281) of dental hygienists, such as their caring nature, delicate touch, and patience, that initially grouped women into jobs subservient to male dentists, can be a potential asset to gaining professional status and autonomy today. However, women in this current study, although they might agree that these abilities and skills are assets to their work, also value other facets of their

professional identities, such as their technical skills, education, and knowledge of critical aspects of patient care such as infection control, oral anatomy, and oral pathology. Just as sexual objectification diminishes a woman's value to certain aspects of physical attributes and what pleasure they can offer others, stereotyping dental hygienists' abilities and skills as caring, patient, and delicate minimizes or obfuscates the scope of their professional competence and achievements, thereby reinforcing the gender inequality and oppression within the field.

Adams (2003) further suggests that the feminine quality of dental hygienists' "emphasis on caring, communication, and collaboration" (p. 282) have "been identified as a foundation for professional knowledge, research, and autonomy" (p. 282). This may be true; however, because of the hierarchy of the dental setting, the extent to which hygienists' knowledge, research, and autonomy are recognized and embraced depends upon the degree to which the profession's governing board allows. Women in this study shared stories of their feelings about the board suppressing the voices of dental hygienists who want to change the traditional systemic structure of their profession in order to achieve greater autonomy. Furthermore, similar to Grossman's (2016) suggestion that dress and grooming codes highlight gender differences instead of credentials or job skills and serves to "perpetuate existing gender hierarchies" (p. 31), the concept of stereotyping women's qualities creates a message that knowledge and training are not what is valued in a dental hygienist's skills and perpetuates the model that a woman's skills are not as valuable as their male counterparts.

Several women in this current study also expressed the need for the profession of dental hygiene to catch up with the nursing field in terms of gender diversity and equality. Their feelings that gender microaggressions embedded within the field of dental hygiene can be seen as similar to those faced by women in the nursing field. In the literature, Ortega and Walsh (2014)

outline the challenges faced by women in the professions of nursing and dental hygiene, suggesting that nurses and dental hygienists both struggle with achieving autonomy from physicians and dentists. However, the field of nursing has accomplished much in terms of legitimizing their field as distinct from other professionals, such as doctors (Ortega and Walsh, 2014). Some of the dental hygienists in this current study felt that hygienists are still limited to positions of supporting the dentist instead of being recognized as primary care providers. These women expressed the sentiment that, because of the traditional hierarchical structure of the dental field, their roles as dental hygienists are maintained as subservient to the dentists. This appeared to intersect with years of experiences of gender microaggressions in their careers and other life domains, such that they associated the roles of the male dentists and female hygienists as a continuation of the societal dynamic of men in power and women as subordinates. Some women expressed the desire for this structure within the dental field to change so that dental hygienists could have their own governing board and begin to establish dental hygiene as an independent field of practice.

Another interesting concept that became evident with four participants in this study was a feeling that women need to strategize to get what they want or need. This included the idea that a strategy must be employed in order to legitimize the field of dental hygiene. In the literature, Eliason (2017) describes the challenge of women-dominated professions such as nursing to become viewed as "'legitimate' and autonomous professions rather than seen as 'physician handmaidens' or 'physician extenders' (p. 1). One woman in this current study described her thought that in order for the field of dental hygiene to shed its stereotype of being a part time job for uneducated, non-professional girls, it would need to attract men to the profession to legitimize it. Her concept, despite the likelihood that it embodies a gender microaggression in

itself (men are needed to help the women), is similar to the strategy used by the nursing profession to move the field forward to one that is distinct from physicians and other health professionals. Eliason stated that nursing utilizes affirmative action strategies to recruit more men into the profession.

Effects of and Responses to Gender Microaggressions

The last research question asked what can women's reported experiences of gender microaggressions tell us about (a) women's perceptions of microaggressions' effects, (b) how women respond to microaggressions, and (c) what actions they choose and why? In this study, women reported various perceptions of the effects of gender microaggressions. All of the participants told stories of their perceptions of the negative impact their experiences had on them in the moments the microaggressions occurred as well as the ripple effect of the microaggressions after the fact and, at times, for many years afterward. The women told these stories as if the experiences just occurred, despite the fact that some experiences were from many years ago. Although it appears that most of the women from this study were eventually able to remove themselves from the work environments in which they experienced the gender microaggressions that bothered them, for many women it took time before they felt as if they were able to leave these jobs. It was clear in the interviews with several women that they still experienced anxiety, anger, frustration, and feelings of futility regarding their past experiences.

Many women shared their perceptions about how their own experiences compare to their children's current experiences of gender microaggressions and expressed hope that they will be able to guide their children through the continual influences of present-day gender microaggressions. This is a valuable awareness, especially for those women with younger children, considering the literature regarding the early age at which children begin to witness and

exhibit gender microaggressions, and the serious, long-lasting effects these aggressions can have on children (Gartner and Sterzing, 2016; Nadal & Haynes, 2012; Walsh, Galea, & Koenen, 2012). The women in this study who talked about their children appeared to recognize that their perceptions of their own experiences can greatly influence their children's experiences and the way their children respond to gender microaggressions.

