

THE RELATIONSHIP BETWEEN GENDER ROLE CONFLICT AND SHAME IN  
COLLEGE MALES

By

Christine Durham Thompkins

Submitted in Partial Fulfillment of the Requirements

for the Degree of

Master of Science in Education

in the

Counseling

Program

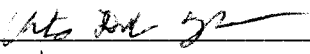
YOUNGSTOWN STATE UNIVERSITY

August, 1999

The Relationship Between Gender Role Conflict and Shame in  
College Males


Christine Durham Thompkins

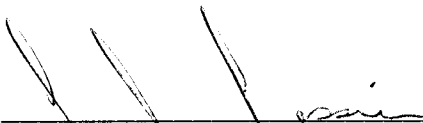
I hereby release this thesis to the public. I understand this thesis will be housed at the Circulation Desk of the University library and will be available for public access. I also authorize the University or other individuals to make copies of this thesis as needed for scholarly research.

Signature:  8-18-99  
Student Date

Approvals:

 8-18-99  
Thesis Advisor Date

 8/18/99  
Committee Member Date

 8/30/99  
Committee Member Date

 1/19/00  
Dean of Graduate Studies Date

Running head: GENDER ROLE CONFLICT AND SHAME

The Relationship Between Gender Role Conflict and

Shame in College Males

Christine Durham Thompkins

Youngstown State University

## Abstract

The relationship between the constructs of role conflict and shame in men was studied using a sample of 343 male college students. The results indicated a positive relationship between the constructs as well as a predictive relationship between gender role conflict and the presence of shame in the men who participated in the study. This article provides general definitions of each construct, describes the study, and offers practical applications for the results that were found.

## Acknowledgments

This thesis came into being after much work by many people. First and foremost, I need to express my deepest gratitude and appreciation for my mentor and director, Dr. Robert A. Rando. By bringing me into his research on gender role conflict, he challenged my perceptions about men and their motivations for behavior. He promoted resilience in me by pushing me beyond my limitations and forcing me to produce results. From his initial encouragement and guidance, to his final provision of the appropriate cotton-bond paper, Dr. Rando has been an unfailing source of inspiration, support and motivation. I can never thank him enough for the countless hours he spent on this project. I am forever indebted to him for his wisdom, kindness and accessibility through this entire process.

I also could not have done this without my second committee member, Dr. JoLynn Carney whose attention to detail and statistical expertise enhanced the project immensely. Also, I will not forget her unconditional support and patience. Thank you, Dr. Carney for teaching me that statistics can be our friends!

My third reader and advocate on the committee was Dr. Linda "Tess" Tessier. Dr. Tess was the first one to show me that I could stretch beyond what I thought myself capable of being. She had confidence in me when I needed it the most.

I would also like to thank Dr. Betsy Bryant who gave up precious time to help me understand the significance of my findings, and Kathy Enterline and Melissa Mastell for going to great lengths to collect data and for presenting our results with me at the All-Ohio Counselor's Conference.

My sincere gratitude goes out to Kim Hunter, Zohreh Kermani, Laurie Delaney, Elaine Habeger, Bonnie Durham, Shelley Amrich, and Maureen Frost. You were lifelines to reality when I was drowning in theory.

I am extremely grateful for my father and my brothers, who were brave enough to subject themselves to my explorations and who willingly and openly discussed their own "high gender role conflict" statements and actions, and to the rest of my family and friends who nurtured me and believed in me.

Finally, to Daniel: You made copies, stuffed envelopes, paid library fines, and collected data. For the past two years, you cooked meals, read drafts, put up with piles of articles all over the house, and patiently endured the intrusiveness of this project. You were a source of comfort and a safe haven when I was overwhelmed and were the first to point out that worrying about the thesis did not count as actual work time. Most importantly, you were willing to test your notions of masculinity and learn right along next to me. I don't think there are words to express what you have given to this project. I do know that your support and love are what made all this worthwhile. You have taught me so much about what it means to be a man in this society. You are the best "wife" that any woman could ask for. Thank you for hanging in there with me.

The Relationship Between Gender Role Conflict and  
Shame in College Males

Men's studies, developed as a response to the feminist movement of the seventies (Levant & Pollack, 1995). As women's studies explored the construct of gender, researchers began to understand the behavior of men in an entirely different context (Levant & Pollack, 1995). By looking at men's roles and how they are impacted, therapists may be able to gain a better understanding of male clients. Included below is a brief review of literature discussing both the constructs of male gender role conflict and shame to further the reader's understanding of the clinical implications of this study.

