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By

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**The Role of Acceptance in Men's Restrictive Emotionality and Distress:
An Experimental Study**

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The Role of Acceptance in Men's Restrictive Emotionality and Distress:

An Experimental Study

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**The Role of Acceptance in Men's Restrictive Emotionality and Distress:
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Men's adherence to restrictive emotionality, a traditional masculine norm, has frequently been linked to higher rates of psychological distress and other negative mental health outcomes. Masculinity researchers have recently begun to study how the effects associated with restrictive emotionality might be related to how men regulate their emotions. Limited findings suggest that restrictive emotionality may be related to non-acceptance of emotion. However, these studies have not examined how acceptance affects the relationship between restrictive emotionality and distress. Further, no published studies have attempted to manipulate levels of men's emotional acceptance in service of reducing restrictive emotionality and distress.

The current study tested whether a brief psychoeducational intervention could promote acceptance in men and thus reduce their restrictive emotionality and distress. Participants were randomly assigned to an experimental condition teaching emotional acceptance, or a control condition teaching time management skills. Both conditions consisted of audio recordings that described how these approaches benefit coping with stressful situations, as well as prompts asking participants to write about how this information could relate to their lives. The study also investigated baseline interrelationships between restrictive emotionality, fear of emotion, emotional acceptance, and distress using pretest self-report data. Moderation analyses were

conducted to determine whether emotional acceptance might serve as a buffer against the effects of restrictive emotionality on psychological distress.

Self-report measures at pretest and at one-week follow-up assessed acceptance, fear of emotion, restrictive emotionality, emotional non-acceptance, and distress. Performance-based measures, including a semantic decision task and a scrambled sentences test, were also used to assess for differences by condition. Contrary to hypotheses, no effect of condition was evident in analyses of self-report or performance-based measures. Self-report data demonstrated a main effect of time, such that distress, emotional non-acceptance, and fear of emotion decreased across conditions from pretest to follow up, while acceptance increased. Restrictive emotionality scores remained unchanged. As predicted, significant intercorrelations were found among fear of emotion, emotional non-acceptance, distress, and emotional acceptance with the exception of restrictive emotionality, which was associated only with greater distress. Finally, the hypothesis that emotional acceptance would moderate the relationship between restrictive emotionality and psychological distress was not supported.

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Chapter One:

Introduction

Stoicism has long been considered a masculine ideal in American society, without much regard for its effect on men's mental health. The notion that men should refrain from expressing their emotion is a hallmark norm of traditional masculinity, despite growing evidence that this type of behavior can be quite harmful (O'Neil, 2008). Indeed, restrictive emotionality is the gender norm most consistently linked to a wide variety of negative psychological outcomes (Addis, 2009; Shepard, 2002). These outcomes range from reduced psychological resilience (Bates, Barnett, Brennan, & Israel, 2010), elevated stress (Lu & Wong, 2013), greater depressive symptoms (Hammond, 2012), increased suicidal ideation (Jacobson, et al., 2011), higher levels of anxiety (Wong, Pituch, & Rochlen, 2006), and psychological distress (Liu, Rochlen, & Mohr, 2005; Wong & Rochlen, 2009).

Although the relationship between restrictive emotionality and distress is apparent, the reason for this relationship remains unclear. A better explanation for why restrictive emotionality predicts distress may come from understanding how men are coping with their emotions. Because emotionally restrictive men are not likely to deal with their distress through increased expression, they may be using alternative ways of coping that can be maladaptive. Importantly, research on the effects of restrictive emotionality appears to parallel a much larger body of literature on outcomes related to emotion regulation strategies. Men and masculinity researchers have recently begun to focus on the role of emotion regulation in men's distress.

Emotion regulation refers to a broad class of strategies used to change the intensity or duration of emotional responses (Gross, 2013). Individuals can engage in emotion regulation

either before or after an emotion has already occurred. When a person regulates an emotion can determine which strategy is used and what effect may follow. Strategies that promote suppression of emotion after it occurs tend to exacerbate distress, and strategies that encourage situation reappraisal before the emotion fully occurs tend to mitigate distress (Gross, 2013). Unfortunately, restrictive emotionality appears similar to more dysfunctional regulation strategies, as it indicates a tendency to suppress the expression of emotion.

An individual may try to reject, suppress or avoid a particular emotion in order to limit the experience of that emotion (Koole, 2009). However, by attempting to eliminate unwanted emotions or restrict their expression, individuals may actually intensify the experience of the emotion (Gratz & Roemer, 2004; Gross, 1998; Gross & John, 2003). This rebound effect may explain why avoidance and non-acceptance of emotion are often linked to higher rates of psychopathology and distress (Linehan, 1993; Hayes, et al., 2004; Mennin, Heimberg, Fresco, & Turk, 2005). Thus, a growing number of studies have begun to focus on how acceptance might be alternatively used to promote emotional wellbeing.

Recent studies suggest that emotional acceptance may be a particularly adaptive strategy for regulating emotion (Berking, Wupperman, Reichardt, Pejic, Duppel, & Znoj, 2008; Sheppes & Gross, 2011; Gratz & Tull, 2011). Emotional acceptance has been defined as a willingness to experience the full range of emotion without judgment or avoidance (Chambers, Gullone, & Allen, 2009; Hayes, 2004). In this way, acceptance reduces preoccupation with control over emotions and enables more flexible and mindful responses to distress (Roemer & Orsillo, 2005). Correlational studies have found numerous mental health benefits associated with increased acceptance, including reduced negative affect (Campbell-Sills, Barlow, Brown, & Hoffman, 2005), less avoidance behavior (Feldner, et al., 2003), and greater psychological flexibility

(Davis & Nolen-Hoeksema, 2000). Conversely, a lack of emotional acceptance has been related to social anxiety (Rusch, Westermann, & Lincoln, 2012) eating disorder symptoms (Merwin, Zucker, Lacy, & Elliott, 2010), generalized anxiety disorder (Mennin, McLaughlin, Flanagan, 2009), and depressive rumination (Rude, Maestas, & Neff, 2007).

In addition, emotional acceptance has been particularly relevant to emerging research in the area of men and masculinity. Men who endorsed more restrictive emotionality have been found to be more non-accepting of their emotions (Cohn, Jakupcak, Seibert, Hildebrandt & Zeichner, 2010). This internal rejection of emotion significantly predicted greater aggression and hostility. A lack of emotional acceptance has also been linked to greater suppression, which in turn, has been strongly associated with increased depressive symptoms in men (Flynn, Hollenstein, & Mackey, 2010). Besides restrictive emotionality, other aspects of masculine ideology may be influencing men's non-acceptance of emotion.

The reluctance to accept emotions may occur due to fear of vulnerable emotions (Gratz & Roemer, 2004), and masculinity has been associated with this type of fear. In a study by Jakupcak, Salter, Gratz, and Roemer (2004), men with greater adherence to traditional masculine norms were found more likely to fear their own anger, as well as positive and depressed affect (Jakupcak, Salters, Gratz & Roemer, 2004). Such evidence is consistent with masculinity theories suggesting that gender norm socialization can cause men to become intolerant toward emotions considered to be feminine (Wong, Pituch, & Rochlen 2006; Wester & Vogel, 2012).

Intuitively, increasing emotional acceptance may be useful to men who are more likely to fear, avoid, or restrict their emotions. Masculinity researchers have suggested that psychological interventions for men should focus on normalizing vulnerable emotions in order to reduce fear of emotionality (Wong & Rochlen, 2005). Meanwhile, acceptance researchers have asserted that

understanding the impermanent nature of emotions can also help reduce anxiety about unwanted emotions and facilitate greater acceptance (Hayes, 2004). In line with this research, Rude, Mazzetti, Pal, & Stauble (2011) developed an intervention called *big picture appraisal*, which asks individuals to consider how their emotions change with time and are similar to the emotions of others. This process is believed to encourage an open, nonjudgmental approach to distress, and it has been shown to effectively reduce depressive rumination and distress (Rude et al., 2011).

In building upon this research, the current study was developed to test whether a brief intervention could promote increased emotional acceptance in men, while also examining how acceptance is related to men's restrictive emotionality and distress. More specifically, this study pursued three primary goals: 1) Experimentally manipulate levels of emotional acceptance via an intervention that teaches the impermanence, universality, and non-judgment of emotion; 2) Determine the interrelationships between the aforementioned variables of interest; and 3) Test a moderation model in which emotional acceptance moderates the relationship between restrictive emotionality and psychological distress.