In addition to the women's perceptions of how gender microaggressions affect their personal lives and ways of being in the world, there appeared to be a common recognition among the women of the effects of gender microaggressions on a societal or institutional level. Many were aware of the effects gender microaggressions have had, and continue to have, on their career choices and on the dental hygiene profession. Nadal and Haynes (2012) suggest that gender microaggressions can influence women's academic and career choices and maintain disparities in education, and economic status between women and men. A couple of women in this study talked specifically about their choices to become dental hygienists and the ways in which they felt they were limited to certain academic and career paths because they were women. Participant #3 shared her story of her advisor in high school asking her if she wanted to be a teacher or a nurse. She remembers not wanting to be either of those and compromised with a career in dental hygiene, which was also socially acceptable at the time. Participant #2 also shared her story of her chosen career as a dental hygienist being limited by her husband's much higher income, which dictated where the family lived and how she was able to practice. Participant #2 also talked about her traditional gender role as a child bearer and caretaker of their children, which limited her capacity in her chosen career as a dental hygienist. This appears consistent with Nadal and Haynes report that gender microaggressions in the form of gender stereotypes are expressed through societal, social, and familial relationships and can lead to

reduced academic and career self-concepts in girls and women.

Regarding women's responses to microaggressions and what actions they take and why, this study revealed that women tend to react passively to gender microaggressions in the moment, and some may take more direct actions at a later time. One woman summed up this concept by saying,

> That's what I've noticed. I'm a digestor. I don't eat fast. I don't tend to react quickly. I think about it. I prefer thinking about it. Or write in my journal, or my, what do I really want to get out of this? (Participant #1).

This woman also believed that many women share this phenomenon of needing some time to think about situations before they react. Regarding women's reactions to gender microaggressions, she said, "women typically digest it for a while first" (Participant #1). Women in this study also experienced some ambiguity related to gender microaggressions and were not always sure how to react to these situations. This would appear to be consistent with the literature regarding the insidious nature of microaggressions that are often either so subtle or are disguised as compliments that women are left without a clear understanding of how they should feel or react. Sue (2010a) suggests that microaggressions can be vague and are sometimes not recognized by the offended or the offender as sexist. Furthermore, Basford, Offermann, and Behrend (2014) indicated that sexism often manifests in more subtle, ambiguous ways. Despite the off-handed and often ambiguous nature of gender microaggressions, they can cause considerable pain and suffering to the target of such messages, and the adverse effects can have long-term, chronic consequences (Sue, 2010a).

Implications

Findings from the current study of women's lived experiences of gender

microaggressions offer some support for the existing literature on this phenomenon. Women in this study shared their experiences of how gender microaggressions affected them, others involved in the experiences, as well as the profession of dental hygiene, which is a field dominated by women. Although any group can be the target of microaggressions, the issue of power versus marginalization is the essential element in considering the psychosocial impact of these insults. Of all genders, men maintain dominance in American society, with women having less power economically, politically, and socially and are more likely to suffer from issues of powerlessness (APA, 2007).

The emotional distress that women in this study reported were significant and included feeling uncomfortable, stupid, hurt, embarrassed, disgusted, dehumanized, degraded, disrespected or insulted, abused, defensive, shocked or unprepared, fearful, anxious, unsafe, feeling small, unimportant or unnoticed as a person, feeling not good enough, feeling taken advantage of, feeling undervalued as a professional, and feelings of futility. Although women in this study reported often sharing their experiences with others, there were some instances in which they did not tell anyone about the gender microaggressions they experienced. Indeed, some women experienced ambiguity about how they should feel or react to situations involving gender microaggressions and did not feel they were worthy of sharing with others, let alone confronting the aggressor or reporting the offense to an authority figure. This might have serious implications regarding the maintenance and perpetuation of gender microaggressions. As long as women are socialized to keep quiet about their experiences or brush them off as insignificant, microaggressions are likely to continue.

Clearly, the women in this study who reported significant emotional and logistical consequences of gender microaggressions did not feel as though their experiences were

insignificant. However, they appeared to believe that they would not be considered significant enough to others and so often responded passively in the moment. The literature suggests gender microaggressions may influence women's mental health and women in this current study reported significant emotional consequences of their experiences, some long-lasting. This has important implications regarding mental health care for women.

Women may present for mental health care for any number of reasons. Understanding the ways in which women experience gender microaggressions is an important part of conceptualizing these cases. This current study offers an overview of the ways in which women think and feel about their experiences of gender microaggressions as well as the effects these aggressions have had in their lives. Considering the literature on the likely prevalence of gender microaggressions against women and the findings of this study, clinicians working with women must consider their individual experiences and how the potential effects of gender microaggressions may have influenced their mental health.

Women who encounter gender microaggressions may internalize their experiences, which may lead to diminished sense of control, self-esteem, self-worth, and general well-being (Sue, 2010a). Furthermore, this current study supports the literature that suggests women may not be consciously aware of how significant and pervasive experiences of gender microaggressions have been in their lives. The APA (2007) suggests that psychologists treating women may not recognize the context of oppression and discrimination in which women live and are more likely to associate their symptoms with intrapsychic factors as opposed to societal factors. This current study offers a perspective of gender microaggressions in the context of a specific, women dominated health care profession. Women in this study shared their experiences of how gender microaggressions have affected them at work, and also in their personal lives, on individual,

societal, and institutional levels. The implication here is that gender microaggressions are largely inescapable and women are forced to cope with these experiences in every aspect of their lives within the context of marginalization and often limited power to change their circumstances.

Women in this study shared many coping mechanisms for managing their experiences of gender microaggressions. These adaptive strategies appeared to be founded in the idea that direct confrontation of the aggressions or aggressors would result in undesirable consequences, and so, women in this study tended to find support and validation in their interactions with other women and found ways in which to either justify the microaggressions or their reasons for tolerating them. Again, the implication here is that women may not feel empowered to voice their concerns directly regarding gender microaggressions, and there is an element of a historical societal failure in addressing these issues of marginalization and oppression.

