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4-21-2014

## **The Effects of Masculinity and Trauma on Prosocial Behaviors**

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# The Effects of Masculinity and Trauma on Prosocial Behaviors

## Abstract

I examined the difference between men who scored higher in masculinity and experienced a trauma, less masculine men who suffered a trauma, less masculine men who did not suffer from a trauma, and higher masculine men who did not experience a trauma. I compared the four groups on their prosocial tendencies. I used the Male Roles Norms Inventory-Short Form, Posttraumatic Stress Diagnostic Scale, and the Adult Prosocial Tendencies Measure to establish masculinity, trauma experience, and prosocial tendencies respectively. The sample used was 54 males ranging in age from 18 to 28 years ( $M = 19.58$ ,  $SD = 1.89$ ) collected from students attending Boise State University. There was not a significant difference between groups created by combining masculinity and trauma experience on their scores on the Adult Prosocial Tendencies Measure. I recommend that further research be conducted with consideration of the different sub-scales of masculinity on their prosocial tendencies after experiencing a trauma.

## Keywords

masculinity, trauma, prosocial tendencies, prosocial behaviors

## Disciplines

Psychology



# The Effects of Masculinity and Trauma on Prosocial Behaviors

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## Introduction

- Researchers have focused on the negative effects of masculinity ranging from the personal sacrifices, health detriments to men, and the effects on men’s social interactions and roles (O’Neil, 1981). There has also been growing interest about the possibilities of positive outcomes from trauma. This is referred to as post traumatic growth and there are implications that the prosocial behaviors of a trauma victim may actually increase after the experience of a traumatic event (Frazier et al., 2012; Music, 2011; Staub & Volhardt, 2008). This implies that after going through a trauma a victim’s prosocial tendencies may go up. Portions of masculinity have also been linked to prosocial behaviors, which is any behavior that may benefit another. Traditional masculine roles call for a man to be a stoic hero who provides and cares for others (Fox & Pease, 2012; O’Neil, 1981). Although research is lacking in this area, men are more likely to help in situations where their helping can be seen by others, thus fulfilling this role (Aronson, Wilson, & Akert, 2013).
- After going through a traumatic experience, men feel a need to reestablish their masculinity to heal their self-identity (Fox & Pease, 2012; O’Neil, 1981). Considering the given research on trauma leading to prosocial behaviors and implicating men needing to reestablish their masculinity, this led me to inquire if this could be positively accomplished in men suffering from trauma through prosocial behaviors.

## Hypotheses

Hypothesis: Men who scored higher in masculinity would score higher in prosocial tendencies after a trauma more than any other group.

## Method

### Participants

The sample was made up of 125 males, ranging in age from 18 – 50 ( $M = 20.83$ ,  $SD = 4.38$ ). Participants came from the general psychology student pool at Boise State University (BSU) who enrolled in the experiment using a web-based program, SONA. Participants were awarded credit for their general psychology course for their participation in this study.