Chapter Two: Literature Review

Defining Restrictive Emotionality

Restrictive emotionality has been frequently explained as a norm that is critical to understanding how traditional masculinity relates to mental health (O'Neil, 2008; Levant & Pollack, 1995; Wester & Vogel, 2012). O'Neil, Good, and Holmes (1995, p. 176) defined restrictive emotionality as "having difficulty and fears about verbally expressing one's feelings and having difficulty finding words to express basic emotions." This definition underscores how early theorists considered restrictive emotionality to be a variant of normative male alexithymia (Levant, 1992; Levant, et al., 2006). Normative male alexithymia is an inability to identify vulnerable emotions or an ignorance of emotions due to traditional male socialization (Levant, 2006). Levant (1992) posited that men who are socialized to be traditionally masculine cannot describe their emotional state because they are unaware of it or lack the vocabulary to do so. However, more recent studies have expanded the definition of restrictive emotionality and discuss it as men's unwillingness, rather than their inability, to be expressive.

Contemporary studies have attempted to clarify whether restrictive emotionality is a conscious decision to restrict emotion, or a masculine-specific form of alexithymia. For example, Fischer and Good (1997) found that restrictive emotionality was more closely related to an aversion to disclosing emotion rather than difficulty with identifying or labeling emotions. The authors suggested that restrictive emotionality is more likely a choice to avoid disclosure rather than an unawareness of emotion. In a subsequent study, Wong, Pituch, and Rochlen (2006) examined how emotion-related variables, including alexithymia and attitude toward expressivity,

might predict restrictive emotionality. The authors found that men's negative attitude toward emotional expression (i.e. a conscious preference to avoid talking about feelings) was the strongest predictor of restrictive emotionality. This provides support for the notion that men with high emotional restriction struggle less with an inability to be expressive, and more with an unwillingness to divulge their feelings due to negative attitudes about emotional expression. This recent explanation is congruent with the gender role strain paradigm, which has significantly influenced early psychology of men research.

Gender Role Strain and Conflict

Restrictive emotionality has been a dimension of masculine gender role theory since the earliest writings on gender role strain (O'Neil, 1981; Pleck, 1981). Gender role strain paradigm theorizes that men are socialized to adopt certain attitudes and behaviors, usually stereotypical, which are deemed masculine (Addis, 2009; Levant & Pollack, 1995; O'Neil, 2008). Social and cultural influences from family, peers, and the media culminate in prescribing a man's masculine ideology from an early developmental stage. These authors have argued that men adopt different masculine ideologies consisting of certain socially acceptable norms (Levant & Pollack, 1995). Some of these norms include 1) primacy of work (e.g. prioritizing career over family life or valued interests), 2) restrictive affection between men (e.g. a belief that hugging another man is unacceptable behavior), 3) valuing power and competition (e.g. measuring success in life in the context of competition with other men), and 4) restrictive emotionality (e.g. avoiding expression of vulnerable emotion) (O'Neil, 2008).

Two primary themes of traditional masculine ideologies identified in American culture suggest that men should restrict their emotional life and avoid all things feminine (Levant, et al., 1992; Wester & Vogel, 2012). O'Neil (1981; 2008) explained that most forms of traditional

masculinity deem emotional expressiveness to be inherently feminine. These norms come to symbolize masculine ideals, and gender role strain paradigm posits that men can often struggle in trying to achieve these unattainable ideals. Failing to adhere or deciding to violate these masculine norms can yield adverse social and mental consequences. This is one example of the type of strain encountered by men in rigid masculine roles.

Pleck (1995) theorized that gender role strain can be further categorized into three subtypes. Discrepancy strain, as described above, occurs when men are unable to fulfill their traditional masculine role, and thus they perceive incongruence between the type of man they want to be and the type of man they perceive themselves to be. Trauma strain is said to happen as a result of a traumatic experience that affects early socialization into traditional masculinity, such as bullying or abuse following a perceived failure in the masculine role. Finally, the dysfunction strain is a subtype defined by the harmful psychological results that are thought to come from inflexible adherence to masculine norms. These subtypes underscore the unfortunate double bind that men can encounter (Addis, 2009). It appears that men may face negative effects when they fulfill these norms and when they do not. The gender role conflict paradigm was developed to further explain these harmful effects of male gender norm adherence (O'Neil, Good, & Holmes, 1995; O'Neil, 2008).

Gender role conflict, has been a primary theoretical framework for understanding the role of masculinity in men's mental health (O'Neil, 2008). Gender role conflict is discussed as a pattern of detrimental outcomes that occurs due to men adhering, or failing to adhere, to socialized gender norms that cause "restriction, devaluation, or violation of others or self" (O'Neil, 2008, p. 362). The inflexibility of norm adherence and the effort expended in gender role conflict is thought to prevent men from adaptively managing emotional problems. Gender

role conflict is also said to lead men to restrict their choices of coping strategies. This definition reiterates that masculine norms constrain men's range of expression, and that this can impair individual and interpersonal processes.

Indeed, numerous studies have found that gender role conflict is related to a pattern of harmful psychological outcomes. Elevated scores on measures of male gender role adherence have been significantly related to psychological distress (Hayes & Mahalik, 2000), greater depression symptoms (Good & Mintz, 1990; Good & Wood, 1995) increased substance abuse (Blazina & Watkins, 1996; Ritter & Cole, 1992), and difficulty with intimacy (Courneyer & Mahalik, 1995). These robust findings have led researchers to examine the specific role of men's restrictive emotionality in such outcomes.

Relationship of Restrictive Emotionality to Distress and Help-Seeking

Restrictive emotionality has been found to be a consistent predictor of distress. This norm has been linked to elevated psychological distress (Liu, Rochlen, & Mohr, 2005; O'Neil, 2008), depression (Addis, 2009; Zamarripa, Wampold, & Gregory, 2003), anxiety (Courneyer & Mahalik, 1995; Wong, et al., 2006), psychoticism, interpersonal sensitivity and paranoia (Good, Robertson, Fitzgerald, & Stevens, 1996), and physical aggression (Cohn, et al., 2010). Research has also shown it to be the most robust gender norm in predicting depressive thought patterns including self-dislike and pessimism (Shepard, 2002). Restrictive emotionality is further associated with lower self-esteem (Mahalik, Locke, Theodore, Courneyer, & Lloyd, 2001), decreased romantic relationship satisfaction (Campbell & Snow, 1992; Sharpe, Heppner, & Dixon, 1995) as well as diminished ability to control anger (Jakupcak, Tull, & Roemer, 2005). More recent studies indicate that the construct to may even be related to increased suicidal ideation (Jacobson, et al., 2011).

Importantly, restrictive emotionality is also the masculine norm most strongly predictive of negative attitudes toward psychotherapy (Berger et al., 2005; Blazina & Marks, 2001; Blazina & Watkins, 1996; Good, Dell, & Mintz, 1989; Tsan et al., 2011). This finding emphasizes yet another double bind for emotionally restrictive men: they may experience greater distress but are also less likely to seek psychological help (Good & Wood, 1995).

Though restrictive emotionality has been linked to the aforementioned problems, these findings should be viewed in context. Wong and Rochlen (2005) cautioned that emotional inexpressiveness might have benefits in certain circumstances (e.g., when there is fear of social retribution for being openly expressive). Additionally, some men may not have the opportunity to be emotionally expressive due to a lack of approachable confidants. Importantly, the authors also suggest that men may negatively evaluate or judge their emotions, which could be a deterrent to expressing them.

In order to better understand the factors that determine how and when restrictive emotionality is harmful, Wong, Pituch, and Rochlen (2006) suggested that researchers continue investigating restrictive emotionality within the context of the broader emotion science literature. Exploring how men regulate their emotions may shed light on variables that impact the relationship between restrictive emotionality and distress. A more comprehensive understanding of men's emotion regulation may also help to develop more appropriate psychological interventions for men's needs.