The APA (2007) suggests that psychologists might not be aware of protective factors that women have to cope with gender microaggressions. Although the scope of this current study did not investigate symptoms of depression, anxiety, substance use, eating disorders, or other mental health issues that women experiences as a result of their experiences of gender microaggressions, it is important for clinicians to recognize these as potential symptoms and disorders related to women's experiences of microaggressions. There is a potential for clinicians to over-pathologize women based on symptoms that may actually be entrenched in the context of gender microaggressions and the larger scope of gender marginalization and issues of powerlessness. Clinicians must consider how diagnoses of female clients may serve to contribute to the phenomenon of gender microaggressions and maintain gender power differentials in American society (Szymanski, Carr et al., 2011). Increased awareness of how gender microaggressions permeate women's lives may help psychologists and other clinicians to focus on women's

strengths, resilience, and coping mechanisms, which could improve psychological interventions with women and create a safe space in which women can feel empowered. The implication here is that effective psychotherapy with women may require an affirmative, even feminist lens from which to conceptualize cases so that power differentials and societal influences which affect women's lives are considered.

When considering my role as a researcher, I believe I have presented the findings of this study in a manner which reflects the integrity of academic and professional standards. Yet I find myself at a crossroads of sorts when I think about my other roles as a dental hygienist, a psychologist, a woman, and a feminist. I think I would be remiss to omit a discussion regarding my thoughts about this research and what it means in terms of these intersecting roles.

I believe I am in a unique position to be able to discuss this research from several different perspectives. As a dental hygienist for more than 20 years, I can relate to many of the experiences of gender microaggressions within the field of dental hygiene that the women in this study shared. I have felt the unsettling ambiguity of not knowing quite what to think of a situation involving a microaggression from patients or others. If I recognized a situation as sexist or objectifying, I did not have the wits to respond in the way I would have liked because of fear of consequences. And, like the women in this study, I have experienced an evolution of thinking and feeling regarding gender microaggressions; from my unquestioning loyalty in my dental hygiene training program that led me to embrace the required uniform that explicitly included wearing granny panties under our scrubs, to an awareness of the implicit effects of sexism within the field of dental hygiene.

As a clinical psychologist, my training thus far has included working with women in therapy who have shared stories of both micro and macroaggressions they have experienced in

their lives. I have witnessed the effects that these gender power differentials have had on these women. Because of this, my philosophies regarding psychological treatment have evolved and I have come to embrace a feminist perspective when working with patients so that there is an explicit acknowledgement of the ways in which individuals suffer from lack of power. The hope is, of course, that patients come to recognize their own strength and power and use that to promote their well-being.

Although this qualitative study is not meant to be generalizable to a larger population, the literature on microaggressions, gender microaggressions, sexual objectification, and sexism speaks for itself and implies a global phenomenon of power differentials among genders, with men being the dominant gender. As a woman, I have felt the sting of sexism, sexual objectification, and gender microaggressions throughout my lifetime. As the literature suggests, sexism is prevalent all around us; in the media, schools, workplaces, families, religious organizations, and other institutions. Yet, for many years I was unaware of what this meant, other than I had a particular role as a woman and that certain behaviors and criteria were expected. Again, like the women in this study, my thinking about this has evolved and I am more likely now to break loose from gender constructs and express myself in non-conforming ways. There was a time in which I would have been unlikely to confront anyone who committed a gender microaggression against me. I certainly would not have had the knowledge or the words to articulate such matters, let alone the courage to stand up against a person with power or authority.

Which brings me back to my crossroads. As a researcher, I am inclined to let the data speak for itself and offer my academic and professional interpretations and end it at that. But, because of my personal and professional experiences, I now have the knowledge, words, and

courage to take a stand regarding sexism. As a dental hygienist, psychologist, woman, and feminist, I feel an obligation to add my own voice to this research. In qualitative research and IPA framework there is an expectation that the researcher is a participant observer and my presence in the research does not bias the research but serves to elicit honest stories of participants' phenomenological experiences. Furthermore, a feminist framework values various ways of knowing from women's perspectives.

The literature suggests that women today may tend to keep quiet about their experiences of sexism and gender microaggressions for fear they will be labeled as "bitter, self-serving feminists" or viewed as "politically correct crusaders" (Calder-Dawe and Gavey, 2016, p. 1) who submit trivial and unreasonable complaints in order to emphasize idealized convictions. I have certainly felt a parallel process at this crossroads as I feel my own anxiety rising when I think about speaking my mind, giving voice to my own thoughts, feelings, and interpretations as they relate to my research and the broader topic of sexism. Yet, if I claim this study is grounded within a transformative paradigm, there is an obligation for me to challenge the oppressive societal forces which are embedded in gender microaggressions. If I discuss my interpretations of this study regarding the potential harm to women of simply acknowledging and validating stories of gender microaggressions, I am doing a disservice if I do not confront the source of the problem.

So, in considering my own research, the research of others on the subject of sexism, and my varied personal and professional experiences, I must now ask, *Why should women not be self-serving when it comes to issues that have such a powerful impact on their health and well-being?* Furthermore, why should women not have a right to feel bitter or angry about a lifetime of societal factors which serve to oppress, degrade, and devalue them? Why should the

woman in this study whose boss would touch her pregnant belly without her permission feel she did not have a right at the time to tell him that was not appropriate? And why did her employer think that it was okay in the first place?