Gender Role Conflict

Gender role conflict is defined as a "psychological state in which socialized gender roles have negative consequences on the person or others" (O'Neil, Good, & Holmes, 1995, p. 166-167). Gender role conflict occurs when "rigid, sexist, or restrictive gender roles result in personal

restriction, devaluation or violation of others or self" (p. 167). Gender role conflict can be identified on cognitive, affective, behavioral and unconscious levels. The conflict can be directed towards the self or towards others. It can occur when others directly or indirectly convey negative messages about one's striving to meet or failing to meet proscribed male gender roles.

Empirical findings indicate that men experience negative consequences on individual and societal levels because of gender role conflict struggles (O'Neil, et. al., 1995). Consequences include psychopathology (Good, Robertson, Fitzgerald, Stevens, & Bartels, 1996), depression (Good & Wood, 1995; Sharpe & Heppner, 1995), feelings of being in a role that does not meet one's personal needs (Pollack, 1998, self-esteem (Sharpe & Heppner, 1995), and alexythymia (Fischer & Good, 1998).

#### Shame

In a comparable manner, shame has been empirically linked to a number of similar constructs.

Relationships have been found between shame and social avoidance (Lutwak & Ferrari, 1997), depression, anxiety, obsessive-compulsive behavior, and hostility, (Harder, Cutler, & Rockart, 1992), fear of negative evaluation (Lutwak & Ferrari, 1997), suicide (Lester, 1997), and feelings of inferiority (Goss, Gilbert, & Allan, 1994).

Although research has not yet pinpointed the exact nature of shame, an encompassing definition holds shame as a painful emotion stemming from negative global evaluations of the self and beliefs about others' perception of the self (Allan et al., 1994; Cook, 1989; H.B. Lewis, 1971; M. Lewis, 1992; Nathanson, 1993; Tangney, 1995; Wurmser, 1981). Psychoanalytic theorists have been addressing shame for decades. However, empirical literature examining shame has appeared only within the last 25 years. Theorists in the field of shame hold conflicting opinions about the nature of gender differences and shame (Allesandri & Lewis, 1993; Allesandri & Lewis, 1996; H.B. Lewis, 1971; M. Lewis, 1992; Lutwak &



Ferrari, Pollack, 1998; 1996; Reimer, 1996; Wright, O'Leary & Balkin, 1989). Most researchers generally agree that gender variances are present and notable during the shame experience (Allesandri & Lewis, 1993; Allesandri & Lewis, 1996; H.B. Lewis, 1971; M. Lewis, 1992; Lutwak & Ferrari, 1996; Nathanson, 1993; Pollack, 1998; Reimer, 1996; Tompkins, 1963; Wright, O'Leary & Balkin, 1989).

Shame and gender differences have been studied at a range of ages. Alessandri & Lewis (1993) reported that parental evaluative styles during childhood are directly correlated with expressions of shame. Their study showed that parents of boys tend to express more positive feedback towards their offspring than parents of young girls did, despite equal performance levels achieved by the children. As a result, young boys were assessed as experiencing less shame than young girls in this study. Pollack (1998) contradicts this assertion by using illustrative case studies to note that the experience of identity development as one of separation from the caregiver, coupled with the

"shame-phobic boy code" that forbids young boys to express feelings resulting from this separation, causes the development of a shame laden sense of self. As children grow into adolescence, findings suggest that boys feel shame in terms of performance, and girls experience shame related to body image (Reimer, 1996).

According to Lutwak and Ferrari (1996), by the time individuals reach adulthood, women are expressing shame openly and men are not. This finding is supported by Wright, O'Leary and Balkin (1989) who concluded that shame manifests itself as narcissism in men. The results of their study revealed that narcissism is experienced directly by men, while feelings of shame tend to be dissociated.

Empirical work in the study of shame indicates that feelings of shame are experienced when people fail to meet goals or societal standards (M. Lewis, 1991; Morrison, 1995; Nathanson, 1986; Pollack, 1998; Wurmser, 1989). Although shame occurs in a range of contexts, one might infer that the affect of shame

could be integral to role conflict struggles. However, while current literature acknowledges gender differences in the way shame is experienced, researchers have yet to explore the possibility of a relationship between conflicts around gender roles and the expression of shame. The study of shame provides an interesting context in which to view gender role conflict.

#### Possible Relationship

The purpose of this study is to examine the relationship between shame and gender role conflict in men. Specifically, we hypothesize that a positive relationship will exist between shame and gender role conflict. Our second hypothesis is that the four factors of gender role conflict will be predictive of shame.

