Responses to Shame: Influences of Adherence to Masculinity Norms

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ABSTRACT. Managing negative emotions is challenging even without the overlay of socially constructed gender role norms. We were curious about the effects of being confronted with shame on young men who either adhere strongly to traditional masculine gender roles norms or are nonconforming to these norms. We evaluated the shame responses of college men (N = 23), using the Thurston-Craddock Test of Shame (TCTS; Thurston & Craddock, 1998) as our stimulus while measuring physiological and verbal responses. Men in the traditional masculinity norms conforming group scored significantly higher (p = .001, η² = .58) on 7 of the 11 subscales from the Conformity to Masculine Norms Inventory (CMNI; Mahalik et al., 2003) than men in the nonconforming group. When presented with shame-based stimuli, we found differences in heart rate variability depending on the level of overt shame in the stimulus with the two groups, p = .038, η² = .12. The use of aggressive language when confronted with overt examples of shame was not different for our comparison groups. Our results indicate that men who adhere to traditional masculine norms hold different values for interacting with women, physical confrontation, and being in control of situations and others than men who have not internalized the traditional values of American masculinity. Understanding the continuum of values and responses to difficult emotions continues to be a valuable area to study.

Keywords: masculinity, traditional men, shame, RMSSD, heart rate variability

Masculinity is a social construct with a spectrum of expressions from very traditional to nontraditional (Mahalik et al, 2003). Some men strongly conform but some men do not conform to traditional masculine gender-role ideals and norms of American society. These socially constructed gender roles, learned from a person’s culture and upbringing, provide direction and boundaries for normative behavior (Kivel, 2010). Traditional masculinity often emphasized emotional restrictiveness, a drive for success, and stoicism. Whereas nontraditional masculinity viewed emotional expression as less threatening (Reilly et al., 2014). Terms such as “stoic” and “dominant” have formed a narrow, rigid framework for identifying as “a man” in American society (Kivel, 2010), a socially constructed box defining values, beliefs, and behaviors associated with “masculinity”. Genuchi and Valdez (2015) found that men who tended to be more traditional in their expression of masculinity and experience of anger, both trait and state, were more at risk for depression. Men struggled with balancing their own personal experiences and feelings with values of what is held as socially acceptable within traditional masculine gender-role norms. Men holding traditionally masculine values, tended to use distracting coping mechanisms as well as externalizing to manage their anger (Genuchi & Valdez, 2015).

Acknowledging the experience of vulnerability in times of distress goes against male socialization, leading to an internalization of emotions (Reilly et al., 2014). Rice et al. (2018) found that men who exhibited more externalizing behavior were at greater risk for substance use, anger, and risk-taking. Men who used externalization to manage emotions were more likely to have had a recent suicide plan or attempt. Substance use and aggressive behavior tended to interfere with
positive interpersonal relationship for men (Smith et al. 2018). Men in the United States currently lead women in seven of the 10 leading causes of death and are four times more likely to complete suicide than women (Center for Disease Control and Prevention [CDC], 2019). Men are more likely to hold negative attitudes toward seeking help (Addis & Mahalik, 2003). Men who follow more traditional masculine gender norms pose the greatest risks to their own health and life (Mahalik et al., 2007).

Shame and guilt are often used interchangeably in common vernacular; however, they are not identical. Brown (2013) defined shame as feeling negatively toward oneself and feeling flawed (e.g., I am a bad person), whereas guilt is a person realizing they have done something negative or hurtful (e.g., I did something bad) and can be adaptive and helpful (Brown, 2013). Kindlon and Thompson (2000) suggested that shame is a commonly felt yet unregulated emotion for emerging men. Personal attacks (real or perceived) can result in an aversion to experiencing shame, lowering a man's ability to negotiate both psychological distress and vulnerable emotions promoting empathy and self-kindness (Sabatino, 1999). This distress leads the masculine identity to value stoicism, to endure difficult emotions without expression, in order to avoid felt or perceived shame. Cycles of distancing oneself from emotion becomes adaptive to alleviate the gender-role strain and policing of masculinity. The resulting internalized shame is a debilitating experience, leaving a man to believe he is defective and unworthy of kindness (Reilly et al., 2014), and has been found to correlate with externalizing behaviors, such as aggression toward women (Dutton & Golant, 1995).

