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The Relationship of Religious Coping to Adverse Childhood Experiences and Expression of Traditional Masculinity

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The Relationship of Religious Coping to Adverse Childhood Experiences and Expression of Traditional Masculinity

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Abstract

Men are subject to a variety of physical, mental, and social challenges (Garside & Klimes-Dougan, 2002; Lawson et al., 2015; O'Neil, 1981; Pleck, 1995, Centers for Disease Control and Prevention, 2018). Adverse childhood experiences (ACEs) have also been a major predictor of negative health outcomes (Felitti et al., 1998, p. 251). While many studies have observed the correlation of masculinity and these negative health outcomes, few have sought to understand the relationship between masculine presentation and ACEs. Religious coping has been seen to reduce distress and contribute to posttraumatic response (Pargament et al., 2000; Prati & Pietrantoni, 2009; Fallot & Heckman, 2005). This study utilized a survey approach to gather data on masculine trait presentation, ACEs, and positive and negative religious coping styles among college-age men at a private, Christian university. Results indicated a relationship between some subscales of masculine traits and ACEs and supported evidence of a relationship between religious coping style and masculine trait presentation among men who endorsed ACEs.

Keywords: masculinity, ACEs, religious coping

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Chapter 1

Traditional Masculinity

From a very early age, men and women are exposed to a variety of standards which influence the expression of traditionally masculine and feminine traits (Mahalik et al., 2003). For many men, masculinity is broken down into acceptable and unacceptable behaviors (Mahalik et al., 2003). There are pressures from a variety of sources driving young men to adhere to certain norms and fit certain ideals, including social norms or other rules which guide and govern behavior (Cialdini & Trost, 1998). This pressure to conform to traditionally masculine behaviors and beliefs, and to avoid expressing more "feminine" behaviors, is often motivated by a desire to prevent the appearance of being less masculine which often leads to social repercussions.

However, many men feel resistance and tension when they find their experiences do not neatly fall into the masculine "boxes" they have been given (Garside & Klimes-Dougan, 2002; Lawson et al., 2015; O'Neil, 1981; Pleck, 1995). Men who do deviate from the societally defined norms are often redirected and chastised for their non-adherence. And, because many men are unaware of how frequently other men experience this tension, they often feel isolated in their experience of not fitting into the societal norms of masculinity.

In addition to this pattern of dissonance between the social norms of masculinity and many men's experiences, men are affected by physical and mental health concerns. Men currently surpass women in nine out of 10 of the leading causes of death in the US (Centers for Disease Control and Prevention, 2018), and are nearly four times more likely to die by suicide than women. Men are also less inclined to seek help for either medical or mental health issues. For many men, seeking assistance undermines masculinity (Schaub & Williams, 2007) and is a last resort (Gough, 2016). Research shows men are more at risk for death than women

throughout the lifespan, particularly among 15–24-year-olds, due to a greater propensity for risk-taking and suicidality. Men tend to have worse health practices due to imitating perceived practices of other men and the societal expectations of men (Mahalik et al., 2007). Substance use disorders are also more prominent among the male population, making up about 75% of all substance use cases (Affleck et al., 2018).

Not only do men suffer in the way of physical concerns and ailments, but also in their mental health. Nolen-Hoeksema and Girgus (1994) suggest that, although the rates of depression and other mood disorders are lower for men, there are many more undiagnosed and untreated cases due to underreporting by men constrained by the masculinity narrative. Researchers suggest these cases go undiagnosed because the symptomology manifests differently with men "acting out" (i.e., high levels of alcohol and drug misuse, dangerous risk taking, poor impulse control, and increased anger and irritability), all of which are much more consistent with traditional masculinity (Affleck et al., 2018). Therefore, many men are struggling mentally and physically due to the adherence to traditionally masculine norms.

In its most extreme form, traditional masculinity often perpetuates an aggressive and divisive way of living. Traditional masculinity exacerbates and promotes the inequalities between men and women, while delegitimizing other expressions of masculinity (Connell, 1987, 1995). The components and attributes of traditional masculinity are as follows: restricted experience and expression of emotion, no emotional sensitivity, toughness and violence, powerful and successful, self-sufficient, stoicism, heterosexism, and misogyny (Frank, 1991; Cheng, 1999; Kiss & Meryn, 2001). Many of these attributes can be seen as detrimental, not only to the men exhibiting them, but to those who they may be interacting with on a consistent basis. These men are also more likely to be perpetrators of acts of violence and aggression (Jakupcak et

al., 2005) and experience greater masculine gender-role stress (MGRS) resulting in greater anger, verbal aggression, and negative attributions than those who experience low levels of MGRS (Moore & Stuart, 2004). For example, attributes of status and antifemininity (misogyny) within the construct of hegemonic masculinity were correlated with hostility toward women (Gallagher & Parrott, 2011). Also, men's fear of emotions was also found to be a predictive factor of relationship violence, even after accounting for MGRS (Jakupcak, 2003).

Adverse Childhood Experiences

Childhood is seen as a formative time in many ways: physically, emotionally, and mentally. Much of the population experiences a combination of both good and bad events which shape attitudes and behavior. The life experiences which are included in "adverse childhood experiences" (ACEs) are as follows: Psychological abuse, physical abuse, sexual abuse, substance abuse, mental illness, mother treated violently, and criminal behavior in the household (Felitti et al., 1998, p. 251). An individual who experienced any of the events listed, either personally or relationally with a household family member, would be identified as someone who experienced an adverse childhood experience. The original study which highlighted and defined adverse childhood experiences goes into great detail regarding the effects of the events. These concerns consisted of "disease conditions including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease, as well as poor self-rated health" (Felitti et al., 1998, p. 251). Those who have experienced ACEs are likely to have experienced more than one (Felitti et al., 1998, p. 251). Among those who have experienced additional ACEs, research indicates a compounding effect, noting that children and youth who experience more and varied ACEs will experience poorer health and wellness outcomes (Petruccelli et al., 2019; Waehrer et al., 2020).

Economic hardship and divorce are among the most prevalent ACEs within the US population (Crouch et al., 2019). Seven percent of children lived with someone who was mentally ill, suicidal or depressed, while 8% lived with someone with a substance abuse problem (Crouch et al., 2019). The Health Resources and Services Administration (2019) reports one in three children experience at least one ACE, with 14% experiencing two or more ACEs. Additional negative life outcomes as a result of experiencing ACEs include suicidality (Sahle et al., 2021), challenges with self-control (Jones et al., 2021; Meldrum et al., 2020) and involvement in criminal activity (Fagan & Novak, 2018; Leban & Gibson, 2020; Pierce & Jones, 2022). No research has concluded whether or not experiencing ACEs leads to greater expression of traditionally masculine traits in men.

Traditional Masculinity and Adverse Childhood Experiences

When evaluating the impacts of ACEs on individuals, it is important to consider how the impacts are being measured to avoid overlooking group differences within mental health (Jones et al., 2022). Research has shown gender differences to be present with regard to reactions and impacts of traumatic experiences. In particular, men tend to express more externalizing behavior, significantly influenced by the socialization of gender norms (Addis, 2008; Call & Shafer, 2018). Some such behaviors include irritability, risk-taking behaviors, heightened aggression, and substance abuse (Martin et al., 2013).

Research suggests that, as a result of socialized gender norms, men and boys are more inclined to avoid behaving or reacting to stressors in a way that might cause them to be seen as being “feminine” or at least outside of the traditionally masculine presentation (Jones et al., 2022). In turn, many young men do not have an adequate outlet to express their emotional challenges other than the prescribed masculine methods (i.e. substance use, aggression, and

delinquent behavior). The masculine tendency to externalize symptoms of depression may be contributing to a lower diagnostic rate for depression for men, as women are twice as likely to be diagnosed with depression as men (Rosenfield & Mouzon, 2013). Further research and understanding regarding the relationship between adverse childhood experiences and traditional masculinity may increase early detection of mental health concerns and encourage men to seek support services.