It is clear from the literature and from this research that issues of power are fundamental when considering sexism in any form, including gender microaggressions. It has been established that men are the dominant gender in American society as well as in most regions of the world. It is important to note, however, that men are not the enemy when it comes to issues of sexism. This seems to be an unfortunate misunderstanding of feminism. Of course, feminists are concerned with issues of women, but that does not exclude the importance of issues related to men and other genders. Just as women are socialized to behave in certain stereotypical ways, men are also expected to conform to certain societal roles and behaviors. Furthermore, men are not the only people to commit gender microaggressions against women; in this study, women shared stories of ways in which other women aggressed against them, and all of the women admitted that they too have committed gender microaggressions against others. All genders have a responsibility to challenge outdated philosophies that dictate there must be a dominant gender.

I have seen the strength of women who have endured experiences related to gender inequalities, from subtle gender microaggressions to terrible sexual abuse and objectification which have negatively impacted their lives and well-being. In this study, women demonstrated a desire to understand the intentions of those who have committed gender microaggressions against them. The literature suggests that people in marginalized groups must often try to understand and predict potential biases of people who have more power than they do in order to survive. I can understand that this is likely true. However, in this study, some of the women expressed sincere empathy and compassion for their aggressors. It was evident that these women

cared about people in their lives, including their patients, families, friends, coworkers, and even those from whom they have received gender microaggressions. I see this as an incredible strength of character. Considering the degree of professionalism and genuine caring that these women demonstrated, despite the disrespect they experienced from others, I cannot help but imagine the implications of eliminating the constant barrage of sexism in society. For what greater good could these strengths be utilized if women did not need to expend their energies enduring these forms of oppression?

While Sue (2010a) suggested that those in power have no need and often no desire to take any other perspective than their own, I would propose that this is where we *must* find a point of intervention. People in power might believe that their behaviors do not have consequences to themselves. Yet, women in this study described scenarios in which the gender microaggressions they experienced led to implicit effects that impacted others' lives, whether they knew it or not. For example, one woman said that the multiple gender microaggressions she and other women in her office experienced from their dentist employer led to a high turnover of employees, which negatively impacted the patients, which likely affected the dentist's business. One woman also suggested that she would not refer patients to an office in which the male dentist treated women staff and patients with disrespect and sexually objectifying jokes and comments. In a business that depends on professional referrals, this could have direct negative consequences to the dentist who exhibited those behaviors toward women.

Gender microaggressions are deceptive because on the surface they may not appear to have much significance and can be easily disregarded by the offender, the offended, and others who in some way witness the aggression. Women may be considered trivial, and often experience other tangible consequences, such as getting fired from a job, for expressing their

feelings regarding sexism. And, those who commit gender microaggressions are shielded by the cover of implied ignorance. How convenient is it, that, despite socially constructed laws that protect people from blatant gender discrimination, we have created a culture in which there is a built-in mechanism for maintaining oppression of groups of people based on gender?

We must consider that the issue at hand is power, and to be even more specific, the issue for people *in power* is really *fear of losing power*. Until we can find a way in which to open dialogues that address these fears and talk about what might actually be gained by *letting go of the concept of power over other people or groups of people*, we are likely to continue down the path of ignoring or awkwardly laughing off microaggressions as if they are unimportant or unintentional. Gender microaggressions may be committed inadvertently by people who are personally unaware of their significance; but they are on some level *intentional*. There is a societal intention at work here, that may or may not enter the conscious thoughts of members of this society, that drives these behaviors; and it is here we must focus our attention if we are to break free of the systemic patterns that maintain oppression of entire groups of people.

Limitations and Directions for Future Research

Although this current study has important implications for women in the context of gender microaggressions, there are certainly limitations with the study. This research included a small sample of women, which was adequate for the qualitative nature of the study and even ideal for the transformative ontological spirit of the study of women's experiences in which the focus is on individual experiences and socially constructed realities; however, it limits the generalizability of findings to a larger population of women. Furthermore, this study focused on only women's stories of gender microaggressions. Future research might include other marginalized genders' experiences of microaggressions. It might also be interesting for future

research to include an investigation of the attitudes and perspectives on gender microaggressions from men, who make up the dominant gender in American society.

The current study was also limited in terms of multicultural diversity. Although it was intended to invite a relatively homogenous sample to participate in the research, the dental hygienists that participated were limited in age range, perceived ethnicity (no women of color participated), and geographic area. Future research might include exploring experiences of women from various ethnic backgrounds and geographic locations in the US as well as the ways in which gender microaggressions intersect with other factors such as ethnicity, local cultures, age, and socioeconomic status. Additionally, it would be interesting to explore a more in-depth comparison of the ways in which women experience gender microaggressions across the life span.

In this current study, women described stories of past experiences of gender microaggressions. The time frames of these experiences were largely unexplored, but it was evident that, for whatever reason, women did not share experiences of present circumstances in which they were currently subjected to gender microaggressions. Future research regarding the comparison of past and present experiences might be valuable to explore possible trends in social changes over time.

Another limitation of this study is that participants were selected by profession, specifically dental hygienists. Although this contributed to the homogeneity of the sample, future research might include experiences and attitudes of both men and women who are dentists, dental assistants, administrators, or who otherwise work in the dental field. Future research might also include research to explore women's experiences of gender microaggressions in other professions.

Although the literature as well as findings from this study suggest implications for therapeutic intervention focusing on microaggressions with women seeking mental health services, the ways in which clinicians view this is unknown. Thus, future research might consist of an exploration of therapists' awareness and experiences of incorporating women's experiences of gender microaggressions into their therapeutic interventions, as well as their perspectives and use of feminist interventions in therapy. Additionally, mixed methods research might be used to incorporate quantitative data regarding symptoms of depression and anxiety into the qualitative stories of women's experiences of gender microaggressions in order to gain greater insight into the relationship between gender microaggressions and mental health symptoms.