Stanaland and Gaither (2021) determined that men, especially younger men, respond predominantly with aggression when they perceive that their masculinity is threatened. Their research indicated that this was particularly true for men who value the opinions of others and attempt to adhere to strict traditional gender norms. Young men who experienced perceived threats to their masculinity in the form of statements from others were most likely to respond with verbal aggression.

Heart rate variability (HRV) has been linked to self-regulation for cognitive, emotional, and social processing, as well as physical well-being (Laborde et al., 2017). Heart rate variability is the measure of the adaptation of the physiological and emotional system to the changing environment. Porges (2007) developed the polyvagal theory and assumed a higher vagal tone was associated with better social functioning. When stressful emotional stimuli, such as shame, are experienced, the autonomic nervous system responds with sympathetic nervous system activation or parasympathetic nervous system inhibition, causing shifts in vagal tone or vagal withdrawal (Bernston et al., 2007; Sromberg, 2019). Cardiac vagal tone represents the part of the parasympathetic system related to heart regulation (Scott & Weems, 2014). Adjusting between the sympathetic and parasympathetic systems to stressful stimuli affected the length of time between consecutive heartbeats, creating variability (Appelhans & Luecken, 2006). Appelhans and Luecken (2006) referred to the increased sympathetic activity or decreased parasympathetic activity as vagal withdrawal. Porges et al. (2007) suggested that vagal tone is a measure of a person’s ability to regulate emotional states. Vagal tone during stress may be a maladaptive response to the situation (Scott & Weems, 2014).

The focus of this research was to explore responses to shame-based stimuli in men by investigating those with traditional masculine values adherence or lack thereof, verbal responses to shame-based stimuli, and utilizing physiological measurements to explore the polyvagal theory of emotional response (Porges et al., 2007). If men who conform to traditional masculine values tend to externalize negative emotional experiences and respond with anger (Genuchi & Valdez, 2015), we expected these men to have higher scores for the Conformity to Masculine Norms Inventory (CMNI; Mahalik et al., 2003) subscales for Power Over Women, Violence, and Dominance, along with using aggressive language in response to the TCTS cards. If their verbal behavior was consistent with their internalized values, we expected to see HRV, specifically the Root Mean Square of Successive Differences (RMSSD), lower in men who conform to traditional masculine values compared to men who do not conform because they are acting consistent with gender role values. We were interested in using heart rate variability and verbalization of aggression as indicators of conscious and subconscious reactions to negative social situations. Two cards from the Thurston-Craddock Test of Shame (TCTS, Thurston & Craddock, 2009) were selected for this portion of the study; one depicting a woman spanking a child in front of peers (#6), and the second was a male coach yelling at a female player (#3) primarily because the cards depict overt aggression whereas other TCTS cards were more indirect and subtle in the negative emotion they portrayed. Two groups of men (high or low conformity on the CMNI) were the comparison groups.

We hypothesized that (a) conforming men would score higher on several of the subscales of the CMNI, including Power Over Women, Violence, and Dominance. We hypothesized that (b) conforming men would have a higher frequency of aggressive language in response to the TCTS cards selected than nonconforming men. We hypothesized that (c) men high in conformity to traditional masculine norms would have lower RMSSD.
scores in response to the TCTS cards, reflecting their vagal tone or low arousal as a result of holding traditional masculine gender role values and using distracting coping mechanisms (Genuchi & Valdez, 2015).

**Method**

**Participants**
Participants were single, undergraduate men (N = 23; 18–29 years of age; 83% White, 17% men of color; Asian/Pacific Islander = 2, Black/African American = 1, Latino = 1). Participants spanned all undergraduate grade levels with the majority of the sample from the first and second years. College men were invited to participate in a study on masculine values. For the initial phase of the study all participants (N = 233) completed the CMNI. Participants in the present study, second phase, were from the top quartile (high conformity to masculine norms, n = 12) or the lowest quartile (low conformity to masculine norms, n = 11).

**Materials**
The Conformity to Masculine Norms Inventory (Mahalik et al., 2003) is a 94-item rating scale with 11 subscales measuring traditional masculine norms. Seven of the 11 subscales of the CMNI were significantly different between men who were high in conforming to traditional masculine norms and men who scored low (see Table 1). Power Over Women had the largest effect size. Power Over Women indicates the attitude of the participant toward male–female relationship status. Violence and Dominance were the next two highest CMNI subscales. Violence is designed to reflect the tendency to engage in physical confrontations, and Dominance refers to the desire to have personal control of situations (Mahalik et al., 2013). CMNI has internal consistency for men, coefficient alpha of .94 for the total CMNI score. For the Masculinity Norms subscales, alphas ranged from .72 for Pursuit of Status to .91 for Emotional Control.