Religiosity and Coping

For centuries, religion has been used by people around the world to help make meaning and to provide comfort in times of strife (Harper & Pargament, 2015). Religion in the context of this study is defined as "the search for significance that occurs within the context of established institutions that are designed to facilitate spirituality" (Pargament, Mahoney, et al., 2013, p. 15). Research indicates religion positively impacts many aspects of life and plays a role in alleviating the effects of negative life events. Many people interpret their experiences through this lens to feel connected to community and alleviate distress, all while boosting self-esteem, diminishing depressive symptoms, and producing an overall greater life satisfaction (Good & Willoughby, 2008; Pargament et al., 2004).

Researchers have identified two categories of religious coping: positive religious coping and negative religious coping, representing a secure connection with the divine and others and a conflictual relationship with the divine and others, respectively (Exline, 2013; Pargament, Falb, et al., 2013). Both methods of coping include functions such as: "finding meaning, gaining mastery and control, increasing comfort and closeness to God, enhancing intimacy and closeness with others, and achieving life transformation" (Harper & Pargament, 2015, p. 354). Positive and negative religious coping use the same functions, although negative coping typically increases

the level of posttraumatic distress (Pargament et al., 2000). Researchers found that positive religious coping is linked to greater posttraumatic growth, while negative religious coping is associated with an increase in posttraumatic stress (Prati & Pietrantoni, 2009; Fallot & Heckman, 2005). Therefore, assuming positive coping strategies are implemented, religiosity can serve as a mitigating factor to the experiences of trauma to produce greater posttraumatic growth.

Traditional Masculinity and Religiosity

Religiosity and traditional masculinity appear, on surface level, to hold different values; however, some components are similar, including the emphasis on leadership and self-reliance (Maples & Robertson, 2001). Research suggests men who are religious tend to adhere to more traditional gender roles than men who are not religious (DeMaris et al., 2011; Whitehead, 2012). Additionally, religiosity is positively correlated with certain components of traditional masculinity, such as competitiveness, power over women, and homophobic attitudes, while being negatively correlated with emotional control and use of violence (Ward & Cook, 2011). It has been suggested, then, that religious involvement may create a "soft" patriarchy, in which male patriarchy is still recognized and promoted, but men are permitted to attend to the "softer" side of their maleness (Shafer et al., 2019). This study will add to the current research a perspective which considers the effect of religious coping on the expression of traditionally masculine traits in men who experienced adverse childhood experiences.

Hypotheses

H1: Men who experience ACEs will exhibit more traditionally masculine traits than those who have not experienced ACEs.

H2: Men who experienced a greater number of ACEs will endorse higher scores on traditionally masculine traits than those who experienced fewer ACEs.

H3: For men who experienced ACEs, those who utilize more positive religious coping will endorse lower scores on traditionally masculine traits than those who utilize fewer positive coping strategies.

H4: For men who experienced ACEs, those who utilize more negative religious coping will endorse higher scores on traditionally masculine traits than those who utilize fewer negative coping strategies.

Chapter 2

Methods

Participants

Male undergraduate students from a private Christian university were invited to participate in the study. All participants were included on a voluntary basis. Students were invited to participate through an email campaign. To be included in the study, students needed to complete the measures via Survey Monkey. IRB approval preceded data collection. All respondents were cis-gender men, between the ages of 17–29 years, and located in the Northwestern United States. The majority of participants identified as White (74%). The remaining participants identified as either Black (<1%), Asian (4%), Latinx (6%), Native Hawaiian or Pacific Islander (1%), Native American or Alaska Native (1%), or multiracial (12%). The participants who completed the questionnaire and voluntarily provided their email addresses were each entered into a drawing for a chance to win one of fifteen, $10 Amazon gift cards.

Materials

This study included an informed consent (Appendix A), demographic questionnaire, the Conformity to Masculine Norms Inventory-30 (Appendix B), the Male Role Norms Inventory –

Very Brief Form (Appendix C), the Adverse Childhood Experiences Questionnaire (Appendix D), and the Brief Religious Coping Scale (Appendix E). The demographic questionnaire asks for information such as age, ethnicity, and gender.

The Conformity to Masculine Norms Inventory-30 (CMNI-30; Levant et al., 2020) is a 30- item measure answered on a 6-point rating scale (0 = *strongly disagree* to 5 = *strongly agree*) and is designed to measure attitudes, behaviors, and cognitions reflecting both conformity to, and non-conformity to, 10 masculine normative messages (i.e., Winning, Emotional Control, Risk-Taking, Violence, Power Over Women, Playboy, Self-Reliance, Primacy of Work, Heterosexual Self-Presentation, and Pursuit of Status; see Table 1). The CMNI-30 compared levels of internal consistency between White men and men of color. For the Masculinity Norms subscales, alphas ranged from .72 for Pursuit of Status to .93 for Heterosexual Self-Presentation among White men. Alphas ranged from .60 for Pursuit of Status and .89 for Heterosexual Self-presentation among men of color. It should be noted the total score is not a good indicator of general masculine conformity, but should rather be used to assess adherence to particular masculine norms (Levant et al., 2020).

Table 1

Masculinity Measure Subscales and Definitions

Subscale Title	Definition
CMNI – Winning	Focus on success and winning competitive contests
CMNI – Emotional Control	Endorsing control of emotional expression
CMNI – Risk-Taking	Voluntary exposure to risky situations
CMNI – Violence	Accept violence as an acceptable response to some situations
CMNI – Power Over Women	General control of women

Subscale Title	Definition
CMNI - Playboy	Endorsing casual sexual activity
CMNI – Self-Reliance	Reluctance to seek help but rather rely on oneself
CMNI – Primacy of Work	Endorsing work as a primary focus of life
CMNI – Heterosexual Self-Preservation	Importance of not being perceived as gay to others
CMNI – Pursuit of Status	Wanting to be seen as an important person
MRNI	Measure of traditional masculinity ideology, which captures cultural beliefs regarding masculine norms which help to keep men in places of power in a patriarchal society (McDermott et al., 2018)

The Male Role Norm Inventory–Very Brief Form (McDermott et al., 2019) is a five-item measure on a 7-point rating scale (1= *strongly disagree*, 4= *no opinion*, and 7= *strongly agree*) and is designed as a global measure for traditional masculinity ideology (see Table 1). The MRNI-VB was created from a 21-item measure (The Male Role Norms Inventory - Short Form) in an effort to design a very brief, unidimensional measure which assessed general masculine adherence. The MRNI-VB has an internal coefficient of .83 and was seen to be appropriate across gender groups as well.

The Adverse Childhood Experiences (ACEs) Questionnaire is a 10-item measure answered binarily with a “yes” or “no” response. These questions were created after the pilot ACEs study to consolidate the factors originally found to determine later life negative effects. These questions measure three different categories: abuse (physical, emotional, and sexual), neglect (physical and emotional), and household dysfunction (mental illness, incarcerated relative, mother treated violently, substance abuse, and divorce) (Felitti et al., 1998).

The Brief Religious Coping scale (Brief RCOPE) is a 14-item measure which utilizes a Likert scale (1 = *not at all* to 4 = *a great deal*) to assess individuals' level of positive and negative religious coping (Pargament et al., 2011). The Brief RCOPE was adapted from the full RCOPE, originally comprised of 105 items (Pargament et al., 2011). After compiling 30 studies which had used the Brief RCOPE, Pargament et al. (2011) identified the positive religious coping subscale to have a median alpha coefficient of .92 and the negative religious coping subscale to have median alpha coefficient of .81.

Procedure

Male students were invited to participate in the study via the university emailing system. The email contained a link to a Survey Monkey, which included the informed consent and the electronically adapted questionnaires. It was acknowledged that the responses would be confidential and anonymous, unless the participant chose to self-identify in order to be entered into a raffle. Data was collected in the Fall semester 2021, with the survey open to responses for 1 month before closing. Statistical analyses were then performed to explore the research questions posed above.

Chapter 3

Results

Total survey responses were collected via SurveyMonkey with 236 individual responses and 196 usable, after the data was examined and responses that were inconsistent with the target population (women, unfinished surveys) were removed. The final group of respondents was representative of the greater university population. All respondents were cis-gender men, between the ages of 17–29 years, and located in the Northwestern United States. The majority of participants identified as White (74%). The remaining participants identified as either Black

(<1%), Asian (4%), Latinx (6%), Native Hawaiian or Pacific Islander (1%), Native American or Alaska Native (1%), or multiracial (12%).