#### Method

##### Participants

Participants included 343 males recruited from a Midwestern urban university with ages ranging from 18 to 54 years with the median age of 23 ( $\bar{X}$  = 22.3). The

majority of students were White/nonhispanic (86.7%), 7.8% were Black, 2% were Asian, .9% were Hispanic, .2% were Native American/Alaskan and .9% of students labeled their ethnicity "other." In terms of students' marital status, 86.1% of the students reported being single, 11.3% were married, 1.4% were separated/divorced, .6% were divorced/remarried, .3% were widowed and .3% were cohabiting. Almost half of the participants were freshmen (44.5%), 10.4% were sophomores, 21.4% were juniors, 15.8% were seniors and 8.4% were graduate students.

#### Procedure

Data was collected from students on a voluntary basis with no incentive was given for participation. Participants were recruited through in-class opportunities to complete the survey. The participants were told that they were completing surveys that addressed "how men and women approach feelings differently" with no specific mention of the constructs of shame or gender role conflict.

### Instruments

Demographic Data Sheet. The Demographic Data Sheet used in this study was an author-developed one-page form asking participants for information about themselves.

The Internalized Shame Scale (ISS). The ISS (Cook, 1994) consists of 30 items utilizing a 5-point Likert scale to assess self-reported shame experiences. Twenty four items on this scale relate directly to shame experiences while six items addressing self-esteem are included to reduce the possibility of response sets and are not included in the scoring of the scale. Normative data for the ISS are presented for clinical and non-clinical populations (Cook, 1994). An item-total correlation done on the scale yielded a median correlation of .63 with a range of .56 to .73 for the non clinical population and a median correlation of .70 with a range of .52 to .82 for the clinical population (Cook, 1994). Cook (1994) reported the test-retest reliability coefficient of .84. Ryback and Brown

(1996) found a Cronbach alpha reliability coefficient of .97.

According to Cook, (1994) the conceptual framework of the ISS correlated closely with affect theory to provide construct validity for the scale. Convergent validity was supported by an assortment of studies using clinical and non-clinical samples reporting correlations with the Beck Depression Inventory (BDI), ranging from .59 to .79 with a mean of .689 and a median of .69 as well as the Suicide Probability Scale (SPS) with correlations on the subscales ranging from .52 to .81 with probability levels reported at .01 significance. Cook offered further support for convergent validity by reporting a moderate relationship between trait anger and shame.

The Gender Role Conflict Scale (GRCS). The GRCS (O'Neil, Helms, Gable, David, & Wrightsman, 1986) is a 37-item scale utilizing a 6-point Likert scale to measure responses with options ranging from "strongly disagree" to "strongly agree." The GRCS examines the negative consequences of the male socialization

process as it "occurs when rigid, sexist or restrictive gender roles result in personal restriction devaluation or violation of others or self" (O'Neil et al., 1995, p.167). Factor analysis identified four factors in the GRCS. These factors are: (1) success, power and competition (SPC); (2) restrictive emotionality (RE); (3) restrictive affectionate behavior between men (RABBM); and (4) conflicts between work and family relations (CFWR). The scale was found to have and alpha coefficients ranging from .75 to .90 with an average alpha of .88. O'Neil, et. al, reported alpha coefficients ranging from .83 to .89 with an average of .86 for SPC; alpha coefficients ranging from .81 to .91 with an average of .84 for RE; alpha coefficients ranging from .82 to .88 with an average of .84 for RABBM; and alpha coefficients ranging from .73 to .87 with an average of .80 for CWFR (O'Neil et al, 1995).

Convergent validity of the GRCS was supported when the Brannon Masculinity Scale was found to correlate to all four subscales of the GRCS (Good, et.

al, 1996). Further support for convergent validity was offered when a small sample experimental study found the GRCS to be correlated with a similar measure of gender role conflict, the Masculine Gender Role Stress Scale (Moore, 1993).

### Results

It was hypothesized that a positive correlation would be found between scores on the ISS and scores on the GRCS. The ISS was positively correlated with the GRCS. The analysis showed significance at the .05 level for the subscales SPC and RABBM and at the .001 level for RE and CBWFR (Table 1).

Our second hypothesis was tested when we entered the variables into a simple linear regression analysis (enter method). Results were significant,  $F(4,304)=16.235$ ,  $p = .000$ . The  $R^2 = .176$  indicating that approximately 18% of the variance in shame is being predicted by our independent variables. Further analysis of the beta coefficients showed that the subscales of restrictive emotionality and conflicts between work and family relations account for



significant portions of the variance predicted in shame scores on  $t$ -test (Table 2).