The Thurston-Cradock Test of Shame (Thurston & Cradock, 2009) is a 10-card projective test to evoke shame-based themes with dichotomous scoring. Rote (2002) evaluated the construct validity of the TCTS using the 16 Personality Factor Adolescent Personality Questionnaire (16 PF-APQ). He found correlations between several of the domains of the 16 PF with scores on the TCTS such as Aggression, Deflation/Withdrawal, and Inflation/Contempt.

Two TCTS cards were the focus of this paper. Card 3 depicted an angry male coach yelling at a female basketball player. Card 6 showed a woman holding a boy over her knee, spanking him in front of peers. Both cards show overt aggression, either physical or verbal. These cards were selected after conducting a Spearman rho with all 10 cards and Power Over Women subscale score. Card 3 was significantly positively correlated with Aggression of the TCTS, r(23) = .50, p = .018. Card 6 was the least correlated with Power Over Women and in a negative direction, r(23) = –.32, p = .14. The Aggression subscale measures whether the participant’s story for the card included aggressive language.

Electrocardiogram (ECG) measures were gathered using Biopac MP150 and Acqknowledge software (n.d.) as participants viewed TCTS stimulus cards via SuperLab (n.d.). The visual stimuli were projected via SuperLab included in the following sequence: an initial screen with instructions for the participant to prepare to rest; a rest screen (image of a mountain) that was timed to 180 seconds; an instruction screen that prompted the participant to think of a story that had a beginning, middle, and end and imagine what each character was thinking and feeling upon seeing the image; the 10 TCTS cards presented in order 1–10; and an ending rest slide. The participant was instructed to view the card and think of the story for 30 seconds. Then the participant was instructed to verbalize his story and it was recorded. Each card was presented through SuperLab for the amount of time needed for each participant to share their projected story. Timing was recorded by the administrator for each card change: 30 seconds of thinking of a response, the start of telling the story, the end of story, and a new card. For this study, we elected to use the Time-domain for heart rate variability (HRV; Laborde et al., 2017). There are a variety of variables available for HRV, including RMSSD. Because we were interested in vagal tone, we selected RMSSD for our dependent variable (Laborde et al., 2017). HRV was gathered with Acqknowledge software and uploaded into

**Statistical Information for MANOVA of Conformity to Masculine Norms Inventory Subscales**

<table>
<thead>
<tr>
<th>Subscale Names</th>
<th>F</th>
<th>df</th>
<th>p</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winning</td>
<td>24.79</td>
<td>1</td>
<td>&lt;.001</td>
<td>.54</td>
</tr>
<tr>
<td>Emotional Control</td>
<td>16.86</td>
<td>1</td>
<td>.001</td>
<td>.45</td>
</tr>
<tr>
<td>Risk Taking</td>
<td>2.30</td>
<td>1</td>
<td>.14</td>
<td>.10</td>
</tr>
<tr>
<td>Violence</td>
<td>18.19</td>
<td>1</td>
<td>&lt;.001</td>
<td>.46</td>
</tr>
<tr>
<td>Power Over Women</td>
<td>61.45</td>
<td>1</td>
<td>&lt;.001</td>
<td>.75</td>
</tr>
<tr>
<td>Dominance</td>
<td>20.75</td>
<td>1</td>
<td>&lt;.001</td>
<td>.50</td>
</tr>
<tr>
<td>Playboy</td>
<td>11.34</td>
<td>1</td>
<td>.003</td>
<td>.35</td>
</tr>
<tr>
<td>Self-Reliance</td>
<td>3.08</td>
<td>1</td>
<td>.09</td>
<td>.13</td>
</tr>
<tr>
<td>Primacy of Work</td>
<td>0.67</td>
<td>1</td>
<td>.42</td>
<td>.03</td>
</tr>
<tr>
<td>Disdain for Homosexuality</td>
<td>12.87</td>
<td>1</td>
<td>.002</td>
<td>.38</td>
</tr>
<tr>
<td>Pursuit of Status</td>
<td>0.00</td>
<td>1</td>
<td>.99</td>
<td>.00</td>
</tr>
</tbody>
</table>

*Note.* This table lists the statistical significance information from comparing scores of men in the conforming group to those in the nonconforming group.
Kubios software (n.d.) for conversion into RMSSD (Root Mean Square of Successive Differences) scores (Laborde et al., 2017). Kubios was used with the initial study and continued for continuity of calculations.