Hypothesis #1

An independent samples *t*-test was used to evaluate the masculinity scores (both CMNI subscales and MRNI-VB) between two ACEs groups: those who have not experienced ACEs and those who have (one or more ACEs). A significant difference was found for the Winning Subscale, $t(194) = -3.36$, $p < .001$, $d = .491$, Playboy Subscale, $t(194) = -2.20$, $p = .015$, $d = .321$ Primacy of Work Subscale, $t(194) = -1.78$, $p = .038$, $d = .274$, and Risk Taking Subscale, $t(194) = -1.88$, $p = .031$, $d = .260$. All of the other subscales and the MRNI-VB total score did not produce significant results (see Table 2). Each of the above domains fell into the small to medium effect size range.

These results indicate individuals who have experienced ACEs show a statistically significant difference from those who have not experienced ACEs, with those endorsing having experienced ACEs also reporting higher levels of traditionally masculine traits in the domains of Winning, Playboy, Primacy of Work, and Risk Taking.

Table 2

Masculinity and ACEs Independent Samples t-test

Subscale	Results
Emotional Control	$t(194) = -.62$, $p = .27$
Winning	$t(194) = -3.36$, $p < .001$, $d = .49$
Playboy	$t(194) = -2.20$, $p = .02$, $d = .32$
Violence	$t(194) = .23$, $p = .41$
Heterosexual Self-Preservation	$t(194) = .77$, $p = .22$

Subscale	Results
Pursuit of Status	$t(194) = -1.28, p = .10$
Primacy of Work	$t(194) = -1.78, p = .04, d = .27$
Power Over Women	$t(194) = -.81, p = .21$
Self-Reliance	$t(194) = -1.65, p = .05$
Risk-Taking	$t(194) = -1.88, p = .03, d = .26$
MRNI Total	$t(194) = .07, p = .47$

Hypothesis #2

A bivariate Pearson correlation was used to assess the relationship between the number of ACEs and each of the masculinity measures. Significant relationships were found for each of the following scales: Winning Subscale, $r(194) = .285, p < .001$, Playboy Subscale, $r(194) = .283, p < .001$, Pursuit of Status Subscale, $r(194) = .144, p = .044$, and the Risk Taking Subscale, $r(194) = .160, p = .025$. All of the other subscales and the MRNI-VB total score did not produce significant results (see Table 3).

Due to the positive *r* values revealed in this analysis, the results indicate that men who experience more ACEs endorse higher levels of traditional masculinity within the domains of Winning, Playboy, Pursuit of Status, and Risk Taking.

Table 3

Masculinity and ACEs Bivariate Pearson Correlation

Subscale	Results
Emotional Control	$r(194) = -.001, p = .99$

Subscale	Results
Winning	$r(194) = .29, p < .001$
Playboy	$r(194) = .28, p < .001$
Violence	$r(194) = .04, p = .62$
Heterosexual Self-Preservation	$r(194) = -.04, p = .56$
Pursuit of Status	$r(194) = .14, p = .04$
Primacy of Work	$r(194) = .13, p = .08$
Power Over Women	$r(194) = .11, p = .12$
Self-Reliance	$r(194) = .07, p = .36$
Risk-Taking	$r(194) = .16, p = .03$
MRNI Total	$r(194) = .08, p = .30$

Hypothesis #3

Independent samples *t*-tests were used to evaluate differences in masculinity scores (both on CMNI subscales and the MRNI-VB) between men who scored high or low in positive religious coping techniques. All men included in this analysis had also experienced ACEs. A mean split ($M = 17.46$, $SD = 5.77$) was used to categorize high scores (raw scores ranging from 20–28, $n = 73$) and low scores (raw scores ranging from 1–15, $n = 72$) on the positive religious coping measure. Each cutoff was created by identifying the raw score that was 0.5 standard deviations (2.88) above and below the mean.

Several subscales of the CMNI showed a significant difference between groups (see Table 4); however not all of the changes were shown to be a reduction in traditionally masculine traits when the positive religious coping strategies were employed. The subscales that had lower

scores for traditionally masculine traits include: Emotional Control, $t(143) = 1.95$, $p = .027$, $d = .32$; Winning, $t(143) = 2.47$, $p = .007$, $d = .41$; Playboy, $t(118) = 4.21$, $p < .001$, $d = .70$; (Levene's test indicated unequal variances [$F = 19.67$, $p < .001$], so degrees of freedom were adjusted from 143 to 118), Self-Reliance, $t(143) = 2.75$, $p = .003$, $d = .46$; and Risk-Taking, $t(143) = 1.91$, $p = .029$, $d = .32$.

Subscales which saw higher masculine presentation with the use of positive religious coping strategies include: Heterosexual Self-Preservation, $t(143) = -4.04$, $p < .001$, $d = -.67$; Power Over Women, $t(143) = -2.50$, $p = .007$, $d = -.42$; and the MRNI-VB Total score, $t(143) = -2.62$, $p = .005$, $d = -.44$.

Table 4

Masculinity and Positive Religious Coping Independent Samples t-test

Subscale	Results
Emotional Control	$t(143) = 1.95$, $p = .03$, $d = .32$
Winning	$t(143) = 2.47$, $p = .01$, $d = .41$
Playboy	$t(118) = 4.21$, $p < .001$, $d = .70$
Violence	$t(143) = .45$, $p = .33$
Heterosexual Self-Preservation	$t(143) = -4.04$, $p < .001$, $d = -.67$
Pursuit of Status	$t(143) = -.38$, $p = .35$
Primacy of Work	$t(143) = -.29$, $p = .39$
Power Over Women	$t(143) = -2.50$, $p = .01$, $d = -.42$
Self-Reliance	$t(143) = 2.75$, $p < .01$, $d = .46$
Risk-Taking	$t(143) = 1.91$, $p = .03$, $d = .32$

Subscale	Results
MRNI Total	$t(143) = -2.62$, $p = .01$, $d = -.44$

Hypothesis #4

Independent samples *t*-tests were used to evaluate differences in masculinity scores (both on CMNI subscales and the MRNI-VB) between men who scored high or low in negative religious coping techniques. All men included in this analysis had also experienced ACEs. A mean split ($M = 11.17$, $SD = 4.47$) was used to categorize high scores (raw scores ranging from 13–28, $n = 53$) and low scores (raw scores ranging from 1–9, $n = 94$) on the negative religious coping measure. Each cutoff was created by identifying the raw score that was 0.5 standard deviations (2.23) above and below the mean.

Two subscales of the CMNI showed a significant difference between groups, both in the direction assumed by the hypothesis. The Emotional Control subscale, $t(145) = -1.92$, $p = .029$, $d = .33$; and the Self-Reliance subscale, $t(145) = -2.95$, $p = .002$, $d = -.51$, both saw higher masculine trait presentation. All of the other subscales and the MRNI-VB indicated no significant results (see Table 5).