Overview of the Emotion Regulation Model

Emotion regulation has been defined as a class of cognitive and behavioral processes that determine “which emotions we have, when we have them, and how we experience and express

them” (Gross, 2002, p. 282). Individuals may utilize a variety of techniques to control their emotional response, and these techniques can be effortful and explicit, or unconscious and automatic. Depending on which strategy is chosen and how it is deployed, emotion regulation can either lead to healthy, adaptive outcomes (e.g. reduced distress) or negative consequences to mental health (e.g. greater anxiety).

Emotion regulation tends to be categorized as consisting of five broad processes: situation selection, situation modification, attentional deployment, cognitive change, and response modulation (Werner & Gross, 2009; Gross, 2001). These processes are conceptualized as temporal in nature, occurring across a continuum of time (Gross, 2013; Werner & Gross, 2009). Attempts to self-regulate can occur at different points in the emotional response process, ranging from before the emotion even occurs to after a person has already experienced the emotion. The point in time at which a person engages in regulation will determine which strategy he or she will use. Earlier regulation processes are said to occur before the emotion develops (e.g. situation selection), while the final process seeks to change response to an emotion that has already occurred (e.g. response modulation). Consequently, the first four processes are discussed as antecedent-focused, while the final process is considered to be response-focused.

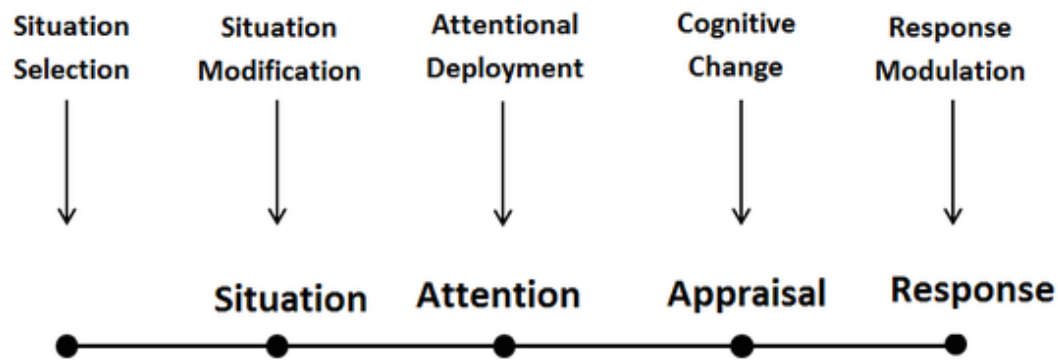


Figure 1. Model of emotion regulation as conceptualized by Werner and Gross (2009), displaying the five processes of regulation occurring from most distant, prior to emotional reaction (far left), to most recent, in response to an emotion that has occurred (far right). The points spanning across the timeline designate at which level these processes occur. Situation, attention, and appraisal constitute antecedent-focused levels and response indicates the response-focused level.

Individual Emotion Regulation Processes and Associated Effects

The first two processes describe regulation in the context of emotion-provoking situations (Gross & Thompson, 2007). Situation selection involves choosing to participate in situations that promote positive emotions or avoid situations that lead to distress. This is considered the earliest process in the emotion regulation continuum. A person can prevent distressing emotions by avoiding situations that cause negative emotions (e.g. avoiding studying for an exam) or promote desired emotions by engaging in situations that elicits positive feelings instead (e.g. watching an enjoyable movie). Once a person selects a situation, it can then be adapted to promote the desired emotional impact via situation modification (Gross, 2002). For example, if a person elects to watch a movie rather than study for an exam, he might choose to watch a comedic film with friends to tailor the situation for maximal positive emotion. Both of these regulation processes demonstrate how behavioral decisions can preempt distressing emotions or support more positive affect.

The next four processes (attentional deployment, cognitive change, and response modulation) reflect strategies that a person can use to regulate their emotions through a mix of internal and external means (Werner & Gross, 2009). Unlike situation selection and situation modification, these processes occur once an emotion-provoking situation is in progress or has already happened.

Attentional deployment refers to the amount of attention that is given to a distressing stimulus and related emotions. The process is often cyclical. The more attention one pays to their distress, the more likely one is to feel increased negative affect, which then causes more attentional focus on the distress. Dysregulatory types of attentional deployment include depressive rumination, worry, and distraction (Werner & Gross, 2009). Rumination and worry are widely known as strategies related to psychological problems, such as increased risk of recurrent and more severe depression and anxiety (Butler & Gross, 2004; Miranda & Nolen-Hoeksema, 2007; Rude, Maestas, & Neff, 2007). Excessive reliance on distraction is also problematic, as it “prevents one from challenging anxious thinking or taking action to solve problem” when used inflexibly or over the long-term (Werner & Gross, 2009, p. 25).

Cognitive change is a process that describes reappraisal of a situation or emotional response in order to alter the meaning (Werner & Gross, 2009). For example, a person might reappraise an upsetting event by framing it as a learning experience or an opportunity for personal growth, in order to reduce negative affect. Reappraisal has often been associated with positive psychological outcomes, such as increased positive affect and reduced anxiety, and is often referred to as an adaptive emotion regulation strategy (Gross & John, 2004; Werner & Gross, 2009). Much of cognitive therapy is focused on change at this level of emotion

regulation, via restructuring of cognitions about emotion-eliciting situations and internal cues (Hofmann & Asmundson, 2008).

Finally, response modulation refers to directly influencing one's response to emotions on experiential, behavioral, or physiological levels (Gross & Thompson, 2007; Werner & Gross, 2009). This process can take form in external behaviors such as substance use, biofeedback, or exercise, as well as internal changes, such as non-acceptance of emotion. (Sheppes & Gross, 2011). One particularly common form of response modulation is expressive suppression (Gross, 1998), a process in which an individual consciously restricts their outward expression of affect. This can lead to increased physiological arousal (Campbell-Stills, et al., 2006) and greater subjective distress (Gross, 2013; Aldao, Nolen-Hoeksema, & Schweitzer, 2010). Expressive suppression may be used to down-regulate negative affect by changing how the affect is expressed outwardly, but this can lead to a state of incongruence between internal and external cues (e.g. feeling sad internally but choosing to smile rather than cry). Consequently, expressive suppression has been labeled a dysregulatory strategy, as it has also been associated with elevated levels of obsessive tendencies, anxiety, and depression (Gross, 2013; Marcks & Wood, 2005).

The emotion regulation model underscores how certain strategies can be beneficial to mental health while others are linked to various forms of psychopathology. When regulation strategies are unsuccessful in reducing unwanted affect or when they lead to detrimental outcomes, these strategies are said to be dysregulatory. Emotion dysregulation usually occurs because of an inability or unwillingness to respond to situations or emotions with a more adaptive strategy, which then leads to distress (Selby, Anestis & Joiner, 2008; Gratz & Roemer, 2004; Werner & Gross, 2009).

More specifically, dysregulation can often involve attempts to constrain or avoid certain emotions and expression of affect (Gratz & Roemer, 2004; Gross & John, 2003). Thus, if an individual is averse to a certain emotion, such as sadness, he or she might try to down-regulate the emotion by suppressing it or hiding affect from others. By trying to limit sadness via expressive suppression, one may unknowingly increase emotional arousal (Gross, 2013; Gross & Thompson, 2007). The effort invested in avoiding emotion or concealing expression can detract from use of healthier forms of emotion regulation (Gross, 2013). Suppression has been found to consume cognitive resources, which has been evident in results demonstrating impaired memory among suppressors (Richards & Gross, 1999). This result has been attributed to the allocation of cognitive resources for self-monitoring and controlling expressive behavior (Richards, 2004).

These dysregulation strategies are most likely to be harmful when they are used inflexibly as primary forms of coping (Gross, 2002; Moore, Zoellner, & Mollenholt, 2008). Non-acceptance and suppression can sometimes lessen the immediate experience of emotions, but also tend to lead to greater physiological arousal and emotional intensity over time (Gratz & Roemer, 2004; Gross 2013; John & Gross, 2004). Further, a tendency to engage in non-acceptance of emotion has been related to greater depression and subjective anxiety (Campbell-Sills, Barlow, Brown, & Hoffman, 2006; Gratz & Roemer, 2004; Levitt, Brown, Orsillo, & Barlow, 2004) as well as substance use (Tull, Schulzinger, Schmidt, Zvolensky, & Lejeuz, 2007).