**Procedure**

Institutional Review Board approval was granted from the George Fox University committee prior to the start of this study. Male undergraduate students from a private university were invited to participate in a study on masculine values via an online research platform. The original sample data (N = 233) were analyzed for demographic information. Men scoring in the first and fourth quartiles of the CMNI were invited via email to participate in a physiological study in the EEG lab. Participants were unaware that the studies (online and lab) were connected. Participants arrived at the lab where ECG electrodes were placed on the chest. TCTS cards were presented to participants via SuperLab software (n.d.) sequentially. ECG measures were gathered as participants viewed TCTS stimulus cards. The recordings of the stories were transcribed by a person who was not part of gathering data. The transcriptions were identified by a code number with no other identifying information. Two students scored each story after being trained in scoring of the TCTS by one of the authors of the test. The two students scoring verified their scores with one another and discussed any difficulties. Debriefing was done through presentations of the results of the larger study.

**Results**

We analyzed the CMNI scores for the 11 subscales with a MANOVA comparing men high in conforming and men low in conforming to traditional masculine norms. Seven of the 11 subscales of the CMNI were found to be significantly higher for men in the conforming group than for those in the nonconforming group (see Table 1). This supports our first hypothesis.

A main effect was found for Power Over Women subscale score, $F(1, 19) = 26.02, p = .001, \eta^2 = .58,$ with conforming men scoring higher ($M = 10.82, SD = 2.31$) than nonconforming men ($M = 3.67, SD = 2.06$). A main effect was found for Dominance subscale, $F(1, 19) = 20.74, p = .001, \eta^2 = .92,$ with conforming men scoring higher ($M = 7.55, SD = 1.86$) than nonconforming men ($M = 4.08, SD = 1.78$). A main effect was also found for Violence subscale, $F(1, 19) = 18.19, p = .001, \eta^2 = .46,$ with conforming men scoring higher ($M = 15.81, SD = 3.87$) than nonconforming men ($M = 2.83, SD = 2.83$; see Figure 1).

An independent-samples $t$ test was used to analyze any differences in Power Over Women scores for conforming and nonconforming men for Card 3. Nonconforming men had significantly lower Power Over Women scores ($M = 4.11, SD = 1.96$) than the conforming men, $t(18) = 6.89, p < .001, d = 3.10$ ($M = 10.81, SD = 2.31$).

We calculated TCTS scores following standardized instructions as indicated in the TCTS manual, to determine subscale scores for all 10 cards (Thurston & Craddock, 2009). We focused on the use of aggressive...
language in the verbal response resulting in a dichotomous score of present or not present. For Card 3, 100% of conforming men included aggressive language in their responses, and 75% of nonconforming men included aggressive language in their responses. This difference was not significant, $\chi^2 (n = 23) = 3.16, p = .08$. In response to Card 6, 64% of conforming men included aggressive language in their response, and 92% of nonconforming men included aggressive language. This difference was not significant, $\chi^2 (n = 23) = 32.65, p = .10$. Thus, our second hypothesis was not supported.

Interactions between comparison groups and aggression categories for Power Over Women on Card 3 could not be calculated due to 100% of conforming men having aggressive language present. There was not a significant interaction between comparison groups and voicing aggression for Card 6 for Power of Women, $F(1, 19) = .013, p = .91, \eta^2 = .001$.

Looking at Card 6 with a focus on the scores for Violence and Dominance (from the CMNI), we found a main effect for Violence, $F(1, 19) = 10.43, p = .004$, $\eta^2 = .35$ and Dominance, $F(1, 19) = 8.65, p = .008, \eta^2 = .31$; see Figure 2).

We were interested in HRV of conforming and non-conforming men especially when viewing stimuli to elicit feelings of shame. We used the HRV variable RMSSD for our measurement. We used a repeated-measure ANOVA to analyze the RMSSD value across all 10 stimulus cards of the TCTS. Mauchly’s Test of Sphericity indicated that we could not assume sphericity; therefore, we utilized Greenhouse-Geiser. There was a main effect for cards, $F(3.677, 77.22) = 2.74, p = .04, \eta^2 = .12$; RMSSD was lowest for Card 7 ($M = 42.99, SD = 22.37$) and had the least amount of variability. Card 2 had the highest RMSSD ($M = 61.70, SD = 41.96$) and greatest variance. Post-hoc analysis indicated that Card 2 and Card 7 were significantly different ($p = .005$). Card 2 and Card 1 were significantly different ($p = .03$). Of most interest for this study is that Card 3 had significantly higher RMSSD than Card 7 ($p = .003$), and Card 6 was significantly higher RMSSD than Card 7 ($p = .03$). Cards 3 and 6 were not significantly different from one another ($p = .88$).