Table 5

Masculinity and Negative Religious Coping Independent Samples t-test

Subscale	Results
Emotional Control	$t(145) = -1.92$, $p = .03$, $d = -.33$
Winning	$t(145) = .56$, $p = .29$
Playboy	$t(145) = -1.42$, $p = .08$
Violence	$t(145) = -1.09$, $p = .14$

Subscale	Results
Heterosexual Self-Preservation	$t(145) = .63, p = .27$
Pursuit of Status	$t(145) = .16, p = .44$
Primacy of Work	$t(145) = -.73, p = .23$
Power Over Women	$t(145) = .62, p = .27$
Self-Reliance	$t(145) = -2.95, p < .01, d = -.51$
Risk-Taking	$t(145) = .33, p = .37$
MRNI Total	$t(143) = -.42, p = .34$

Chapter 4

Discussion

Key Findings

The purpose of the current study was to examine the relationship between traditional masculinity, ACEs, and religious coping style among college-age men. First, we explored the relationship between ACEs and traditional masculine traits (i.e., do men who experience ACEs endorse stronger adherence to traditionally masculine traits than men who have not experienced ACEs?), and second, we assessed if there was a positive relationship between the number of ACEs endorsed and the strength of traditional masculine traits. We hoped to gain a better understanding of possible contributions to traditional masculinity. The results from the MRNI-VB indicated no relationship between ACEs and global traditional masculine trait presentation. However, the results from the CMNI indicated some relationship between specific traditional masculine traits and ACEs. The Winning, Playboy, Risk-Taking, and Primacy of Work subscales each held a positive correlation with ACEs, indicating that men who experience ACEs are more likely to exhibit these four traits than men who did not endorse ACEs. Similarly, the Winning,

Playboy, Pursuit of Status, and Risk-Taking subscales all yielded results which indicate that as men experience more ACEs, they also tend to exhibit higher levels of these four traits. Regarding the Playboy and Risk-taking subscales, previous research suggests that men are more likely to engage in externalizing behavior that may be detrimental to their health and overall wellbeing, which is similar to casual sexual activity and voluntary exposure to risky situations characterized by these two scales (Addis, 2008; Call & Shafer, 2018). It might be that these men have not addressed the impacts of their ACE exposure on their wellbeing and may be finding it difficult to pursue growth after their experienced trauma (Tedeschi & Calhoun, 2004). Further, they are endorsing these externalizing behaviors more frequently than those who have not been impacted by childhood adverse events. These results may also be representative of values that are common for this developmental stage of the college-age population. This time of identity and values development, with an emphasis on career, success, and relationships, may have a greater effect on those who have experienced ACEs.

Men who have lived in environments where ACEs occur may have only been exposed to these models of behavior and attitudes, influencing their perception of what is socially and interpersonally appropriate. During the young adult phase of individuation, these men may be inclined to replicate lifestyles they have witnessed, including those that may be considered harmful or destructive (i.e., Violence, Power Over Women). It may be that men are less inclined to endorse more harmful traits due to possible repercussions, such as negative social perception or hindering progress toward success.

Three of these four subscales (Winning, Playboy, and Risk-Taking) were found to be correlated to the mere presence of ACEs generally. Again, this may be due to the current life stage of the participants in the study. The men in the study are all college-age and this time of

life tend to be focused on career building and relationship development and our results indicate there may be a stronger relationship between Winning, Playboy, and Risk-Taking and ACEs than the other subscales. This suggests that negative and difficult experiences in childhood may have an impact on masculine presentation and adherence to masculine norms within these particular domains. Men who experienced more ACEs have seen the harm they can do and engage in behaviors that prevent similar experiences in the future. Focusing on Winning and Pursuit of Status may serve as a means for men to avoid situations where they might find themselves experiencing ACEs again, while engaging in Playboy and Risk-Taking behaviors may be more reflective of the developmental stage of the participants of this study.

However, we did not find a relationship between the majority of the subscales or the MRNI-VB. One possible reason for this result is the limited ACEs experience reported by the sample. Only 39% of the sample population from this study endorsed experiencing one or more ACEs. According to the Centers for Disease Control and Prevention, 61% of adults have had at least one ACE and 16% have had four or more ACEs (Centers for Disease Control and Prevention, 2021). As such, it may be difficult to detect the effect of ACEs on some masculinity subscales since such a small portion of our sample endorsed ACEs. Additionally, the MRNI-VB emphasizes some of the more harmful components of masculinity that have often caused harm to men, women, and society at large (McDermott et al., 2019; Gerdes et al., 2017). As society has begun to talk about the harmful effects of this type of masculinity, it may be that the men in this study adhere less to the more outwardly oriented facets of masculinity that are assessed by the MRNI-VB. This measure was developed in 2017, prior to social movements like the #MeToo movement. The national attention and subsequent conversations may have shifted the cultural ideology and might have impacted our sample's responses.

A third aim of this study was to determine the relationship between positive religious coping and traditional masculinity among men who have experienced ACEs. Previous research indicated that some positive coping strategies that are not restricted to religious practice (like forgiveness and gratitude) act as moderators to the effects of early traumatic stress (Reinert, et al., 2016). Our results supported our hypothesis that men who engage in greater positive religious coping experience a decrease in traditional masculine traits. Within the subscales of Emotional Control, Winning, Playboy, Self-Reliance, and Risk-Taking, men who scored higher on the positive religious coping measure endorsed lower scores in these areas than their counterparts who endorsed using fewer of the positive religious coping strategies. These results support Reinert, et al.'s (2016) assertion that positive religious coping has a moderating effect on some traditional masculine traits. It is possible that a secure attachment with the Divine and with others provides an avenue for men who have experienced ACEs to be able to process difficult life events and moderates externalizing behaviors. This aligns with the idea that religion can aid in meaning making (Good & Willoughby, 2008; Pargament et al., 2004), and may allow men who have experienced traumatic events to make sense of the events in ways that are different than embracing traditional masculine traits. Additionally, many traditional religious practices involve connection to a community, emotional expression and attunement, which may be related to the lower scores on scales like Emotional Control and Self-Reliance (Good & Willoughby, 2008; Pargament et al., 2004). Furthermore, many religious traditions emphasize values such as loyalty and sacrifice, which on the surface appear to be in direct opposition to some of the traditional masculine traits. As a result, men who adhere more strongly to their religious values and practices may view some components of traditional masculinity as incompatible with their beliefs or lifestyle and avoid such traits.

However, positive religious coping was not consistently associated with lower scores in all masculinity subscales. In fact, Heterosexual Self-Preservation, Power Over Women, and the MRNI-VB global measure saw higher scores with increased use of positive religious coping. One possible explanation for this surprising finding is that the sample of the current study was gathered from a private, Christian university that leans more traditional in its values. Men who also hold these traditional values may have been attracted to attend this university. Some more traditional Christian values emphasize heteronormative marriage and men as leaders of the home and religious bodies. These more traditional religious values may have influenced the response on certain subscales like Heterosexual Self-Preservation and Power Over Women. In addition to the current environment the men are in, their own personally held religious perspectives may have played a role in their responses as well. For example, the MRNI-VB emphasizes traits like Power Over Women, Heterosexual Self-Preservation, and Emotional Control and may be more sensitive to individuals who adhere to these traits. These findings align with previous research indicating religiosity is correlated with power over women as well as heteronormativity (Ward & Cook, 2011) and that within some religious communities, there can be a tendency for the development of a "soft patriarchy", which may result in attitudes congruent with the above results (Shafer et al., 2019).

Previous research indicates individuals with increased religiosity exhibit more traditionally masculine traits (Ward & Cook, 2011). While our results did not find that to be true across all subscales, the results did show that men who engage in negative religious coping exhibit higher levels of Emotional Control and Self-Reliance. Given the nature of negative religious coping as a conflictual relationship with the Divine and others, it may be that men engage in emotionally vulnerable behavior that may not relieve their distress and, in turn, they

became more rigid in their emotional expression. Additionally, it may not be that men are not emotionally expressive, but rather, that they only find value in expressing gender-typical emotions, like anger or feelings of abandonment. This sense of abandonment by God may be a result of the unresolved distress associated with ACEs and leading to a sense of self-reliance. Research shows that men are more likely to possess an image of God that is controlling and tend to be more focused on God as powerful and judgmental, which feeds into the negative religious coping ideals that portrays God as punishing and abandoning (Krejci, 1998; Ozorak, 1996; Zukerman et al., 2017). Ultimately, these perspectives may influence men to express greater emotional control and feel as though they can only depend on themselves.

Our study failed to show significant results among the other subscales or with the MRNI-VB global measure. As far as the subscales that were not lower, it may be that the remaining subscales are less closely associated with religiosity. For example, men's perception of God or experience with God may not closely tie to feeling the need to take risks or winning. It may be that rather than causing an increase in traditional masculine traits, the traits remain unaffected by negative religious coping styles due to their lack of interconnectedness. It may be that these traits are still present in men, but the presence of negative religious coping neither increase nor decreases the strength of these traits. Additionally, it is important to note that the categories of religious coping are not mutually exclusive. There may be men who utilize both positive and negative religious techniques, in which case it may be more difficult to further clarify religious coping's impact on traditional masculine trait adherence.