The negative outcomes associated with these dysregulation strategies suggest that individuals may be better served by forms of emotion regulation other than non-acceptance and suppression. A common thread among these strategies is that they appear driven by a desire to not experience certain emotions in totality. Emotion regulation researchers have found that

substituting use of other response modulation strategies may yield healthier psychological outcomes. Acceptance is a prime example of an adaptive responsive modulation strategy and it has been linked to greater psychological flexibility and reduced psychological distress (Hayes & Wilson, 1994; Linehan, 1993; Werner & Gross, 2009). Emotional acceptance may counter the effects of more restrictive regulation strategies by encouraging a non-judgmental and adaptable response to distress.

Theoretical Framework for Emotional Acceptance

Emotional acceptance is often described as the antithesis of many forms of emotion dysregulation (Aldao, et al., 2010; Gross, 2013; Hayes, et al., 2004; Kashdan & Rotterberg, 2006; Roemer & Orsillo, 2005). It is aptly theorized to be one of the primary components of healthy emotion regulation. Werner and Gross (2009) explained that proper regulation of emotion first requires an understanding that emotions are transient. An individual can better tolerate immediate distress when there isn't a heightened urgency to alter an experience, because it is understood that the distress is temporary. Further, the authors argue for the importance of taking a non-evaluative stance toward emotion in order to prevent unnecessary fear or anxiety about one's emotional reactions.

An understanding of the transience of emotion and non-judgment of emotion are both inherent components of acceptance (Baer, Smith, & Allen, 2004; Sheppes & Gross, 2011). Thus, acceptance is often conceptualized as an adaptive response modulation strategy for reacting to internal emotion experiences (Hayes, et al., 1999; Werner & Gross, 2009). However, people may choose not to accept their emotions for a variety of reasons that may be outside of their awareness.

Hayes et al. (1999) have studied the use of evaluative language as a reason why people avoid or their reject emotional experiences. When individuals experience distress, they may evaluate the preceding event as “bad.” The negative label of the situation then becomes attached to corresponding experiences. This means that thoughts, emotions, and sensations related to the situation are also implicitly labeled as “bad.” For example, if an individual experiences a breakup and views the experience as catastrophically terrible, he or she may also be likely to view consequent feelings of sadness and grief as being terrible. From that point, anything associated with sadness or grief can come to signal a threatening or unwanted experience. This phenomenon may lead individuals to attempt avoiding associated thoughts or feelings, even in unrelated situations. Such avoidance can then leads to painful secondary consequences.

Hayes (2004) argued that not all emotions are equal and he categorized distress as being either *dirty pain* or *clean pain*. A primary emotion, like grief following a loss, is considered to be *clean pain*, as it is naturally and universally occurring, and may lead an individual to reflect before moving forward from the loss (Zettle, 2007). In this case, clean pain can serve a beneficial purpose. In contrast, *dirty pain* occurs as a secondary response when one is unable to control or avoid their initial, primary emotion (Hayes et al., 1999). When individuals designate unwanted emotions (e.g. grief) as aversive and attempt to avoid or reject them, they may then experience dirty pain if their attempts are unsuccessful and the emotion recurs or intensifies (Hayes, 2004). This dirty pain may be manifested in needless shame or self-criticism. Instead, Hayes (2006) suggests that by engaging in acceptance, one can reduce the evaluative judgment of emotions and minimize the distress caused by dirty pain. In the absence of fear or anxiety about a primary emotion, an individual can successfully process the emotion and allow it to naturally dissipate over time.

Acceptance as a Psychological Intervention

The need to address issues like avoidance and non-acceptance when treating mental illness is a longstanding element of psychological theory. The idea that emotions should be fully experienced can be traced back to psychoanalytic, Gestalt, client-centered, and existential therapeutic orientations (Hayes, 2004; Blackledge & Hayes, 2001). Traditional cognitive-behavioral therapy also acknowledges that dysregulation can be detrimental. However, it has largely focused on the benefits of re-evaluating experiences rather than accepting emotions (Hofmann & Asmundson, 2008). In contrast, new *third-wave* cognitive-behavioral treatments have been developed to address dysregulation by promoting acceptance.

Modern, acceptance-based cognitive therapies are designed to encourage a distanced perspective and acceptance of thoughts and emotions. Some of these treatments include Dialectical-Behavioral Therapy (DBT; Linehan, 1993), Mindfulness-Based Cognitive Therapy (MBCT; Teasdale, et al., 1995) and Acceptance and Commitment Therapy (ACT; Hayes et al., 1996). These approaches often utilize mindfulness techniques in order to foster more non-evaluative attitudes toward emotions. All of these therapies also describe emotional acceptance as an essential factor in improving psychological functioning.

The theorists who developed DBT, ACT, and MCBT suggest that increased emotional acceptance acts as an important change agent in their treatments (Hayes et al., 1999; Linehan, 1993; Teasdale, Segal, & Williams, 1995; Teasdale, 1999). The idea is that by increasing acceptance, an individual can approach distress with openness and flexibility, which can facilitate wiser decisions about how to act in response. However, these treatments are somewhat complex and consist of multiple therapeutic components. The specific role of emotional acceptance within such treatments has not been extensively researched. Few studies have

actually examined whether emotional acceptance, when removed from these multidimensional therapies, is effective in reducing distress and dysregulation.

In one of the few studies that isolated emotional acceptance in an experiment, Low, Stanton, and Bower (2008) asked participants to complete a writing task concerning an ongoing stressor and then assigned them to a control, acceptance, or evaluative emotional processing condition. These conditions were designed to change how participants viewed a stressful situation by manipulating their appraisal style (i.e. accepting versus evaluative) via educational instructions to write from a particular perspective. They induced acceptance by asking participants to reflect on their emotion as a normative experience and then write about their emotions without judgment. At follow-up, participants in the acceptance condition showed less heart rate reactivity and greater heart rate recovery than participants in the evaluative condition, though the acceptance condition yielded similar results to the control condition.

In a preceding study, Campbell-Sills, Barlow, Brown, and Hoffman (2006) randomly assigned participants into conditions that exposed them to emotional acceptance or suppression instructions and then measured their physiological response to a distressing film. The conditions consisted of audio recordings discussing the rationale for using either acceptance or suppression as a method of coping with distress. Acceptance participants reported less subjective distress and had decreased heart rates when compared to the suppression group. However, this study did not utilize a control condition and it is unclear how these results differ from baseline response.

Lastly, a related study by Erisman and Roemer (2010) found that their mindfulness-based acceptance group had greater scores on measures of positive affect in response to a positive film and more adaptive regulation in immediate response to an affectively mixed film, when compared to the control group. However, no significant differences were found between

condition groups at follow-up or at any point after an affectively negative film clip. Researchers have discussed the lack of clarity on how to best induce emotional acceptance as a partial cause for ambiguous findings on the effects of this variable within the literature.

Changing the appraisal of distressing situations and emotions may be one way of manipulating emotional acceptance. Emerging research on reappraisal suggests that a broadened, less self-immersed perspective of emotional experiences can reduce distress, perhaps by increasing emotional acceptance.

One such process called *self-distancing* involves shifting from an egocentric perspective of emotion (e.g. “Why did I feel that way?”) to a distanced, observer perspective (“Why did he feel that way?”) (Kross & Ayduk, 2011). By engaging in self-distancing, individuals can view their experiences in a more objective and balanced way. This reappraisal technique has been linked to reduced distress and physiological reactivity (Kross & Ayduk, 2008), fewer aggressive thoughts (Kross, Gard, Deldin, Clifton, & Ayduk, 2012), and decreased depressive rumination (Kross & Ayduk, 2008). The authors suggested that construing situations and emotions from a distanced perspective can lead to increased insight and closure, which reduces maladaptive cognitions and distress (Kross & Ayduk, 2011). They also noted that this construct is similar to acceptance-based strategies, in that it helps people to understand that their emotions are “mental events, not facts, so they can observe and accept them.” (Kross, et al., 2012, p. 560).