We used a repeated-measures ANOVA to evaluate our change from initial rest, to the specific card reaction, to the final rest. There was no significant difference for Card 7 between initial rest, stimulus, and final rest, $F(1.53, 32.02) = 2.11, p = .15, \eta^2 = .09$. We found a significant difference for Card 2 between initial rest, stimulus, and final rest, $F(1.46, 30.70) = 7.68, p = .004, \eta^2 = .27$.

No main effect was found for our comparison groups for RMSSD across all TCTS cards, $F(1, 21) = 1.19, p = .29, \eta^2 = .05$ There was not a significant interaction between the groups and cards for RMSSD, $F(3.68, 77.22) = 0.37, p = .81, \eta^2 = .02$. Thus, our third hypothesis was not supported.

**Discussion**

Knowledge about the dynamic characteristics of masculinity norms and their effects are crucial for understanding the internal world of men. Social norms are learned as one engages with various groups, including family, friends, community, and the broader society. Decisions to adhere to the social norms are determined via internal choices and managed by internal and external reinforcement (Kivel, 2010). Investigating where a man falls on the continuum of traditional masculine norms can provide insight into how he approaches others and makes decisions about interacting with society. We examined several elements involved in the level of conformity to social norms of masculinity including the level of adherence to traditional norms based on the CMNI, verbal responses to stimuli evoking shame reactions, use of aggressive language, and physiological responses.

To understand the influence of conforming to social norms, we decided we needed to compare men at the extremes of adherence to social norms for traditional values of American masculinity and compare them to men who responded in a way that indicated they were extreme in their lack of adherence to traditional masculine values. Research suggests that emotional responses...
to stimuli were both internal and external with men reported to manage their emotions with more negative behaviors (Reilly et al., 2014; Smith et al., 2018).

Our hypothesis that conforming men would score significantly higher on subscales of the CMNI such as Power Over Women, Violence, and Dominance was supported. This is not especially surprising because we were comparing groups from the first and fourth quartile of the sample, yet the two groups were not significantly different on all the CMNI subscales. Power Over Women, Violence, and Dominance had the largest effect sizes suggesting they may contain elements that are central to the group of men who embody traditional masculine norms most fervently. Conforming men appear more likely to consider that having power over women in a variety of situations is acceptable especially in male–female relationships. This viewpoint can interfere with successful interactions in work and personal relationships. A potential toward physical confrontation is also a value that was significantly different between the men who adhere strongly to traditional norms and men who do not hold these values. If managing emotional content is dealt with using physical confrontation, these men can find themselves in difficult situations (Genuuchi & Valdez, 2013). These men were more at risk for depression (Genuchi & Valdez, 2013), substance use, and suicide (Rice et al., 2014). Finally, a desire to be in control in all situations (Dominance) is significantly different between the two groups. Here again is a situation that can lead to interpersonal difficulties in personal and work relationships. This is consistent with findings from Smith et al. (2018). There are also potential negative consequences for men who are least likely to conform to traditional masculine values. If society sets the expectation for men to behave and react to emotions in specific ways, being on the opposite side of these norms and not expecting control, not responding with physical confrontation, and not expecting control in male–female relationships can be confusing.

Utilizing the TCTS cards enabled us to evaluate the verbalization of aggression expressed by the participants. If the gender role for men is to respond to negative emotions with externalizing behaviors such as control of others, physical confrontation, and dominance, we might expect aggressive language when faced with a stimulus depicting overt shame or embarrassment. Our second hypothesis was not supported. When viewing the stimulus of a male coach yelling at a female athlete, conforming men included aggressive language in their responses as did many of the nonconforming men. It seems that overt verbal aggression was recognized by men regardless of their conforming or nonconforming values. This likely points to the universality of the aggression presented in the card.