Limitations

One prominent limitation to the current study is the lack of diversity included in the participants. The sample population is predominantly white and most are from a traditional

college age population. Ideally, this study could have benefited from a diverse sample population that would be more generalizable. Another limitation of the study is the ACEs measure. As researchers continue to explore trauma and its effects, it is becoming increasingly clear that it is dynamic and complex. As such, use of the ACEs measure results in a limited view of traumatic experiences and does not account for severity or repetition of traumatic events. Additionally, our study did not look at the specific correlations between specific ACEs and their relationship to traditional masculinity or how they are impacted by religious coping. Another limitation of our study was the overall low average of ACEs endorsed by our population. While still present, the number of men who did not endorse any ACEs was high and may not be representative of the general population. Lastly, the study was solely focused on individuals with a Christian background and utilized questions that may not have been representative of other religious backgrounds. As the data was collected from a private, Christian university, most of the participants subscribed to Christian thoughts and practices. While this is helpful to gain a better understanding of males within this particular population, it may be difficult to generalize the results of this study to men in differing religious contexts or men who do not hold a religious perspective.

Areas for Future Research

Overall, research regarding men and masculinity is lacking. Researchers continue to explore what contributing factors (e.g., experiences and traits) lend themselves to the development of certain forms of masculinity. And, given increasing access to a variety of masculine role models and continued masculinity-associated wellness deficits, it is important to consider how masculinity develops and discover ways to better serve this population in an effort to curb its negative effects and enhance its positive effects. One area of further research would be

continued exploration of the impact of trauma on masculinity development. More specifically, observing what, if any, specific trauma experiences might be related to the development of certain masculinity traits. Another area of research would be assessing more specifically what it is about positive religious coping that reduces some traditional masculine traits. Exploring the mechanisms behind this change may enhance therapeutic treatment of males resulting in better and more nuanced care. Lastly, considering potential racial, ethnic, and age-based impacts on masculine traits and norms would provide nuance and increase the generalizability of the results.

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Appendix A

Informed Consent

Informed Consent for Participation

The purpose of this study is to better understand the relationship between masculine traits and childhood experiences, while assessing the potential for religion/spirituality to play a mitigating role. As such, the data collected may be sensitive and will be treated as highly confidential. The known risks of this study include potential psychological or mental discomfort from recalling potentially traumatizing or difficult life events.

Your participation in this research project is voluntary and you may withdraw from the project at any time without penalty. The material collected in this study is for Jake Bigon's (investigator) Doctoral Dissertation and may be published in a scholarly journal. All data will be kept confidential with only the investigator of this research and faculty advisors having access to any identifying information. There will be no reference to your name on any of the research material or public indication that you participated in this project. You may contact Jake Bigon (jbigon18@georgefox.edu) or Dr. William Buhrow (bbuhrow@georgefox.edu) if you have questions or concerns about your participation in, or any part of, the research project.

By continuing this survey, you are agreeing to participate in the research project, under the terms noted above.

Appendix B

Demographic Questionnaire

1. Age: _____
2. Ethnicity (Please select all that apply):
    a. White
    b. Black or African American
    c. Latinx
    d. Asian or Asian American
    e. American Indian or Alaska Native
    f. Native Hawaiian or other Pacific Islander
    g. Other (please specify): _____
3. Familial Socioeconomic Status
    a. Lower Class ($32,408 or less)
    b. Lower Middle Class ($32,408 to $53,413)
    c. Middle Class ($53,413 to $106,827)
    d. Upper Middle Class ($106,827 to $373,894)
    e. Upper Class ($373,894 or more)
4. Home Region
    a. West (CA, OR, WA, UT, ID, NV, MT, WY, CO, AK, HI)
    b. Southwest (AZ, NM, TX, OK)
    c. Southeast (AR, LA, MS, AL, GA, FL, SC, NC, VA, KY, TN, WV, DE, MD)
    d. Midwest (ND, SD, NE, KS, MN, IA, MO, MI, IL, WI, IN, OH)
    e. Northeast (PS, NJ, CT, RI, NY, VT, ME, NH, MA)

    f. International/Another country

5. Year in school
    a. First year undergraduate
    b. Second year undergraduate
    c. Third year undergraduate
    d. Fourth year undergraduate
    e. Fifth year (or more) undergraduate
6. Sex
    a. Male
    b. Female
    c. Prefer not to answer
7. Gender Identity
    a. Cis-gender woman
    b. Transgender woman
    c. Transgender man
    d. Cis-gender man
    e. I do not identify as either a man or a woman

Appendix C

Conformity to Masculine Norms Inventory-30

Instructions: The following pages contain a series of statements about how men might think, feel or behave. The statements are designed to measure attitudes, beliefs, and behaviors associated with both traditional and non-traditional masculine gender roles.

Thinking about your own actions, feelings and beliefs, please indicate how much **you personally agree or disagree with each statement**, with 1 indicating "Strongly Disagree" and 6 indicating "Strongly agree" to the left of the statement. There are no right or wrong responses to the statements. You should give the responses that most accurately describe your personal actions, feelings and beliefs. It is best if you respond with your first impression when answering.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

1. I tend to share my feelings (R)
   1 2 3 4 5 6
2. I would get angry if people thought I was gay
   1 2 3 4 5 6
3. I dislike any kind of violence (R)
   1 2 3 4 5 6
4. It bothers me when I have to ask for help
   1 2 3 4 5 6
5. I bring up my feelings when talking to others (R)
   1 2 3 4 5 6
6. Work comes first for me
   1 2 3 4 5 6
7. For me, the best feeling in the world comes from winning
   1 2 3 4 5 6
8. I enjoy taking risks
   1 2 3 4 5 6
9. I think that trying to be important is a waste of time (R)
   1 2 3 4 5 6

10. The women in my life should obey me
    1 2 3 4 5 6

11. I would be furious if someone thought I was gay
    1 2 3 4 5 6

12. I would change sexual partners often if I could
    1 2 3 4 5 6

Strongly Disagree	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
1	**2**	**3**	**4**	**5**	**6**

13. I like to talk about my feelings (R)
    1 2 3 4 5 6

14. I would find it enjoyable to date more than one person at a time
    1 2 3 4 5 6

15. It's never ok for me to be violent (R)
    1 2 3 4 5 6

16. In general I must get my way
    1 2 3 4 5 6

17. It would be awful if people thought I was gay
    1 2 3 4 5 6

18. Having status is not important to me (R)
    1 2 3 4 5 6

19. I put myself in risky situations
    1 2 3 4 5 6

20. Things tend to be better when men are in charge
    1 2 3 4 5 6

21. I feel good when work is my first priority
    1 2 3 4 5 6

22. I would hate to be important (R)
    1 2 3 4 5 6

23. I will do anything to win

1 2 3 4 5 6

24. I think that violence is sometimes necessary
1 2 3 4 5 6

25. I never ask for help
1 2 3 4 5 6

26. I need to prioritize my work over other things
1 2 3 4 5 6

Strongly Disagree	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
1	**2**	**3**	**4**	**5**	**6**

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27. I love it when men are in charge of women
1 2 3 4 5 6

28. I am not ashamed to ask for help (R)
1 2 3 4 5 6

29. I would feel good if I had many sexual partners
1 2 3 4 5 6

30. I take risks
1 2 3 4 5 6

Appendix D

Male Role Norms Inventory – Very Brief

MRNI-VB
Please complete the questionnaire by circling the number which indicates your level of agreement or disagreement with each statement. Give only one answer for each statement.

Strongly Disagree	Disagree	Slightly Disagree	No Opinion	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

4. Men should watch football games instead of soap operas.
   1 2 3 4 5 6 7

10. Boys should prefer to play with trucks rather than dolls.
    1 2 3 4 5 6 7

12. A man should always be the boss.
    1 2 3 4 5 6 7

20. I think a young man should try to be physically tough, even if he's not big.
    1 2 3 4 5 6 7

21. Men should not be too quick to tell others that they care about them.
    1 2 3 4 5 6 7

MRNI-VB: Scoring

A. **General Traditional Masculinity Ideology Factor (Total Scale).** To obtain Total Scale score, take the mean of all five items.