Personal Reflection

I am not sure how other researchers feel about their research projects. Do they experience similar emotional roller-coasters as I have completing this project? Do they vacillate between feelings of disappointment and success, and excitement and anxiety? Engaging in this research project has been an experience I will not soon forget. I began with feelings of incompetence and even dread at the prospect of conducting my own research. However, with the continued support of more experienced others on my dissertation team, those feelings of dread gave way to the beginnings of confidence and self-efficacy.

The real turning point for me in this project was the decision to seek participants from the field of dental hygiene, of which I had been a part for 20 years. I suddenly felt as if I had stumbled onto something important. Because of my own experiences of gender microaggressions working as a dental hygienist, and speaking with coworkers about this phenomenon, I was confident that I would be able to collect enough data from participants to conduct this study. I went from feeling as if I just needed to produce a dissertation as required for my degree to a

feeling of excitement and anticipation of what I might discover and learn from participants. I believe that was the moment that I went from *conducting research* to *being a researcher*.

I have not been disappointed. The time I spent with dental hygienists talking about their experiences, learning about how they make meaning of gender microaggressions, and even participating in their exploration of personal and professional aspirations has been remarkable. I am humbled by their degree of professionalism and sincere care for their patients, despite their experiences of less than ideal working conditions and negative, lasting impact from gender microaggressions. I have never been so proud to be associated with this group of professionals and call myself a dental hygienist.

This research project has been rewarding to say the least, and my hope is that the women who volunteered to participate in this study found the experience valuable. It was interesting to sit with them as they told their stories and see what I interpreted as some insightful reflection about what they value in their personal and professional lives. I am honored to have been a part of or at least a witness to their experiences of gender microaggressions and their integration of this phenomenon into their conscious thought.

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Table 1

Superordinate and Subordinate Themes with Examples

Superordinate theme	Subordinate theme	Participants (N)	Examples
Experiences of Gender Microaggres-sions	Verbal put downs	7	"And he goes, you'll do what I tell you to missy!" (Participant #1) "The patient said to me, this man, he said stop talking and do your job!" (Participant #3)
	Comments on physical appearance	8	"Whenever I did do something or advance something, she chalked it up to not my hard work but my um, looks." (Participant #3) "So, there would be things like that and he would talk about weight a lot. And he would make comments like I can't stand when people get married and the wife gains all this weight." (Participant #4)
	Sexual Innuendos	6	"I've had it. I did some work jobs, I worked for the men's prison. It's not open anymore, but I did some workshops for them and, you know, the whole catcalling." (Participant #2) "My boss, um, came in. I was there alone in the office and he made a comment about how he and his wife were in a bookstore and they found or he came across a book title that said how to have sex in the woods and he thought of me and that it would be great for me to read it." (Participant #6)
	Non-Verbal Microaggres-sions	6	"And it was before as a hygienist, and he was frustrated working because things were not going right with a restoration he was working on, and I accidently handed him, like, the wrong instrument. And he with the patient there, you know, reclined, just looked at me and said *No!* And he took the instrument, and I

		didn't know what he was doing, and he flung it across the room." (Participant #3) "But if somebody had a heavy meal, he would just stare at them." (Participant #4)
Systemic/ Institutional Level of Microaggres-sions	5	"I saw the inequity because as I was learning about these large organizations, and nurses had unions, and the dental assistants were in a union, and the dental hygienists were still over here. They weren't quite at the level of the nursing, but they did, it was first time I really saw the inequity of our discipline." (Participant #2) "Um, on a macro, on a large-scale level in terms of the power that dentist, because they have held to power, they've held the power, they have the power. They're on the board. The boards that have all the power." (Participant #2)
Inappropriate Jokes	3	"And then, if we had someone come in, he would joke, like if someone was dropping off a resume, just randomly going to offices, he would have one of the girls rate their appearance on a scale of 1 to 10." (Participant #4) "Here I have a patient who tells a sexually explicit joke to me and that makes me feel a little bit uncomfortable." (Participant #6)
Physical Touch	2	"Mm-mm. Yeah. He was a lefty so he would come in and we'd be working on the right side and he was a lefty and if you didn't scurry out of the way fast enough, he'd just muscle his way in there and just about step all over you until you moved out of the way. So, we were all on common ground with, you know, you gotta move fast!" (Participant #7)
Assumptions about Women's Gender Roles	1	"And I noticed it a little bit during my interview because of questions he asked that aren't actually legal questions, you know, about childcare and children and age and all of

		that you're not supposed to ask about. All of that aside you know it was shared with me that he had some religious and cultural views with women. Uh, or toward women." (Participant #8)
Generaliz-ation of Gender	1	"Maybe feel like you didn't, you weren't noticeable or you weren't, you know, invisible if someone was saying 'hey guys' and there was one girl." (Participant #5)
Microaggres-sions from Patients	4	"Yeah, and he, even when the dentist would come in and do the exam, he'd say his name and uh, he tried, he'd make little chit chat and uh, the man would chit chat with him. Do you know what I mean? Where he wouldn't with me." (Participant #3) "So, the first time he reached out to me on Facebook, um, he, um, posted, or kind of tagged me in a comical photo of a dog um, (smiling) can I say um, hu...humping another dog?" (laughs) (Participant #6)
Microaggres-sions from Women	3	"We didn't particularly care for her because she was condescending to us." (Participant #7) "And she actually, I think she was, well I know she was excluding me from information that would have helped me do my job better. So, I think that's a form of harassment. Bullying. She was a bully." (Participant #3)
Microaggres-sions with Witnesses	6	"And I remember I would feel very embarrassed that he would cut on my clothes, or my uniform, it was this uniform, in front of a patient!" (Participant #7) "He never did it in front of anybody else except some of the male patients. It was like a "good boys," you know, boys thing. Like, you know what I mean, like, 'Hey, look at the hot assistant I have and look at her, ah, her body part, and you know? Yeah." (Participant #5)