Big picture thinking is another form of reappraisal designed to facilitate a distanced perspective, but also a non-judgmental approach to unwanted emotions. This strategy is based on “maintaining awareness of how a distressing event fits into larger contexts, including that of an expanded time frame, the multiple domains of one’s life, and the broader human context.” (Miller, Haner, & Rude, 2012, p. 4). Big picture thinking interventions from past studies have

asked participants to think about how others may share similar feelings, or to reflect upon how their emotions will change with time (Lantrip, 2013; Miller, Haner, & Rude, 2012; Rude, et al., 2011). These ideas are congruent with aforementioned components of emotional acceptance (Werner & Gross, 2009). This broader, contextualized perspective may help attenuate fear of unwanted emotions. Recent studies have found big picture thinking to be associated with decreased negative affect (Miller, et al., 2012), reduced rumination (Rude, et al., 2011), and neural activation in the right hemisphere, which is associated with insight, and areas associated with cognitive control (Lantrip, 2013).

In summary, these studies suggest that individuals may experience psychological benefits from brief interventions that normalize distressing emotions, foster a distanced perspective, and bring attention to the impermanence and universality of distress. Though emotional acceptance has not been researched as an outcome variable in many of these studies, it seems intuitive that a brief intervention could promote a change in acceptance toward one's emotions. By viewing distressing emotions as normative and transient, individuals may rely less on evaluating their emotions as positive or negative, allowing for increased acceptance.

Rationale and Overview for the Current Study

The literature review enumerated the harmful effects of restrictive emotionality on mental health, as well as possible explanations for this relationship. Restrictive emotionality appears to share similarities to important constructs in the emotion regulation literature. Male restrictive emotionality has been discussed as a norm of preferring to inhibit disclosure and expression of one's own emotions (O'Neil, 2008 Wong, et al., 2006) In this way, restrictive emotionality is highly reminiscent of response modulation strategies, including emotional non-acceptance and

expressive suppression. Restrictive emotionality (e.g. Jacobson, et al., 2011), emotional non-acceptance (e.g. Mennin, McLaughlin, & Flanagan, 2009), and expressive suppression (e.g. Gross, 2013) have been shown to predict psychological distress, and recent studies indicate that these constructs may also be associated with one another.

For example, men have been found to be more prone to engage in expressive suppression than women (Gross & John, 2002). Interestingly, when Flynn, Hollenstein, and Mackey (2010) replicated this finding, they also found that men who engaged in non-acceptance experienced greater depressive symptoms than women who engaged in the same process. They hypothesized that men tend to excessively rely on suppression to cope with distressing emotions while women typically do not. They suggested that men might be socially expected to reject vulnerable emotions or be more stoic compared to women. As a result, an inflexible, overreliance on suppression might lead men to experience more psychological symptoms. Further, Cohn, et al. (2010) found that emotional non-acceptance mediated the relationship between restrictive emotionality and physical aggression (Cohn, et al., 2010). In this mediation model, men's restrictive emotionality led to greater non-acceptance of their emotions, which accounted for an increase in physical aggression.

For many of these reasons, acceptance seems potentially crucial in addressing emotional dysregulation in men. Men have been found to engage in emotional non-acceptance with negative consequences (Cohn et al., 2010; Flynn et al., 2010). Further, restrictive emotionality itself has been conceptualized as an avoidance of expressing one's own emotions (Fischer & Good, 1997; O'Neil, 2008; Wong et al., 2006). Related findings also indicate that men who adhere to traditional masculine ideology may be more likely to fear their depressed and positive affect, and anger (Jakupcak, Salters, Gratz & Roemer, 2004). Therefore, increased acceptance

may reduce the use of strategies that involve negatively evaluating and avoiding certain emotions and their expression. Despite the logical argument for examining an emotional acceptance intervention, few studies have actually attempted to isolate and experimentally manipulate this variable.

Men and masculinity researchers have also alluded to the potential utility of acceptance-based interventions for men. Wong and Rochlen (2005) wrote that teaching the universality of emotion might be particularly useful to men who fear that emotionality is inherently feminine. This is fitting with suggestions from Robertson and Freeman (1995) that education about the benefits of emotions may be useful to men who struggle with gender role conflict. These ideas are also complementary to empirical evidence that finds men who adhere to traditional masculinity are more likely to fear their vulnerable emotions (Jakupcak, Salters, Gratz & Roemer, 2004). By reducing negative evaluation of certain emotions, fear may also decrease, making acceptance of these emotions more possible. Therefore, teaching emotional acceptance could yield reduced distress and dysregulation in a male population.

However, we still do not understand how emotional acceptance affects male gender norms such as restrictive emotionality, which have been associated with numerous indices of distress. It is also unclear how emotion dysregulation and restrictive emotionality might interact or differentially impact men's psychological distress. Researchers have called for alternative psychological interventions that can more effectively reduce men's symptomatology, as they remain infrequent users of traditional psychotherapy services.

The current study addresses builds upon previous research and addresses the need for further investigation in several important ways. This study responds to Wong and Rochlen's (2005) suggestion that de-stigmatizing vulnerable emotions could benefit men who fear their

own vulnerable emotions due to adherence to traditional masculine ideology. The acceptance intervention in the current study was specifically developed to help increase acceptance, in part, by normalizing vulnerable emotions. The intervention is based on research from previous experimental studies that have successfully manipulated levels of emotional acceptance. To-date, no published studies have examined the effects of emotional acceptance interventions in relation to masculine gender norms such as restrictive emotionality. Emotion dysregulation variables were also included to understand how they might relate to restrictive emotionality and whether they can also be significantly reduced by experimental manipulation.

The experimental portion of this study is a repeated measures design with a between subjects factor of condition group and a within subjects factor of time. At Time 1, participants were randomly assigned to either an emotional acceptance condition or a control condition. Both conditions consisted of psychoeducational audio clips and structured writing prompts, though the content of the control condition focused on teaching time management skills rather than acceptance. Baseline self-report scores of emotional acceptance, restrictive emotionality, fear of emotion, emotional non-acceptance, and psychological distress were obtained. Time 2 consisted of an online follow-up survey designed to measure changes in outcomes across time and between groups. It was scheduled for one week after the participant's initial in-laboratory session and participants were able to complete the follow-up session online. Participants also completed performance-based measures relating to emotional acceptance, including a semantic decision task and a scrambled sentences test. This study design and methodology was utilized to answer the following research hypotheses:

Hypotheses for the Current Study

Hypothesis 1: Restrictive emotionality, emotional non-acceptance, fear of emotion, and psychological distress will be positively intercorrelated. Emotional acceptance will be negatively correlated with each of these variables.

Hypothesis 2: Emotional acceptance will moderate the relationship between restrictive emotionality and psychological distress, such that greater emotional acceptance will significantly reduce the strength of the positive relationship between restrictive emotionality and psychological distress.

Hypothesis 3: The intervention group will endorse significantly greater scores on measures of emotional acceptance and lower scores on measures of restrictive emotionality, dysregulatory processes (emotional non-acceptance, and fear of emotions,) and psychological distress when compared to the control condition at follow-up.

Chapter Three:

Methodology

Participants

A G-Power 3.1 analysis (Faul, Erfelder, Buchner, & Lang, 2009) was conducted to determine the minimum sample size needed to obtain significant differences. The analysis indicated that at least 120 total participants (60 per group) would be needed to obtain a medium effect size of .25, and a power level of .95 with an alpha level of .01. The total sample for this study surpassed this designated minimal threshold for adequate power.

This study included 192 male undergraduate students who completed the study in full. Initially, 238 students were assigned to the study by the Department of Educational Psychology subject pool at The University of Texas at Austin. However, 30 students did not respond to email communication about participation in the study and were not included in the final sample. Additionally, 16 students were lost due to attrition in the week between Time 1 and 2 (7.7% of the sample at session one). Because they did not complete measures at Time 2 of the study, their data were incomplete and not included in the analysis of experimental effects.

Screening and Eligibility

Male students in the subject pool were determined for eligibility via their response to a single prescreening question: “Think back to a conflict, rejection, or stressful event that happened to you recently and stands out in your memory. How often does this event still you?” Response choices include 1) “It never or only rarely bothers me;” and 2) “It sometimes or often bothers me.” Students who endorsed the second choice were considered eligible for participation.

Participants received credit in their Educational Psychology undergraduate course in exchange for their full participation in both sessions.