Appendix E

Adverse Childhood Experiences (ACEs) Questionnaire

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often…
swear at you, insult you, put you down, or humiliate you?
OR
Act in a way that made you afraid that you might be physically hurt?

Yes No

2. Did a parent or other adult in the household often or very often…
push, grab, slap, or throw something at you?
OR
Ever hit you so hard that you had marks or were injured?

Yes No

3. Did an adult or person at least 5 years older than you ever…
touch or fondle you or have you touch their body in a sexual way?
OR
attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No

4. Did you often or very often feel that …
no one in your family loved you or thought you were important or special?
OR
your family didn't look out for each other, feel close to each other, or support each other?

Yes No

5. Did you often or very often feel that …
you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
OR
your parents were too drunk or high to take care of you or take you to the doctor
if you needed it?

Yes No

6. Were your parents ever separated or divorced?

Yes No

7. Was your mother or stepmother:
often or very often pushed, grabbed, slapped, or had something thrown at her?
OR
sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
OR
ever repeatedly hit at least a few minutes or threatened with a gun or knife?

Yes No

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No

10. Did a household member go to prison?

Yes No

Appendix F

Brief RCOPE

The following items deal with ways you coped with the negative event in your life. There are many ways to try to deal with problems. These items ask what you did to cope with this negative event. Obviously different people deal with things in different ways, but we are interested in how you tried to deal with it. Each item says something about a particular way of coping. We want to know to what extent you did what the item says. How much or how frequently. Don't answer on the basis of what worked or not – just whether or not you did it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can. Circle the answer that best applies to you.

1 – not at all
2 – somewhat
3 – quite a bit
4 – a great deal

l. Looked for a stronger connection with God.	1	2	3	4
2. Sought God's love and care.	1	2	3	4
3. Sought help from God in letting go of my anger.	1	2	3	4
4. Tried to put my plans into action together with God.	1	2	3	4
5. Tried to see how God might be trying to strengthen me in this situation.	1	2	3	4
6. Asked forgiveness for my sins.	1	2	3	4
7. Focused on religion to stop worrying about my problems.	1	2	3	4
8. Wondered whether God had abandoned me.	1	2	3	4
9. Felt punished by God for my lack of devotion.	1	2	3	4
10. Wondered what I did for God to punish me.	1	2	3	4
11. Questioned God's love for me.	1	2	3	4
12. Wondered whether my church had abandoned me.	1	2	3	4
13. Decided the devil made this happen.	1	2	3	4
14. Questioned the power of God.	1	2	3	4

Appendix G

Curriculum Vitae

JAKE DALTON BIGON

1337 Gertrude St.
San Diego, CA 92110
(916) 300-5514
jakebigon@gmail.com
Pronouns: He/Him

EDUCATION

Present	**Doctor of Psychology in Clinical Psychology** *(APA Accredited)* **Anticipated Graduation May 2023** George Fox University, Newberg, OR Academic Advisor: Bill Buhrow, Jr., PsyD Dissertation Title: *The Relationship of Religious Coping to Adverse Childhood Experiences and Expression of Traditional Masculinity* Defended on March 23, 2023
May 2020	**Master of Arts in Clinical Psychology** *(APA Accredited)* George Fox University, Newberg, OR Academic Advisor: Bill Buhrow, Jr., PsyD
May 2018	**Bachelor of Arts in Psychology**, *Magna Cum Laude* Pepperdine University, Malibu, CA *Minor:* Sociology Academic Advisor: Jennifer Harriger, PhD

SUPERVISED CLINICAL EXPERIENCE

August 2022 – Present

APA Accredited *Doctoral Internship*
University of San Diego Counseling Center, San Diego, CA
Clinical Director: Kevin Tajii, PsyD

- Provide brief and long-term individual therapy sessions to undergraduate and graduate university students

- Provision of telehealth services via Zoom and telephone for increased accessibility to mental health support
- Utilize a variety of theoretical orientations (CBT, ACT, Humanistic, Interpersonal) to conceptualize and treat students with a variety of mental health concerns
- Risk assessment, safety planning and hospitalization facilitation as needed
- Urgent and crisis support for students who are experiencing acute mental health concerns
- Engaged in a multitude of outreach, education and prevention programs to support student community
    - *Summer Bridge Program:* Provided support resources and psychoeducation to students with historically marginalized identities adjusting to college
    - *LGBTQ+ Wellness Week:* Partnered with United Front Multicultural Commons to provide education and support services
    - *Be Well presentations:* Presented information to incoming students about healthy choices and adjusting to college
    - *Mental Health Check-ins:* Provided 15-20 minute mental health screenings, instituted appropriate behavioral interventions, and referred students for further support services
    - *Author/Speaker Event:* Supported 300+ students present for a discussion on trauma and eating disorders
- Co-facilitated identity-based process group, *Guy Talk,* oriented toward male-identified students to process masculinity and understand the ways they have been impacted by masculine gender norms
- Supervision of a practicum student, Spring 2023
- Participated in specialized and focused trainings and consultations as a clinical focus area*: Interpersonal Therapy*
- Care coordination intent on connecting students to community support including, psychiatrists, therapists and medical providers
- Documentation of clinical services utilizing PointandClick software
- Implementation of culturally sensitive treatment planning, case conceptualization, and therapeutic interventions
- Participation in Diversity Seminar and Anti-Racism meetings to work toward further cultural understanding
- Collaboration with campus partners: deans, professors, Residential Life, Center for Health and Wellness Promotion,

Student Health Center, International Students Office, Student Success Services, Office of Financial Aid, United Front Multicultural Commons, to provide holistic care
- Attended group consultation, group supervision, individual supervision, and psychiatry consultation weekly

September 2021 – December 2021

Supplemental Practicum: University Counselor
George Fox University, Newberg, OR
Supervisor: Bill Buhrow, Jr., PsyD

- Provide individual therapy sessions to university students
- Provision of tele-behavioral health services via phone and Zoom due to COVID-19 restrictions
- Utilize a variety of theoretical frameworks (relational, CBT, ACT) to best serve the client in their treatment goals
- Diagnostic assessment
- Risk assessment and safety planning
- Create and adhere to an individualized treatment plan based on the client's symptoms and treatment goals
- Determination of appropriate referrals to outpatient services
- Documentation using Titanium software
- Attend bi-weekly supervision with licensed psychologist for case conceptualization and aid in treatment progress

May 2021- May 2022

Practicum*: Behavioral Health Provider*
Providence Medical Group, Newberg, OR
Supervisor: Jeri Turgesen, PsyD, MSCP, Colin Bosma, PhD

- Individual therapy to children, adolescents, adults and older adults utilizing brief treatment model in integrated primary care setting
- Primary care behavioral health consultation and education: mental health, health behaviors, medical presentations, substance use, and co-occurring disorders
- Care coordination and collaboration with interdisciplinary team members for emergent patient concerns
- Provision of tele-behavioral health services via phone and Zoom due to COVID-19 restrictions
- Collaboration and consultation with medical teams for warm hand off support
- Training and mentoring of Practicum-II providers
- Intake evaluation, assessment, and treatment planning
- Care coordination for outpatient services
- Cognitive functioning assessment, treatment planning and care coordination

- ADHD screening and assessment
- Attend weekly individual and group supervisions with licensed psychologist and supplemental group supervision with Addiction Psychiatrist
- Clinical documentation utilizing EPIC

September 2021-
April 2022

Fourth Year Mentor
Graduate School of Clinical Psychology, George Fox University

- Provide weekly supplemental oversight and mentorship to a 2nd year clinical psychology student
- Oversee clinical work with an emphasis on case conceptualization and intervention
- Cultivate professional development and clinical psychology competencies

May 2020- May 2022

Supplemental Practicum and Professional Experience: QMHP/Behavioral Health Crisis Consultant
Behavioral Health Crisis Consultation Team, Yamhill County, OR
Supervisors: Luann Foster, PsyD; Mary Peterson, PhD, ABPP; William Buhrow, PsyD