	Microaggressions in Private	4	"He was always a very different person when we were alone. And he would put on the Fake Everybody Loves Me face in front of other people." (Participant #1) "I said it's unacceptable behavior. You only do this when we're one on one." (Participant #1)
Ambiguity	Whether or Not Gender Microaggressions	3	"Yeah, I don't know, but he was just very moody so I don't know if that was just gender or not. But other than that, we are all women here so we don't have any gender aggressions here, microaggressions." (Participant #7)
	Gender issues versus professional issues	4	"When they look at me as, it's kind of a cross between support staff and, you know, someone without any power, and a woman." (Participant #2)
Coping Mechanisms	Interactions with Other Women	8	"Um, same as me. We just kept our mouth shut. But pretty much we'd talk about him behind his back (laughs)." (Participant #7) "And, of course, it's something I talked to my daughter about because, you know, you shouldn't, you shouldn't tolerate that." (Participant #5)
	Creating Reasons or Rationales for Tolerating Microaggressions	8	"I mean, I feel, I feel sorry for him that he feels he had to be that way. But, um, I think it's pretty consistent with how I felt then. I just feel like he definitely doesn't respect, I really don't feel like he respects gender equality." (Participant #4) "I actually said I feel like women that are pregnant should have a raise because we have to work that much harder (laughs)! With the little baby sucking the life out of you (laughs)! So, I would make jokes like that." (Participant #4) "And with the other women, same thing. It was more just like, ugh! That's so typical of Dr…., you know? We all just kind of made excuses." (Participant #8)

			"And I had no resources and I had no money or anything." (Participant #3) "But at the time, you want to keep your job, so you don't want to have a target on your back. So, we all kind of just didn't say anything. We just kind of were quiet, including myself." (Participant #4)
	Maintaining/ Changing Own Behaviors	6	"So, I avoided her as much as I could." (Participant #3)
Thoughts on Gender Microaggres-sions	Issues	7	"I think the biggest thing about aggressions is that it's a blow. It takes you back and sometimes it takes the breath right out of you. You don't really, sometimes you don't know how to react." (Participant #2)
	Differences Between Men and Women	5	"And I think it's just fascinating to see the men who have learned to navigate the corporate world and they are skilled at it. And I see a lot of women need, um, they have a lot of atrophied muscles they need to strengthen to get better at that. So, I've gotten better at that." (Participant #1)
	Change/Lack of Change	5	"But I think that for women to take the next step, with any of these microaggressions, most people do not like challenging conversations. And I get it, they don't like it, but there's no other way to grow." (Participant #1)
	Power/Lack of Power	4	"Yeah. You don't have any power. Again, is it power? What is power? It's hot. Pretty hot. So, you gotta be able to stand in the kitchen." (Participant #2) "But I still think some women might not be able to, be able to do that because of the power that someone else might have over them, you know what I mean? Because if you're, say you're a single mom and you need that job and

			the economy has tanked, it's gonna be hard." (Participant #5)
	Personal Growth	4	"Yeah, I think sometimes the microaggression can be a catalyst for change within you, you know? And so, it catapulted me to go to levels." (Participant #2)
	Speculation About Treatment if Different Gender	5	"So, would he have done that to another dentist, a male dentist? Absolutely not." (Participant #7) "Knowing that it's not appropriate and assuming, and this is an assumption, that if it was a man he was hiring, the questions wouldn't even exist. It wouldn't even be a worry or a concern." (Participant #8)
	Related to Dental Hygiene Profession	6	"And I get being impatient with where we're going, and I think all women sometimes it has to be just so blatant and bad, but it's very hard. I see that as a group. We have a very hard time finding our voice." (Participant #1) "Because, I mean, we're trying to be about equality but we do still work in a man's world." (Participant #4)
Reactions/ Responses/ Feelings	Reactions in the Moment	8	"But again, I took it in. I took it in as a blow." (Participant #2) "So, I laughed it off." (Participant #3) "It would just make me cringe." (Participant #3) "But at the time, it's hard. At the time when he first asked me, I'm like, you want to fly off the handle, but, I'm like, well, no I can't do that. I don't want to do that." (Participant #4) "I never really stood up for myself and even to this day." (Participant #6)
	Reactions Later	7	"Um, so I've given my notice." (Participant #1)

		"Thinking back, it's like posttraumatic stress." (Participant #2) "Well it was just the comments about, like I said, the book and then, um, staying after for beverages, and um, and then definitely the comment about you gotta keep the napkin on the patient. Ah, jeez (makes a grimace)!" (Participant #6)
Present Thoughts of Handling Differently	8	"Um, I'd probably would say something to the person and I would not have stayed employed, you know? I would have left." (Participant #5)
Emotional Reactions	8	"Yeah, it would have felt abusive. Like a dog. Go fetch your bone! Fetch my slippers. Fetch this box off the floor that I dropped there." (Participant #7) "It's degrading. It's like, it means like, I feel like we're a harem almost, you know? Subordinates, or, not colleagues, you know?" (Participant #3) "I don't even feel safe." (Participant #2) "I was almost afraid of him." (Participant #3) "So, initially, yeah, it kind of took me back. I was taken back a little bit initially and it did make me feel a little uneasy thinking like, oh gosh, you know?" (Participant #6) "And it made me very uncomfortable." (Participant #3) "I don't know. Sometimes I look at it like, are you trying to be funny? And, I'm like, it was just awkward, so I'm like, do you laugh? Do you not laugh?" (Participant #4) "You can always temp and I did that for a while, but I don't even want to perpetuate their model. I don't even want to give my energies