Both depictions of shame used in this study can have various responses, including how coaches react to athletes in the midst of the game. Is yelling at a player for the good of the team? Is this acceptable behavior? With nearly all our sample using aggressive language in this instance, it appears the verbal aggression in this situation was accepted. When viewing a male child being spanked by a female adult while peers looked on, neither conforming nor nonconforming groups were in full agreement that this was aggression. There appears to be more varied opinions about a boy being spanked by a woman. We do not know if it is the act of physical punishment or a woman demonstrating power over a young boy that leads to the varied responses from our sample of men. These results may be consistent with Stanaland and Gaither’s (2021) findings especially for young men when they feel that their masculinity is threatened. Aggressive language appears to be a reaction to experiencing shame-induced negative emotions.

HRV is affected by emotional stimuli measuring both sympathetic and parasympathetic nervous system activation and inhibition (Bernston et al., 2007). RMSSD was found to change across the different TCTS cards. When RMSSD is low, it is indicative of the activation of the parasympathetic system (Porges et al., 2015) and what has been termed vagal tone. When RMSSD is high, it indicates vagal withdrawal or less activation of the parasympathetic system and thus more of a sympathetic system response. Our participants had different RMSSD responses to the various cards with the greatest vagal tone (calm) to the card showing a person walking into a room where a small group is in a conversation. This card appeared to elicit less potential stress or shame than the other nine cards. This may be an indication that there was less of an emotional response to this situation by both conforming and nonconforming men. Participants responded to the card with a young boy doing math on a blackboard with the greatest variability, suggesting this situation evoked a variety of emotional responses from the men. This may have to do with their own individual experiences with performing academic problems in a public place. The cards with the highest or lowest RMSSD were not ones directly depicting dominance, violence, or power over women. Our sample responded with more vagal withdrawal to the two cards that were the focus for this study, each depicting direct forms of dominance and power. This would suggest that HRV provides some indication that a person is processing negative emotions. It appears that the emotional reaction does not change based upon the person’s level of adherence to...
Masculinity and Shame

traditional masculine values, but more to the emotion depicted in the scene.

Limitations of the Present Study

Attempting to understand internalized values through physical responses to emotional stimuli is challenging. Thus, there are several limitations with this study that make interpretation difficult. Our sample size was small. The challenges we encountered trying to encourage specific college men from our initial study sample to engage in a physiological and more time consuming study was greater than we anticipated. When the men in the nonconforming group were invited to return for the second portion of the study, they responded readily, and we were able to gather the data. Encouraging men in our conforming group was much more difficult. Only one of the 52 in the top quartile responded to the first invitation. When we used a male authority figure to invite them to participate, no one responded. We finally were able to gather our conforming group by offering a financial incentive.

There are always limits to using self-report inventories. The CMNI is used by many researchers, and it gathers the opinions of the men about their own values. The TCTS cards are shown to elicit shame responses but it is possible that it is not as strong of an emotional reaction as what would be elicited with video or in vivo situations. However, those situations would bring about potential ethical issues. Measuring and interpreting HRV is also challenging. We considered various options in the design of the study. We recognized that our measurement time was short for HRV, yet we wanted to be sensitive to the amount of time required by each participant. Utilizing longer measurements of HRV may be beneficial (Laborde et al., 2017).

We were not able to look at differences in responses from men of various ethnicities because most men who responded were White. We were also pulling from a university population, and thus our age range was limited. It may be that men from a wider spread of generations would respond differently to the CMNI and the TCTS cards.

Future Research to Consider

Continuing to use physiological measures to understand responses to emotions and subsequent reactions is beneficial. Future research in this area will continue to provide information for those conducting therapy with men. Understanding differences between verbal responses and the more subconscious responses that can lead to changes in HRV, skin responses, as well as brain wave reactions, has potential benefit for men.

Conclusion

Men fall along the continuum of conformity to traditional American masculinity norms as developed through society and gender roles over the years. It is important to understand that these values are on a continuum rather than dichotomous. When encountering negative emotions, men with high conformance with traditional norms will be more likely to value being in control, responding with confrontation, and believing they have a right to exhibit dominance within male-female relationships. When exposed to emotional situations with overt aggression, men tend to verbalize the aggression whether they conform or do not conform to masculinity norms. In addition, men will respond physiologically differently to overt shame than to subtle shame. This response was not different between men who hold traditional masculine values and those who do not conform to these values. It is also important to understand that research done with predominantly white, middle-class participants must be applied with caution because men from different ethnic backgrounds and races may respond in a variety of ways to the traditional masculine values than the sample of this study. Continuing research with an expanded sample that is more diverse in age, education, geographical area, ethnic background, and race will be valuable.

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