### Materials

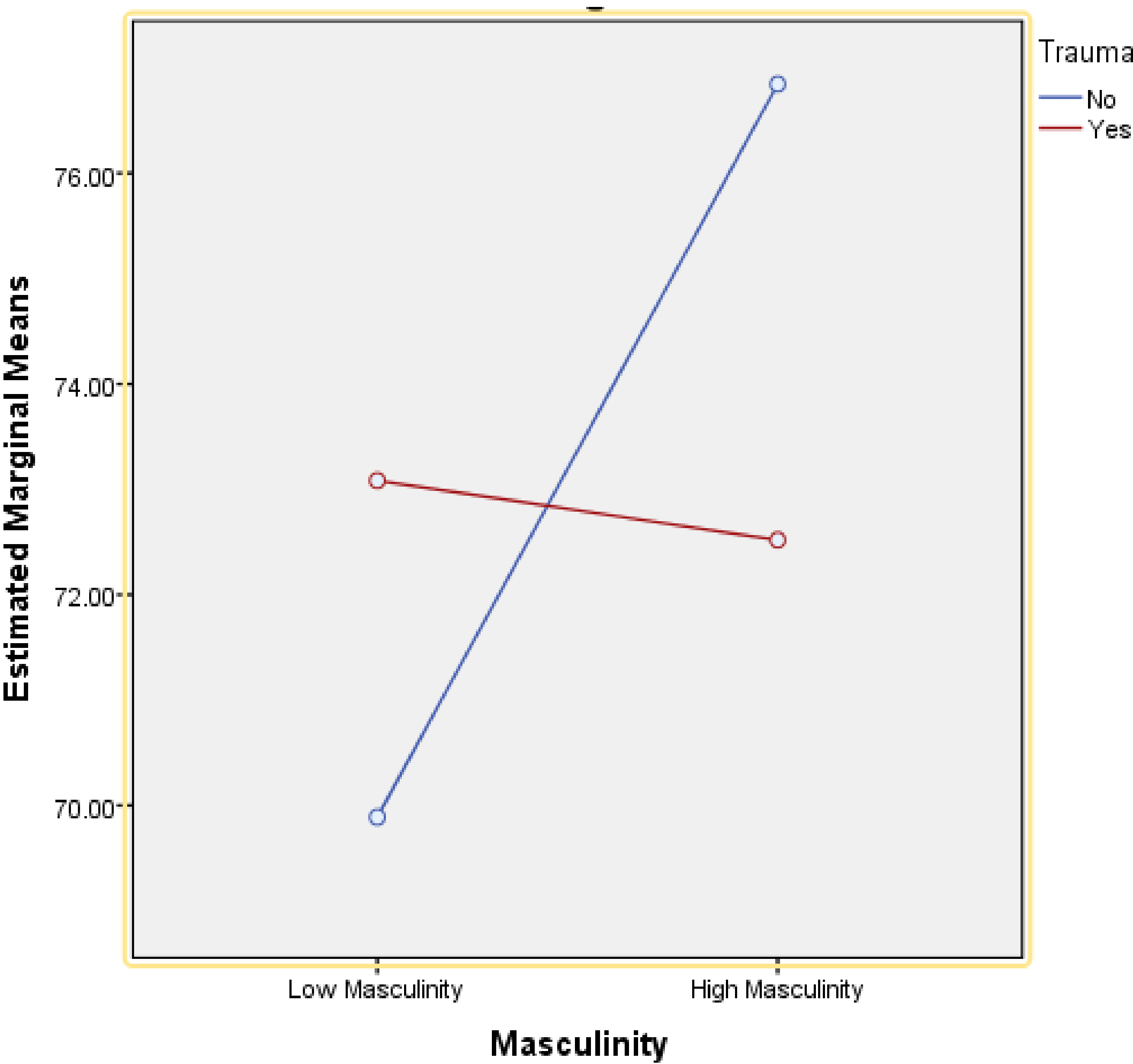
- Male Roles Norms Inventory – Short Form (MRNI-SF; Levant, Hall, & Rankin, 2013) a newer 21-item 7-point Likert type scale used to asses traditional masculinity ideology, which has good reliability.
- Adult Prosocial Tendencies Measure (PTM; Carlo & Randall, 2002) a 23-item 5-point Likert type scale used to asses prosocial tendencies, which has good reliability.
- Posttraumatic Stress Diagnostic Scale (PDS; Foa, Cashman, Jaycox, & Perry, 1997) a 12-item check list of traumas experienced by participants.

### Procedure

The three measures were part of larger omnibus survey that had a total of 160-items, presented in an online format. All participants provided informed consent.

## Results

### Prosocial Tendencies on Masculinity vs. Trauma



Source	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>ES</i>
Between treatments	291.69	3	97.23	1.12	.317	.033
Masculinity	173.89	1	173.89	2.13	.148	.02
Trauma	5.46	1	5.46	.07	.797	.001
Masculinity x Trauma	240.68	1	240.68	2.95	.089	.027
Within treatments	8660.31	110	81.70			
Total	8952.00	109				

I conducted a two-way analysis of variance (ANOVA) between the masculine groups and trauma groups on their PTM scores. There was no significant difference on the main effect of masculinity [ $F(1, 106) = 2.13$ ,  $p = .148$ , partial  $\eta^2 = .02$ ]. There was no significant effect for the main effect of trauma [ $F(1, 106) = .07$ ,  $p = .797$ , partial  $\eta^2 = .001$ ]. Interaction between factors was not significant [ $F(1, 106) = 2.95$ ,  $p = .089$ , partial  $\eta^2 = .027$ ]. Overall there were fewer men reporting not having experienced a trauma.

## Discussion

The results of my study did not support my hypothesis. There was no significant difference between the groups and their scores on the PTM. As men increased in masculinity their PTM scores increased in the no trauma group, and men’s PTM scores decreased as masculinity increased in the trauma group. This implies that there are positives to masculinity.

Future research should investigate the implications represented in the graph. Future research should also take into consideration the subscales of masculinity to see if there is any difference between them on PTM scores. Research is also needed on if increasing prosocial behavior helps more masculine men recover after a trauma and its implications in clinical settings and therapies.

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