Instruments

A number of instruments were administered to assess interrelationships and changes among variables of interest, including emotional acceptance, fear of emotions, and non-acceptance of emotions, restrictive emotionality, and psychological distress. In order to evaluate acceptance, the Accept Without Judgment subscale of the Kentucky Inventory of Mindfulness Skills (KIMS-A) was utilized, as it was developed to measure an individual's willingness to allow an emotion to be experienced as it is, without attempts at internal judgment, avoidance or alteration of the experience. Fear of emotions was assessed via the Affective Control Scale (ACS), which contains four subscales that also allowed for measurement of fear specifically in response to anxiety, anger, depressed affect, and positive affect. Restrictive emotionality was measured using the Emotional Control subscale of the Conformity to Masculine Norms Inventory (CMNI-RE), a commonly used measure of men's adherence to traditional male gender norms. Participant non-acceptance of emotion was also evaluated, using the Emotional Non-Acceptance subscale of the Difficulties with Emotion Regulation Scale (DERS-NA). Participants also completed the Brief Symptoms Inventory-18 (BSI-18), which provided a global score of psychological distress.

Finally, in order to provide alternative measurement of attitudes regarding emotional acceptance, two performance-based measures were utilized. A semantic decision task (SDT) was used to measure response latency times to sentence frames with emotionally non-accepting or accepting meanings, while a scrambled sentences test (SST) was employed to assess whether

participants were more likely to generate emotionally accepting or non-accepting sentences from ambiguous, scrambled phrases.

Demographics questionnaire. A basic demographics questionnaire at the beginning of the survey asked participants their age, ethnicity, socioeconomic status, class ranking, and whether English was their first language.

Questions about distressing situation. To ensure that participants qualified for the study, an early question in the survey asked whether or not participants had experienced a conflict, rejection, or stressful event in the recent past. Participants were also asked to endorse whether or not they were currently experiencing distress about their rejection experience. If they responded affirmatively, they were then asked to describe their experience briefly. Next, they were asked to indicate how much their experience continued to bother them on a scale of “Not Bothered” (1) to “Very Bothered” (7). They were also asked how angry, sad, and rejected they felt regarding the distressing event, using the same Likert scale format.

Kentucky Inventory of Mindfulness Skills – Accept Without Judgment Subscale. The Kentucky Inventory of Mindfulness Skills scale (Baer, Smith, & Allen, 2004; KIMS-A) is a 39-item multidimensional measure of four aspects of mindfulness via subscales including Observing, Describing, Act with Awareness, and Accept Without Judgment. This study utilized the nine-item Accept Without Judgment subscale as a measure of emotional acceptance. A prototypical item from this subscale is “I think some of my emotions are bad or inappropriate and I shouldn’t be feeling them.” The Likert scale ranges from “Never or Rarely True” (1) to “Very Often or Always True (5). Higher scores mean lower levels of emotional acceptance. This subscale has demonstrated good internal consistency, with an alpha coefficient of .87, as well as a good test-retest reliability of .83 (Baer, Smith, & Allen, 2004). In the current study, the

coefficient alpha was .87. The full KIMS has demonstrated strong concurrent validity with other measures of mindfulness including the Mindfulness Attention Awareness Scale (Brown & Ryan, 2003).

Difficulties with Emotional Regulation Scale. The Difficulties with Emotional Regulation Scale (Gratz & Roemer, 2004; DERS) is a 36-item measure of six aspects of emotion dysregulation represented in the following subscales: Non-Acceptance of Emotional Responses, Lack of Emotional Awareness, Difficulties in Engaging in Goal-Directed Behavior, Limited Access to Emotion Regulation Strategies, Lack of Emotional Clarity, and Impulse Control Difficulties. Each subscale contains six items. For the purposes of this study, only Non-Acceptance of Emotional Responses subscales will be used, as the construct measured is a primary and relevant form of emotion dysregulation in men. An example item from this subscale is “When I’m upset, I become embarrassed for feeling that way.” Response categories range from “almost never” (1) to “almost always” (5). The DERS has shown an internal consistency Cronbach alpha of .93 and a four-week test-retest reliability of .88. In the current study, the coefficient alpha for this subscale was .83. The measure has also demonstrated convergent validity with measures of emotion regulation (Gratz & Roemer, 2004).

Conformity to Masculine Norms Inventory – Emotional Control Subscale. The Conformity to Masculine Norms Inventory (Mahalik, et al., 2003) is a 94-item scale developed to assess adherence to 11 distinct, hegemonic masculine norms. One of these norms is emotional control, which is comparable in definition to restrictive emotionality. Respondents can endorse items on a four-point Likert scale that ranges from “Strongly Disagree” (0) to “Strongly Agree” (3). Only the Emotional Control subscale will be administered, as it is a measure of restrictive emotionality, a major variable of interest to this study. The Emotional Control subscale contains

11 items. Including the entire inventory may also lead to participant fatigue due to the high number of items in this measure and the inclusion of several other measures in the participant protocol. Other dimensions, which are not relevant to the purposes of this study, include: Heterosexual Self-Presentation, which measures desire to distance oneself from homosexual identity; Primacy of Work, which measure prioritization of work in one's life values; Risk-taking, which measures one's desire to engage in potentially dangerous behaviors; Power over Women, which measures the degree to which one endorses the need to control women's behavior; Winning, which measures the importance of attaining success; Violence, which measures belief that violence is an acceptable reaction to distressing situations, and Playboy, which measures preference for sexual activity with casual partners.

It should be noted that restrictive emotionality is most commonly measured by the 10-item Restrictive Emotionality subscale of the Gender Role Conflict Scale (O'Neil, et al., 1986). However, several of the items in this brief measure specifically pertain to emotional expression in romantic situations (e.g., "Talking (about my feelings) during sexual relations in difficult for me"; "Telling others of my strong feelings is not part of my sexual behavior."). Because the proposed study is interested in restrictive emotionality in response to general situations of social rejection and conflict, the Restrictive Emotionality subscale did not seem appropriate for inclusion. Items on the Emotional Control subscale are much more global in their situational applicability compared to the Restrictive Emotionality subscale. Sample items from the Emotional Control include, "I tend to share my feeling," and "I bring up my feelings when talking to other." Further, the Emotional Control subscale of the CMNI is highly correlated with the Restrictive Emotionality ($r = .66$) and is designed to measure the same masculine norm.

Internal consistency for the Emotional Control subscale has been found to be excellent in previous studies with a Chronbach's alpha of .91 (Mahalik, et al., 2003). In the current study, the coefficient alpha was .89. The scale has demonstrated test-retest reliability of .90 across a three-week period. Overall, the CMNI demonstrated good convergent validity when compared to other established masculinity inventories including the Gender Role Conflict Scale (O'Neil, et al., 1986), Brannon Masculinity Scale (Brannon & Juni, 1984) and Male Role Norms Inventory (Levant, et al., 1992).

Affective Control Scale. The Affective Control Scale (Williams, Chambless, & Ahrens, 1997) measures fear of one's internal emotions as well as fear of reaction to those emotions. The 42-item scale consists of four subscales that assess for fear of different types of emotion, including fear of depressed affect, (e.g., "Depression is scary to me -- I am afraid that I could get depressed and never recover."), fear of anger (e.g., "I would be embarrassed to death if I lost my temper in front of other people."), fear of anxiety, (e.g., "It scares me when I am nervous."), and fear of positive emotion ("No matter how happy I become, I keep my feet firmly on the ground."). Response categories range from "very strongly disagree" (1) "to very strongly agree" (7). The overall scale has been shown to have excellent internal consistency, with Chronbach's alpha of .94. In the present study, the coefficient alpha for the total scale was .92. The anger, depressed, anxiety and positive emotion subscales have demonstrated Chronbach's alphas of .74, .92, .89, and .84 respectively. (Berg, Shapiro, Chambless, & Ahrens, 1998). The ACS demonstrated a test-retest reliability of .78 across a two-week period and convergent validity with measures of perceived emotional control, $r = .72$ (Williams et al., 1997).