#### Discussion

Our two hypotheses were supported by the results of this study. The results showed that a statistically significant variance of shame in participants was accounted for by gender role conflict. In particular, the factor of restrictive emotionality appeared to be a predictor of shame in this study. Because of the higher significance levels found in (RE) and (CWFR), further research might yield stronger correlations if shame-gender role conflict links were looked at specifically in conjunction with the factors of restrictive emotionality and conflicts between work and family. Currently, these findings imply that shame may play a significant part in the gender role formation process for men. Furthermore, because of the intensely painful nature of its expression and discussion, shame, as an emotional response, is often neglected in therapy (Morrison, 1996). Thus, shame may indeed be manifesting itself through the restricted

expression of emotions as suggested by the results of this study.

One limitation of this study is the subjectivity of self-report on both scales. The tendency to report in a socially desirable way may have been intensified by the sensitive survey subject matter. Another shortcoming of the study was the lack of diversity in our sample. While our sample size was adequate, further research might explore how these findings would be supported with a more culturally diverse participant pool.

#### Practical Applications

If these findings can be supported in other demographic contexts, they may provide some insight into the treatment of male clients. Currently, literature in both fields suggests similar ways of understanding therapeutic interventions for males. Understanding an individual's shame experience may provide the key to therapeutic advancement (Everingham, 1995; Morrison, 1996). A study examining the use of physical person to person touch before

surgery found that women benefited greatly from being touched therapeutically before surgery, while men appeared to be deeply upset by the experience (Whitcher & Fisher, 1979). It was suggested in the study that men were deeply shamed by feelings of dependence such as those arising when one is in the vulnerable position of facing surgery. Bergman (1996) describes how this develops from the "relational paradox" (p.26), noting that part of normal development for males involves the yearning for connectedness occurring at the same time that he is compelled to separate from relational interactions.

O'Leary and Wright (1986) used case examples to illustrate how sense of shame and dread appears frequently in male clients. Osherson and Krugman (1990) suggested that, because men appear to have a difficult time admitting they feel shame, therapeutic intervention would need to be subtler. In particular, following the client's cues might prove helpful in encouraging rapport. Wisch, Mahalik, Hayes, and Nutt (1995) noted the therapeutic difficulties experienced

by men who appear to have high instances of gender role conflict. These authors suggested incorporating the multi-modal technique of "bridging" into the therapeutic process.

Metaphors such as the "mask of shame" (Wurmser, 1981) and the multiple "faces of shame" (Nathanson, 1987) illustrate the idea that shame is painful and difficult to explore when examining the human experience. If the therapist is able to identify signs of gender role conflict as indicators of the presence of shame, steps could be taken that would enable the client to shed the "mask of shame" in a safe and productive environment.

Before drawing any firm conclusions about the role of shame in the gender role formation process, further research must be done. However, the results offer a springboard for further research both through replication of this study and in other areas exploring the relationship between gender-role conflict and shame.

## References

- Alessandri, S., & Lewis, M. (1993). Parental evaluation and its relation to shame and pride in young children. Sex Roles, 29(5/6), 335-343.
- Alessandri, S., & Lewis, M. (1996). Differences in pride and shame in maltreated and nonmaltreated preschoolers. Child Development, 67(4), 1857-1869.
- Allan, S., Gilbert, P., & Goss, K. (1994). An exploration of shame measures-II: Psychopathology. Personality and Individual Differences, 17(5), 719-722.
- Bergman, S. (1996). Male relational dread. Psychiatric Annals, 26(1), 24-28.
- Cook, D. (1991). Shame, attachment, and addictions: Implications for family therapists. Contemporary Family Therapy, 13(5), 405-419.
- Cook, D. (1994). The internalized shame scale (2nd ed.). Menomonie, WI: Channel Press.

Good, G., Robertson, J., Fitzgerald, L, Stevens, M., & Bartels, K. (1996). The relation between masculine gender role conflict and psychological distress in male university counseling center students. Journal of Counseling and Development, 75(1), 44-49.

Good, G., & Wood, K. (1995). Male gender role conflict, depression and help seeking: Do college men face double jeopardy? Journal of Counseling and Development, 74(1), 70-75.

Harder, D., Cutler, L., & Rockart, L. (1992). Assessment of shame and guilt and their relationships to psychopathology. Journal of Personality Assessment, 59(3), 584-604.

Lester, D. (1997). The role of shame in suicide. Suicide and Life-Threatening Behavior, 27(4), 352-361.