			away. So, for me it became very visceral. I'm not giving the last bit of my time, energy, and talents to aggressors. I'm not gonna do it." (Participant #2)
	Reactions of Others	8	"Well this dentist heard it. He got up and came over and he took the guy's bib, bib clips then, and he ripped it off of him and said 'you're out of here!' So, he stuck up for me." (Participant #3) "And never once did I work in a situation like that where the women thought any of it was okay. So that was also validating. So, okay, I'm not the only one that's feeling this way. Clearly, you know, all experiencing and feeling the same thing, you know, against themselves." (Participant #8)
Perceived Intentions of Aggressor	Power/ Control	8	"That employer that said the only thing you deserve is your paycheck, that young guy, my age, right? With his power trip" (Participant #2) "Oh, I call it bully boss. Do what I tell you to. And no respect for what I'm doing to deliver care to the patients as an individual primary care provider." (Participant #1)
	Ignorance	4	"They just didn't think we have our degrees and are doing research and have our own body of knowledge." (Participant #1) "So, I mean, we just, you know, said that he was basically being a jerk and that um, you know, he doesn't know what it feels like. (Participant #4)
	Sexual Advance	4	"Well, I heard from other people in the office that he has, you know um, made advances toward other people, so I think that was what he was doing." (Participant #3)
	Part of Gender Culture	5	"But she didn't think anything of it. She was ingrained in that kind of culture; that's the

			culture. And she didn't think anything of it." (Participant #3)
	Joking	2	"I was just kind of like, he's joking or whatever." (Participant #4)
	Positive Intentions	3	"Yeah, I guess maybe to try to make me feel comfortable. I'm not sure." (Participant #6)
	Insult	1	"I knew it was a definite, it was an insult. He dropped it there expecting me to pick it up because he threw a little tantrum because he didn't have gloves." (Participant #7)
Implicit/ Systemic Effects of Gender Microaggres-sions		8	"But my husband, this is another thing, the husband thing. I could never compete with his income and then I was, you know, I started having babies, so, you know, you had the biological thing (laughs). And, uh, he got a job or left his job and started a new job…so it caused, you know, that break." (Participant #2) "So, and then, I do, I think I feel a little more uncomfortable when I see his wife because I'm thinking, who is also a patient, thinking like, gosh! You know, does she know he talks like this to all of us? And if she did, how would she feel, you know? (Participant #6)
Consequences for Taking a Stand Against Gender Microaggres-sions		3	"So, he orchestrated me out. Um, he set me up and fired me." (Participant #2) "I found in his office, if you had that target on your back um, you know, he would just kind of, you'd be out the door and he'd just say a bunch of things about that person, which was hard to hear. So, I kind of kept that in mind, on my own observation. Yeah." (Participant #4)
Microaggres-sions against Others		8	"Because, even the female consumer on the board, I can say it, she was a bitch, okay?" (Participant #1) "I have said things about, well yeah, I had a friend here not too long ago that my husband

hadn’t met and I said something like she’s 55 and he said ‘she doesn’t look 55 at all’ and I’d be like well yeah, that’s the Botox that’ll do it (laughs)! And so, I think that’s pretty bad, Right?” (Participant #3)

“I have always said, and I have verbalized too, if, God forbid, I was in an emergency I would want a male officer or male firefighter to come get me. I don’t think I would feel safe or that I could be rescued or saved with a woman officer.” (Participant #6)

Appendix A

Recruitment Notices

January 1, 2018

Karin Hovey, RDH, MS
Doctoral Candidate of Clinical Psychology
Antioch University New England
40 Avon Street
Keene, NH 03431-3516

(Addressed to either NHDHA, NHTI, or RDHs in NH dental offices)

XX XX, RDH, President
New Hampshire Dental Hygienists' Association
P.O. Box 842
Durham, NH 03824

XX XX, RDH
Allied Dental Education Department Head
New Hampshire Technical Institute
Dental Hygiene Clinic
31 College Drive
Concord, NH 03301

Registered Dental Hygienists
Name of Office
Address
NH

Re: Invitation to participate in research study

Dear …,

I am a practicing Registered Dental Hygienist in NH and a 1997 graduate of NHTI's Dental Hygiene program. I am also currently completing a doctoral program in clinical psychology at Antioch University New England in Keene, NH. As part of this program I am conducting research to satisfy my dissertation requirement, and am interested in interviewing dental hygienists in NH to collect data for my research.

Specifically, I am interested in learning about women's experiences of gender microaggressions, which can be described as subtle put-downs or insults that may fall short of overt sexism, harassment, or discrimination. Microaggressions can be directed verbally or nonverbally at an individual or a group of people. In some cases, microaggressions can be unconsciously delivered

and received. Some examples of gender microaggressions can be found at the following website: www.microaggressions.com.

My research will include qualitative analyses of data collected through in-person interviews with dental hygienists. I am seeking six to eight participants to interview for this study.

To qualify for the study, you must be a woman 18 years or older, reside in the United States, work as a dental hygienist, and have experienced gender microaggressions. Participants may include women of any race, ethnicity, socioeconomic class, sexual orientation, or relationship status. For feasibility, I will meet with hygienists in NH. Exclusions include women less than 18 years of age who do not work as dental hygienists. Interviewing dental hygienists may offer important information about women's experiences of gender microaggressions.