- Provide crisis consultation for children, young adults, adults, and older adults across various identities at emergency departments in local hospitals
- Perform risk assessments regarding suicide/homicide, psychosis, and other behavioral health evaluations
- Consult and collaborate with medical staff and other integrated health professionals
- Attend weekly group supervision and didactics
- Collaborate with other team members and supervisors
- Aid in training for new crisis consultants

July 2020- May 2021

Practicum-II: Behavioral Health Provider
Providence Medical Group, Newberg, OR
Supervisor: Jeri Turgesen, PsyD

- Provide individual behavioral health sessions in integrated medical setting across the lifespan (ages 4-92)
- Conduct initial consultation and follow up appointments
- Coordinate care with medical treatment team and consult with primary care providers and medical staff
- Treatment planning and ongoing assessment for physical and

behavioral health and overall well-being
- Psychoeducation for patients and their support systems
- Medication adherence and disease self-management counseling
- Motivational Interviewing to develop behavioral strategies aimed at symptom reduction
- Brief problem-solving cognitive intervention aimed at modifying negative thinking and promoting self-efficacy
- Self-Care Plan development and skills training to facilitate disease self- management, improved coping, distress tolerance, stress reduction, and relaxation
- Substance use/abuse evaluation, identification of maladaptive coping strategies, and development of harm reduction strategies

August 2019- March 2020 *Practicum I: Middle/High School Therapist*
St. Paul High School, St. Paul, OR
Supervisors: Elizabeth Hamilton, PhD; Christopher Spromberg, PsyD

- Provide outpatient, individual and group, client-centered psychotherapy services to middle school and high school students in a rural setting
- Consult and collaborate with school staff and other interdisciplinary professionals
- Conduct intake interviews, develop treatment plans, diagnostic assessment, assessment report writing, and provide case presentations
- Consult with supervisors twice per week and members of clinical team
- Administer assessments upon request for students requiring additional educational services, complete integrated reports, and present findings in a professional IEP meeting

August 2018- April 2019 *Pre-Practicum: Student Therapist*
Graduate School of Clinical Psychology
George Fox University, Newberg, OR
Supervisors: Glena Andrews, PhD, ABPP; Colleen Conklin, MA

- Provide outpatient, individual, client-centered psychotherapy services to volunteer undergraduate students
- Conduct intake interviews, develop treatment plans, diagnostic assessment, and provide case presentations
- Consult with supervisors and members of clinical team
- Video review of clinical work as part of individual and group

supervision

RELATED PROFESSIONAL EXPERIENCE

November 2018 – April 2022

Clinical Team
George Fox University, Newberg, OR
Supervisors: Kristie Knows His Gun, PsyD, Mary Peterson, PhD, Marie-Christine Goodworth, PhD, Mark McMinn, PhD

- Weekly meetings with a licensed psychologist to discuss and collaborate on a clinical case presentation
- Write a clinical report regarding a case of a client, including the biopsychosocial-spiritual model, the ADDRESSING model, and a case conceptualization through a particular theoretical lens
- Receive feedback on conceptualization and treatment plan

May 2017 – August 2017

Counseling Center Intern
Pepperdine University Counseling Center, Malibu, CA
Supervisor: Hannah Dewalt Tikson, Health and Wellness Education Coordinator

- Created advertisements including flyers, posters and Facebook groups for focus groups and health facts
- Structured curriculum for a group study to be used as an outreach program during the academic year
- Assisted in the creation of a manual for one of the professional positions within the office including the details of past programming events, previously used advertisements, and resources found around campus

TEACHING AND ACADEMIC APPOINTMENTS

August 2021 – April 2022

Teaching Assistant
PSYD 530/531 Clinical Foundations I & II
Graduate School of Clinical Psychology
George Fox University, Newberg, OR
Professor/Supervisor: Dr. Aundrea Paxton, PsyD

- Aid in the organization and structure of course
- Aid in the teaching and practice of basic therapeutic skills for 1st year PsyD students in the Rogerian, client-centered modality, specifically in interpersonal communication and

empathy skill building using role play techniques and video/audio feedback
- Aid in the teaching of ethical issues of practice, the administrative structure and functioning of clinical settings, and the practical issues of assessment, psychotherapy, case management, and record keeping
- Facilitate weekly meetings and closely supervise 1st year PsyD students in simulated clinical therapy experience while integrating course theory and practice
- Participate in weekly supervision with licensed psychologist regarding student-on-student clinical supervision

June 2021

Teaching Assistant
PSYD 504 Social Psychology
Graduate School of Clinical Psychology
George Fox University, Newberg, OR
Professor: Amber Nelson, PsyD

- Aid in the organization and structure of course
- Aid in creation of interactive activities to solidify course content and engage in critical thinking using social psychology concepts
- Facilitate small group discussions regarding homework assignments and in class content
- Aid in grading of assignments to ensure full comprehensive grasp of course content and meeting of APA standards

January 2021

Guest Lecturer with Melissa Flores, MA, QMHP
PSYD 571 Integrative Approaches to Psychology
Graduate School of Clinical Psychology
George Fox University, Newberg, OR
Topic: *Non-violent Communication*
Professor: Michael Vogel, PsyD

August 2020 - December 2020

Teaching Assistant
PSYD 522 Cognitive Assessment
Graduate School of Clinical Psychology
George Fox University, Newberg, OR
Professor: Kenneth A. Logan, PsyD

- Aid in the organization and structuring of the course
- Aid in the teaching and practice of individualized assessment of intellectual and other selected cognitive functions (*i.e.* WAIS-IV, WISC-V, WIAT-III, WMS-IV)
- Facilitate weekly lab group meetings with students for administration practice and continued support in course

- Attend weekly meetings with course professor and other teaching assistants to address student concerns and course components
- Participate in meetings with other teaching assistants to address strict grading criteria for APA competency in test administration, test scoring, and test interpretation and facilitate internal grading consistency

January 2021- May 2021
January 2020- May 2020

Teaching Assistant
PSYD 563 Family Therapy and Diverse Culture
Graduate School of Clinical Psychology
George Fox University, Newberg, OR
Professor: Mary Peterson, PhD, Amber Nelson, PsyD, Celeste Jones, PsyD

- Aid in the organization and structuring of the course
- Participate in classes to aid in facilitating learning of students
- Aid in assessment and grading of student work, pertaining to theories of family therapy, interventions, and personal reflection

June 2020

Teaching Assistant
PSYD 526 Child and Adolescent Assessment
Graduate School of Clinical Psychology
George Fox University, Newberg, OR
Professor: Elizabeth Hamilton, PhD

- Aid in the organization and structuring of the course
- Aid in the teaching and practice of individualized assessment of personality (*i.e.* WJ-IV, BASC, Roberts)
- Facilitate meetings with students for additional help on assessment interpretation and report writing standards
- Aid in grading of student assignments based on APA standard of competency in test administration, test scoring, and testing interpretation, including report writing

January 2021

Guest Lecturer with Melissa Flores and Jeffrey Dunkerley II
PSYD 507 History and Systems of Psychology
Graduate School of Clinical Psychology
George Fox University, Newberg, OR
Topic: *Non-violent Communication*
Professor: Kathleen Gathercoal, PhD

August 2019 –
December 2019

Teaching Assistant
PSYD 505 Lifespan Developmental Psychology
Graduate School of Clinical Psychology

George Fox University, Newberg, OR
Professor: Celeste Jones, PsyD

- Aid in the organization and structuring of the course
- Participate in classes to aid in facilitating learning of students
- Aid in assessment and grading of student work, pertaining to lifespan development, APA grammar and structure, and understanding of developmental concepts
- Led study groups as a student expert in the course content in preparation for mid-term and final exams

RESEARCH EXPERIENCE & PARTICIPATION

2019-Present

Dissertation Research
Graduate School of Clinical Psychology
George Fox University, Newberg, OR
Committee Members: Bill Buhrow, Jr., PsyD (Chair), Amber Nelson, PsyD, Christopher Spromberg, PsyD
Dissertation Title: The Effect of Religion and Spirituality as a Mitigating Factor for Effects of Adverse Childhood Experiences on Expression of Traditional Masculinity (Proposal completed in April 2021)