Brief Symptom Inventory – 18. The Brief Symptom Inventory-18 (Derogatis, 2000; BSI-18) is a measure of psychological distress symptomatology. This 18-item inventory contains

subscales that assess for depression, anxiety, and somatization symptoms and the intensity of related distress (Derogatis, 2000). Respondents rate the degree to which they have been bothered by a certain problem in the past seven days on a five-point Likert scale, ranging from “not at all” (1) to “extremely” (5). Sample items include, “Feeling so restless you couldn’t sit still” (anxiety) and “Feeling blue” (depression). Scores can be obtained for individual subscales, or a total score (Global Severity Index) can be used to indicate global psychological distress. The total index score has been found to have a coefficient alpha of .89 (Derogatis, 2000). In the present study, the coefficient alpha for the total index score was .90. The BSI-18 has demonstrated convergent validity when correlated with measures such as the Minnesota Multiphasic Personality Inventory and Symptom Checklist-90-Revised (Derogatis & Melisaratos, 1983; Maruish, 2004).

Semantic Decision Task. The semantic decision task is a computerized procedure that is used to determine how quickly individuals discern whether a given word belongs within the context of a presented sentence. Self-report methodology in psychological studies has numerous limitations, including potential for lack of insight into the self (Dunning, Heath, & Suls 2005), alteration of responses for social desirability and self-enhancing presentation (Paulhus, 2002; Robins & John, 1997), and cultural reference group effects (Heine, Lehman, Peng, & Greenholtz, 2002), just to name a few. This task was developed in response to such limitations, and was designed to be an implicit measure of attitudes towards the acceptability of vulnerable emotions.

Reaction times to sentences, which represented emotional acceptance, emotional judgment, or non-sensical meanings, were used to denote greater accessibility of either accepting or judgmental attitudes toward vulnerable emotions. Similarly designed lexical decision tasks have been used in psychological studies to examine the accessibility of depressotypic thoughts

(Kross, et al., 2012) and interpretation bias in trait ruminators (Nor, et al., 2014), and individuals with anxiety (Richards & French, 1992). This task was programmed using SuperLab, a computer application purposed for the development of psychological experiments that measure response time to stimuli.

A total of 50 sentences were developed as stimuli for the SDT. A full listing of the sentences included in the task are viewable in Appendix H. Two independent raters assessed whether the sentences used in the task were actually prototypical of either emotional judgment or acceptance constructs. High inter-rater reliability ($> .96$) was found for the 55 priming words included in the task.

At the beginning of the task, participants were given the following instructions:

You will now be presented with sentences that have a capitalized word within them, Please press the “Y” key if the capitalized word makes sense in completing the sentence (Ex. “The sentence will look like THIS.”). Press the “N” key if the word does NOT make sense in completing the sentence (Ex. “The sentence will look like BIKING.”). Please response as quickly as you can, while still being accurate.

Next, participants were presented with a capitalized word projected within the sentence frame and asked to press the “Y” key to indicate that the word made sense in the context of the sentence (e.g. "I think becoming emotional is TERRIBLE.") or the “N” key to indicate a nonsensical completion of the sentence. (e.g. “The emotion of surprise causes LAMPS.”). Capitalization of words was used to draw attention to the word that determined the meaning of the sentence (i.e. non-accepting or accepting of emotion). After participants entered their response, a blank screen was projected for 500ms, followed by presentation of the next sentence.

After completion of the task, participants were instructed to return to their web browser to complete the session one survey.

Scrambled Sentences Test. The Scrambled Sentences Test was utilized as a measure of attitudes toward emotional acceptance at follow-up. The original version of the test was developed by Wenzlaff (1988) and has been used by researchers to evaluate how individuals interpret ambiguous information. Scores have been shown to predict subsequent depression (e.g. Rude, Valdez, Odom, & Ebrahimi, 2003; Rude, Durham-Fowler, Baum, Rooney, & Maestas, 2010). Similar to the semantic decision task, it was included to reduce volition over reporting of attitudes toward emotional acceptance. The modified iteration of the SST used in this study consisted of a series of scrambled, six-word phrases that were designed to capture *big picture thinking* (Miller, Haner, & Rude, 2012; Rude, et. al, 2011) (e.g. believe I shameful human is sadness) that required re-ordering to form a coherent, five-word sentence (e.g. I believe sadness is human). Participants were able to reorder the words in such as way that connoted either an emotionally accepting (e.g. “I believe sadness is human.”) or emotionally judging (“I believe sadness is shameful”) meaning.

In the Scrambled Sentences Test adapted for this study, participants were asked to respond unscramble 20 phrases total, which were divided between two consecutive blocks of 10. The phrases chosen for the SST had been shown to correlate positively with self-reported self-compassion and to correlate negatively with expressive suppression (Haner, Gill, & Rude, 2013) and to discriminate between participants who underwent cognitive bias modification training in big picture thinking versus control conditions (Miller, Haner, & Rude, 2012).

To reduce engagement in conscious, effortful unscrambling of phrases, participants were asked to unscramble each block of phrases as quickly as possible within a 2.5-minute time frame.

Further, participants were required to complete the test under cognitive load. Prior to each block participants were instructed to memorize a six-digit number that they would be asked to recall at the end of each block. This requirement was in effort to reduce the chance of participants manipulating their response for self-enhancement, perception of demand characteristics, or other reasons that would obscure authentic attitudes.

Procedure

As discussed earlier in this section, participants were prescreened for this study via their response to a single multiple choice question regarding how often a recent stressful event continued to bother them. Participants who responded “sometimes or often” were deemed eligible. Upon assignment to this study from the Educational Psychology department subject pool, participants were contacted by email to electronically schedule an appointment to complete session one, which was estimated to require one hour of participation.

Time 1. Participants attended a proctored computer laboratory session at a pre-scheduled time in order to complete their pre- and post-measure as well as the intervention task. Participants were directed to a private hyperlink that hosted the web-based survey. Upon providing informed consent, participants were asked to generate a security code based on the first three letters of their mother’s first name and the last three digits of their phone number. This unique code allowed data matching between time points, while it also ensure that data was not associated with information that reasonably identifies participants. They were then asked to complete the demographics questionnaire, which included questions about the degree to which their rejection experience still causes distress. The CMNI-RE, ACS, DERS-NA, KIMS-A and BSI-18 were then administered. Next, participants were randomly assigned to either an emotional acceptance or control audio/writing condition. The semantic decision task, the final

component of Time 1, immediately followed the writing activity. Afterward, participants were notified to expect an email soliciting their participation in the Time 2 follow-up in one week.

Time 2. This session occurred one week after the first session. Participants received an email containing a survey link that was active for 48 hours. The session was designed for participation outside of the laboratory, on any computer with Internet access. After entering their unique code (created at Session 1) into the survey, they were asked to complete the CMNI-RE, DERS-NA, ACS, KIMS-A, and BSI-18. Next, participants were asked to unscramble two blocks of 10 phrases via the scrambled sentences test, while under a cognitive load. This means that participants were required to memorize a six-digit number prior to unscrambling phrases in each of the two blocks of phrases. Participants were also under time constraints and given only 2.5 minutes to complete each block of sentences. After completion of the SST, participants were asked to answer how honestly and accurately they responded to the surveys from both sessions on a five-point Likert scale (1 = “not at all honest and accurate”; 3 = “completely honest and accurate”). Responses to this question allowed for post hoc analyses that could omit data from participants who reported being dishonest and inaccurate.

Conditions

Participants were randomly assigned to one of two conditions: 1) an emotional acceptance condition; or 2) a control condition in which the person was asked to write about use of time management strategies. Both conditions included an intervention task with two components: listening to three brief audio clips and writing based on a prompt following each clip. Each condition emphasized confidentiality and anonymity of written submissions.

Emotional Acceptance Condition. The emotional acceptance condition consisted of an introductory, two-minute audio clip providing a basic overview of the empirical evidence

supporting emotional acceptance as a coping strategy for psychological distress. This clip was designed to present scientific evidence of the effectiveness of this reappraisal strategy in order to bolster the credibility of the intervention. A sample of the script is below:

Recent studies find that when people try to eliminate their emotions, avoid them, or label them as 'bad' or 'negative', those emotions usually persist, and even intensify.

Neuroscience explains that the brain is trying to process these emotions and make sense of them, so trying to avoid or suppress emotions can often make the situation worse.

Researchers have found that one way around this problem is to accept emotions and take a neutral stance toward them.