Participants will be entered into a drawing to receive a $25.00 prepaid VISA gift card. If you are interested in participating in this study, or have any questions about this study, please email me at xxxxx@xxx.xxx. Also, please forward this information to any dental hygienists who might be interested in participating.

Thank you - I appreciate your time!

Sincerely yours,

Karin Hovey, RDH, MS Clinical Psychology

Appendix B

Consent to Participate in Research Study

Project Title: Women's Lived Experiences of Gender Microaggressions: Dental Hygienists' Stories

Researcher: Karin E. Hovey, MS, Doctoral Candidate of Clinical Psychology, Antioch University New England, 40 Avon Street, Keene, NH 03431-3516
xxxxx@xxx.xxx

Purpose and Nature of this Study:

I understand that this study is of a research nature. It may offer no direct benefit to me. Participation in this study is voluntary. I may refuse to enter it or may withdraw at any time without harmful consequences to myself. I also understand that the researcher may exclude me, and/or the information I provide during the interview at any time from the study, if she decides it does not meet the criteria for participation in the study (women employed as dental hygienists ages 18 and older residing in the United States (US) who have experienced some form of gender microaggressions; interviews to be conducted in NH). I understand that the researcher needs six to eight participants and she will accept participants in the order in which they contact the researcher, until a maximum of eight qualified interviews are completed. At that time, the study will be closed to other participants.

The purpose of this study is to gather information about women's experiences of gender microaggressions in American society. Gender microaggressions can be described as subtle put-downs or insults that may fall short of overt sexism, harassment, or discrimination. They can be verbal or nonverbal and can be directed at an individual or group of people. This research aims to discover common themes and discrepancies among women's reported experiences of gender microaggressions. The researcher hopes to learn about women's perceptions of microaggressions' effects, how women respond to microaggressions, and what actions they choose and why.

As a participant in the study, I will be asked to take part in the following procedures:

1. Completion of a brief demographic questionnaire
2. An hour and a half-long, in-person semi-structured interview conducted by the researcher which will be audio recorded for the purpose of integrity of the research, transcription, and analyses.

Though the main purpose of this study is to fulfill the researcher's requirement to complete a formal dissertation at Antioch University New England, the researcher may also include the data and results of the study in future scholarly publications and presentations. Our confidentiality agreement, as described below, will be effective in all cases of data sharing.

Confidentiality:

All information will be de-identified so that it cannot be connected back to me. My real name will be replaced with an alias in the write-up of this project, and only the primary researcher will have access to information connecting my name with the pseudonym. Other identifying information about me, such as my address and names and addresses of employers, will be kept confidential and will not be included in any data, analyses, interpretations, or report.

Risks and Benefits of Participation:

No study is completely risk free. However, the researcher does not anticipate that I will be harmed or distressed during this study. The risks, discomforts, and inconveniences of the above procedures will likely be limited to my time commitment and my travel to a mutually agreed upon meeting place.

The direct benefits of my participation in this study include a chance to win a $25.00 prepaid VISA gift card for full participation in the study.

Possible benefits to others include the contribution to research about sexism which may lead to a better understanding of women's experiences of gender microaggressions.

Informed Consent:

Information about the study was discussed with me by Karin E. Hovey. If I have further questions, I can email her at xxxxx@xxx.xxx. If I have any questions about my rights as a research participant, I may contact Antioch University New England's local Institutional Review Board chair, XX XX, xxx-xxx-xxxx or xxxxx@xxx.xxx. I may also contact Antioch University New England's Interim Provost, Dr. XX XX, at xxx-xxx-xxxx or xxxxx@xxx.xxx.

I hereby consent to participate in the aforementioned research study.

Signature of Participant Date

Printed Name of Participant

Appendix C

Semi-Structured Interview

1. What are some examples of times when you believe you have experienced gender microaggressions?
2. Tell me about gender microaggressions you have experienced in your work as a dental hygienist.
3. Who delivered these comments or demonstrated these behaviors?
4. What do you believe were the intentions of the people who made these comments or behaved in these ways?
5. In what contexts or environments did you experience these microaggressions?
6. How did you feel or react as you were living those experiences? How did you feel after the experiences were over?
7. How do you feel looking back on those experiences of gender microaggressions now?
8. What are some examples of microaggressions you might have committed against others?

Appendix D

Demographic Questionnaire

ID #_____

Demographic Questionnaire

This information will be kept confidential. If used in the research study the information will be deidentified so that your identity will be protected as per the confidentiality agreement in the consent form you reviewed and signed.

First Name:_____

Last Name:_____

Address:_____
_____
_____
_____

Telephone number:_____

Email address:_____

Age:_____

Yearly income – choose one:

- ☐ Less than $20,000
- ☐ $20,000 – 40,000
- ☐ $40,000 – 60,000
- ☐ $60,000 – 80,000
- ☐ $80,000 – 100,000
- ☐ More than $100,000

Degrees held in Dental Hygiene:

- ☐ Associate's degree – Year of graduation:_____
- ☐ Bachelor's degree – Year of graduation: _____

- ☐ Master's degree – Year of graduation:_____
- ☐ Doctorate degree – Year of graduation:_____

Other degrees held:_____

Years worked as a dental hygienist:_____

Settings worked as a dental hygienist:

- ☐ General Practice
- ☐ Periodontics
- ☐ Orthodontics
- ☐ Endodontics
- ☐ Prosthodontics
- ☐ Pediatric
- ☐ Dental Public Health
- ☐ Other:_____

Current practice setting:_____

Current work is:

- ☐ Per Diem – average weekly hours:_____
- ☐ Part time – average weekly hours:_____
- ☐ Full time – average weekly hours:_____