2019-Present

Research Vertical Team
George Fox University, Newberg, OR
Supervisor: Bill Buhrow, Jr., PsyD

- Collaborate on supplemental research projects and opportunities.
- Engage in dissertation development with intentional supervision with a licensed psychologist

2021

Poster Co-Author
George Fox University, Newberg, OR
Supervisor: Kristie Knows His Gun, PsyD
Research: Competence Working with Diverse Populations Conducting Risk Assessment in the Emergency Department

2020

Poster Co-Author
George Fox University, Newberg, OR
Supervisor: Elizabeth Hamilton, PhD
Research: Correlation between BASC and ABAS Social Adaptability scale

2020 *Poster Co-Author*
George Fox University, Newberg, OR
Supervisor: Bill Buhrow, Jr., PsyD
Research: Relationship between gender, spirituality, and willingness to seek mental health treatment

ASSESSMENT EXPERIENCE

Cognitive/Achievement/Memory:

WAIS-IV	WISC-V	WIAT-III	WMS-IV
WJ-IV Cog	WJ-IV Ach	WRIT	WRAT
BASC-3	ABAS-2	WNV	

Personality:

16PF	MMPI-A	MMPI-2/RF	MCMI-IV	PAI
Roberts				

Neuropsychological:

CVLT-II	C-TONI	DKEFS	Grooved Pegboard
MOCA	TAT	RCFT	WCST
TOMM	Booklet Category	Boston Naming	
BRIEF	Conners		

OTHER PROFESSIONAL EXPERIENCE

Sept 2018- Sept 2020 *Tasting Room Associate*
Ponzi Vineyards, Sherwood, OR
Supervisor: Dan Lerma

- Maintained a positive and inviting environment for winery guests and members
- Provided extensive knowledge of products and production process to guests

- Handled sale of products for consumption on site while encouraging purchase of merchandise and club memberships

2017-2018 *Public Relations Coordinator*
Pepperdine Ambassadors Council
Pepperdine University, Malibu, CA
Supervisor: Lauren Desai

- Served as a representative of the student body in relation to the faculty and administrators of Pepperdine
- Promoted Pepperdine to the general populations of Malibu, Calabasas, and Thousand Oaks through attending and assisting with community events and interacting with high profile donors
- Planned events promoting the Pepperdine Ambassadors Council to the student body, encouraging students to apply for next year's council

2016-2018 *Student Worker and Tour Guide*
Seaver College Office of Admission
Pepperdine University, Malibu, CA
Manager: Kacey Beltz

- Represented Pepperdine University to prospective students and families by leading one hour long daily campus tours of approximately 35 guests
- Provided front-line services including, but not limited to, processing mail, answering phone calls, scheduling prospective students and their families for campus tours, and entering prospective student data
- Managed the Office of Admission front desk operations

2016-2017 *Resident Advisor*
Housing and Residence Life
Pepperdine University, Malibu, CA
Supervisor: Stacey Lee

- Planned biweekly programming events to foster community among 18 transfer residents
- Oversaw the mental health, safety, security, maintenance requests, and general wellbeing of 100+ residents through nightly visits, one on one interactions and remaining on-call
- Fostered trusting and relational mentorships with residents through programming events, one on one opportunities, and presenting myself as readily available at all times

GRANTS RECEIVED

2020-2021 — *Integrated Care Models for Practicum Training in Addictions and Culturally congruent treatment using Tele-Behavioral Health (IMPACT)* through George Fox University
Granting Agency: Health Resources and Services Administration
Grant Purpose: This project seeks to expand services to underserved, vulnerable populations through simultaneous training for graduate psychology students in treatment for OUD/SUD and establishment of tele-behavioral health services (TBS).

CERTIFICATIONS

2020 – Present — Qualified Mental Health Professional
Yamhill County, Oregon

PROFESSIONAL AFFILIATIONS

2018 – Present — American Psychological Association
(Graduate Student Affiliate)

2016 – Present — Psi Chi, Psychology Honors Society
(Member)

RELATED LECTURES & TRAININGS

Elisabeth Esmiol Wilson, PhD, LMFT. *Erotic Transcendence: Integrating Faith with What's New in Sex Research.* Graduate School of Clinical Psychology, George Fox University, Newberg, OR. October 13, 2021.

Eleanor Gil-Kashiwabara, PsyD. *Expanding Interpretive Power to Increase Understanding of Systemic Racism and Related Traumas.* Graduate School of Clinical Psychology, George Fox University, Newberg, OR. May 19, 2021.

Chloe Ackerman, PsyD. *Gender diverse clients: Therapy and intervention readiness assessments.* Grand Rounds, Graduate School of Clinical Psychology, George Fox University, Newberg, OR. March 10, 2021.

Janelle Kwee, PsyD. *Integration and embodiment.* Colloquium, Graduate School of Clinical Psychology, George Fox University, Newberg, OR. February 3, 2021.

Kirk Strosahl, PhD. *Focused Acceptance and Commitment Therapy (fACT): The Basics and Beyond.* Graduate School of Clinical Psychology, George Fox University, Newberg, OR. December 9-10, 2019.

Justin Lee, PhD. *Pediatric cancer and the psychology of oncology and hematology.* Grand Rounds, Graduate School of Clinical Psychology, George Fox University, Newberg, OR. October 14, 2020.

Amy Stoeber, PhD. *Adverse Childhood Experiences to Adults with Substance Use Problems.* Graduate School of Clinical Psychology, George Fox University, Newberg, OR. February 12, 2020.

Amy Stoeber, PhD. *Mitigating the effects of ACES and transforming primary care through resilience building and compassionate connection.* Grand Rounds, Graduate School of Clinical Psychology, George Fox University, Newberg, OR. February 12, 2020.

Cheryl Forster, PsyD. *Intercultural Communication.* Colloquium, Graduate School of Clinical Psychology, George Fox University, Newberg, OR. October 16, 2019.

Everett Worthington Jr., PhD. *Promoting Forgiveness.* Colloquium, Graduate School of Clinical Psychology, George Fox University, Newberg, OR. September 25, 2019.

Marshall Rosenberg, PhD. *Nonviolent Communication.* Online Training. June 2019

Douglas Marlow, PhD. *Foundations of Relationships Therapy – The Gottman Model.* Grand Rounds, Graduate School of Clinical Psychology, George Fox University, Newberg, OR. March 20, 2019.

Diomaris Safi, PsyD & Alex Millkey, PsyD. *Opportunities in Forensic Psychology.* Colloquium, Graduate School of Clinical Psychology, George Fox University, Newberg, OR. February 13, 2019

Scott Pengelly, PhD. *Old pain in new brains.* Grand Rounds, Graduate School of Clinical Psychology, George Fox University, Newberg, OR. October 10, 2018.

Lisa McMinn, PhD & Mark McMinn, PhD. *Spiritual formation and the life of a psychologist: Looking closer to soul-care.* Colloquium, Graduate School of Clinical Psychology, George Fox University, Newberg, OR. September 26, 2018.

HONORS & AWARDS

2021	Education and Systems Competency Award Oregon Psychological Association Annual Conference 2021
2016-2018	Social Science Division Scholarship Pepperdine University
2014-2018	George Pepperdine Achievement Scholarship Pepperdine University

2014	Social Science Division Award Del Oro High School

OFFICES HELD

2021 – 2022	*Member at Large* Student Council Graduate School of Clinical Psychology George Fox University, Newberg, OR
2019-2020	*Student Representative* Admissions Committee Graduate School of Clinical Psychology George Fox University, Newberg, OR
2018 – 2020	*Cohort Representative* Student Council Graduate School of Clinical Psychology George Fox University, Newberg, OR
2021 – 2022 2018-2019	*Treasurer* Student Council Graduate School of Clinical Psychology George Fox University, Newberg, OR

REFERENCES

References available upon request. Please e-mail me at jakebigon@gmail.com to request professional, academic, or personal references.