Levant, R., & Pollack, W. (1995). Introduction. In R. Levant, & W. Pollack, (Eds.), A new psychology of men (pp. 1-8). New York: BasicBooks.

Lewis, H.B. (1971). Shame and guilt in neurosis. New York: International Universities Press.

Lewis, M. (1992). Shame: The exposed self. New York: The Free Press.

Lutwak, N., & Ferrari, J. (1996). Moral affect and cognitive processes: Differentiating shame from guilt among men and women. Personality & Individual Differences, 21(6), 891-896.

Nathanson, D.L. (Ed.). (1987). The many faces of shame. New York: Guilford Press.

Nathanson, D. (1993). About emotion. Psychiatric Annals, 23(10), 543-555.

O'Leary, J., & Wright, F. (1986). Shame and gender issues in pathological narcissism. Psychoanalytic Psychology, 3, 327-339.

O'Neil, J., Good, G., & Holmes, S. (1995). Fifteen years of theory and research on men's gender role conflict. In R. Levant, & W. Pollack, (Eds.), A new psychology of men (pp.164-206). New York: BasicBooks.

Osherson, S., & Krugman, S. (1990). Men, shame, and psychotherapy. Psychotherapy, 27(3), 327-338.

Pollack, W. (1998). Real boys: Rescuing our sons from the myths of boyhood. New York: Henry Holt & Company.

Reimer, M. (1996). "Sinking into the ground": The development and consequences of shame in adolescence. Developmental Review, 16(4), 321-363.

Ryback, C., & Brown, B. (1996). Assessment of internalized shame: Validity and reliability of the Internalized Shame Scale. Alcoholism Treatment Quarterly, 14(1), 71-83.

Sharpe, M., Heppner, P., & Dixon, W. (1995). Gender role conflict, instrumentality and expressiveness in adult men. Sex Roles, 33(1/2), 1-18.

Tangney, J. (1995). Recent advances in the empirical study of shame and guilt. American Behavioral Scientist, 38(8), 1132-1145.

Tompkins, S.S. (1963). Affect, imagery, consciousness: The negative affects. New York: Springer Publishing.

Whitcher, S., & Fischer, J. (1979). Multidimensional reactions to therapeutic touch in a hospital setting. Journal of Personality and Social Psychology, 37(1), 87-96.

Wisch, A., Mahalik, J., Hayes, J., & Nutt, E. (1995). The impact of gender role conflict and counseling technique on psychological help seeking in men. Sex Roles, 33(1/2), 77-89.



Wright, F., O'Leary, J., & Balkin, J. (1989). Shame, guilt, narcissism and depression: Correlates and sex differences. Psychoanalytic Psychology, 6(2), 217-230.

Wurmser, L. (1981). The mask of shame. Baltimore: University Press.

Table 1

Correlation Matrix for Study Variables

VARIABLES	SPC	RE	RA	CBWF	ISS
GRCS	.735**	.730**	.767**	.546*	.304**
SPC		.280**	.375**	.305**	.158*
RE			.487**	.235**	.371**
RA				.215**	.118*
CBWF					.267**

Note. GRCS- Gender Role Conflict Scale; SPC- Success, Power, & Competition factor scale; RE- Restrictive Emotionality factor scale; RA- Restrictive Affectionate Behavior Between Men factor scale; CWFR- Conflicts Between Work and Family Relations factor scale; ISS- Internalized Shame Scale. \*  $p < .05$ , \*\* $p < .001$ .

Table 2

## Regression Matrix for Study Variables

Variables	$\beta$	SE	t
Constant	1.677	5.182	
SPC	.387	1.264	.018
RE	6.882	1.101	.378*
RA	-1.609	.883	-.113
CBWF	3.008	.909	.184

Note.  $R^2 = .176$ ;  $\Delta R^2 = .165$ ; \*  $p < .05$ .



---

Youngstown State University / One University Plaza / Youngstown, Ohio 44555-0001

May 8, 1998

Dr. Robert A. Rando  
Department of Counseling Services  
UNIVERSITY

Dear Mr. Rando:

The Human Subjects Research Committee has reviewed your protocol, "Examining the Relationship Between Shame and Gender Role Conflict," (HSRC# 39-98), and determined that it is exempt from review based on DHHS Category 2 exemption.

We wish you well in this study and look forward to hearing of your progress.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric Lewandowski', with a horizontal line extending to the right.

Eric Lewandowski  
Administrative Co-Chair  
Human Subjects Research Committee

cc

c: HSRC Committee Members

*Celebrating*  
**YSU**  
30 Years  
as a State University