Next, three 60-second audio clips each provided a scripted first-person narrative from a college-aged male who reported benefit from an aspect of emotional acceptance. The scripts were based on widely accepted definitions of emotional acceptance (Baer, 2010; Thompson & Gross, 2007) as well as aspects of *big picture thinking* (BPT), which is theorized to promote acceptance (Miller, Haner & Rude, 2012; Rude, Mazzetti, Pal, & Stauble, 2011). Specifically, these three aspects include transience of emotion (i.e. all emotions eventually change over time), universality of emotion (i.e. everyone experiences vulnerable emotions), and non-judgment of emotion (i.e. emotions simply exist to provide affective information and are neither good nor bad). The scripts were developed to sound casual and conversational in tone, and were highly rated in terms of believability, convincingness, and relatability in a focus group of six males, ages 22-28. The content of these clips was also displayed as text on the screen, so that participants could read along with each clip. The survey was designed such that participants could not advance to the next page until the clip was completed.

Immediately following each narrative audio recording, participants were provided with a writing prompt, which required them to write about how the aspect of reappraisal discussed in the recording might apply to them. Participants were asked to write for at least five minutes while reflecting upon how they could relate each component of BPT to their stressful situation. One prompt contained the following directions:

Take five minutes to write about all of the emotions that come up for you when you think about your stressful experience. Try to describe them in as much detail as you can without censoring yourself or judging/evaluating your emotions. What were you feeling at the time? How are you feeling about it now? How have your emotions changed or not changed over time? There is no 'right' or 'wrong' answer.

Participants were not allowed to advance in the survey until five minutes had passed. The condition lasted 20 minutes in total. The content of the introductory research clip, the three narrative clips, and the three writing prompts, can be found in Appendix A.

Control Condition. The control intervention was designed to parallel the emotional acceptance condition in terms of format and amount of engagement and time required to complete. The content of the control condition consisted of tips on time management and information on how utilizing this skill can reduce stress. Time management instructions have been used in control conditions for several past expressive writing studies (Pennebaker & Chung, 2007).

The control intervention was comprised of a two-minute introductory clip that provided an overview of research on the use of time management to help minimize stress. A sample of the script reads:

Psychological research shows that time management is an effective skill in dealing with everyday life stress. When pressures from social, career, and/or academic responsibilities become excessive, chronic stress can often be the result. This stress can manifest in a number of symptoms including moodiness, fatigue, problems with sleep, and even a decrease in immune system functioning. For these reasons, among others, coping techniques such as time management are more important than ever in a fast-paced society.

Three 60-second audio clips discussing different skills related to time management were then presented. These recordings advised participants to 1) Complete difficult tasks first; 2) Use breaks in the day to complete small tasks; 3) Schedule enjoyable activities to offset work obligations. Each clip was followed by a writing prompt asking participants to relate these skills to their own daily lives. For example, the writing prompt that followed an audio clip teaching prioritization of difficult tasks stated:

Now, write for the next five minutes about how you could incorporate this time management strategy into your day. What types of activities would you schedule at the beginning of your day? What types of things do you tend to put off until later? What do you think might make these changes difficult and how can you overcome those challenges? If you'd like to review the clip you just listened to (though it's not required), a transcript is available above.

As in the experimental condition, participants were not allowed to advance to the next page of the survey until their audio clip was complete, or until five minutes had passed for writing prompt sections. Scripts for the audio clips as well as the writing prompts can be found in Appendix B.

Chapter Four:

Results

The results are presented in three sections. The first section consists of descriptive statistics concerning the sample, including analyses to assess for unintended, baseline differences between conditions at Time 1. The second section reviews the results of analyses intended to answer the three a priori hypotheses. Correlation analyses were conducted to test the hypothesis that restrictive emotionality, emotional non-acceptance, psychological distress, and fear of emotion are all positive related to one another and negatively related to emotional acceptance. Next, regression analyses were used to determine if emotional acceptance moderates the relationship between restrictive emotionality and psychological distress, as predicted. Repeated measures MANOVAs were conducted to test for expected effects of the acceptance intervention (i.e. reduced scores of restrictive emotionality, emotional non-acceptance, psychological distress, and fear of emotion as well as increased scores of emotional acceptance across time and when compared to the control condition). The final section reports results from additional post hoc analyses that tested for interactions of predicted effects with ethnic group identification.

Sample Characteristics

A total of 192 participants who completed the study in full comprise the final sample. All participants were students at The University of Texas at Austin. Participant ages ranged from 18 to 37, ($M = 21.63$, $SD = 2.68$), though 91% of participants were between the ages of 18 and 23. The sample included 50.5% Caucasian, 17.7% Hispanic, 22.9% Asian American, 2.6% multiracial, 1.6% Arab American/Middle Eastern, and 1% African American/Black students. A total of 23% of participants endorsed English as their second language while 77% stated that

English was their first language. US generation status was also assessed, with 82.3% reporting that they were born in the United States and 17.7% indicating birth in another country.

Group Differences on Demographics and Baseline Measures

A series of one-way ANOVAs were conducted to check for potential differences between groups at baseline. No significant group effect was found for any of the dependent variables at time 1. The descriptive statistics for baseline, Time 1 scores by assigned condition are summarized in Table 1. ANOVA results yielded no significant differences.

Table 1

Descriptive Statistics for Variables by Condition at Time 1(Standard Deviations in Parentheses)

Variables	Acceptance Condition	Control Condition	Total Sample
1. CMNI-RE (Restrictive Emotionality)	27.56 (5.86)	28.03 (5.90)	27.79 (5.87)
2. KIMS-A (Emotional Acceptance)	28.22 (6.71)	28.04 (6.94)	28.13 (6.81)
3. DERS-NA (Non-Acceptance)	14.63 (4.77)	14.64 (5.24)	14.64 (4.99)
4. BSI-18 (Psychological Distress)	31.86 (10.18)	32.10 (12.55)	31.97 (11.34)
5. ACS-Total (Fear of Emotion)	133.71 (29.68)	136.74 (35.91)	135.15 (32.73)
6. ACS-Anxiety (Fear of Anxiety)	43.75 (12.25)	43.17 (14.07)	43.47 (13.11)
7. ACS-Depression (Fear of Depressed Affect)	24.62 (9.24)	26.20 (11.08)	25.37 (10.16)
8. ACS-Positive (Fear of Positive Affect)	36.88 (10.28)	37.86 (12.30)	37.34 (11.26)
9. ACS-Anger (Fear of Anger)	28.45 (7.75)	29.52 (7.81)	29.96 (7.78)
<i>N</i>	101	91	192

Hypothesis One

The purpose of the first research question was to determine interrelationships among emotional non-acceptance, fear of emotion, restrictive emotionality, emotional acceptance, and psychological distress. Previous studies have found correlations between some of the variables of interest but none had examined how all of these variables relate to one another.

Prior to primary analyses, potential outliers were assessed using the Cook's distance procedure to identify data points with extreme values that could disproportionately influence results (Mendenhall & Sinich, 1996). Eight cases were identified as highly influential, with a Cook's D value exceeding a cutoff of $4/n$ (.02), and were subsequently omitted from analyses.

Pearson-product moment correlations were then conducted to determine the bivariate associations among the variables of interest. Table 2 includes the results of this analysis, which mostly support hypothesis one. Significant interrelationships were found between KIMS, BSI-18, DERS, ACS and each of its subscales ($p < .01$ for all bivariate relationships). These findings indicate that fear of emotions, emotional non-acceptance, and psychological distress are positively related to one another, while emotional acceptance is negatively related to each of these variables. Notably, the CMNI's Restrictive Emotionality subscale was significantly and positively related to BSI-18 scores, $r(184) = .16, p < .05$, but was not found to be associated with any of the other included variables.

Table 2

Intercorrelations of Study Variables at Time 1

Variables	1	2	3	4	5	6	7	8	9
1. CMNI-RE (Restrictive Emotionality)	1	.09	.11	.16*	.09	.13	.11	-.05	.10
2. KIMS-A (Emotional Acceptance)		1	.60* *	.36**	.48**	.38**	.38**	.33**	.40**
3. DERS-NA (Non-Acceptance)			1	.47**	.58**	.45**	.50**	.44**	.40**
4. BSI-18 (Psychological Distress)				1	.62**	.55**	.62**	.35**	.37**
5. ACS-Total (Fear of Emotion)					1	.85**	.77**	.76**	.68**
6. ACS-Anxiety (Fear of Anxiety)						1	.57**	.48**	.44**
7. ACS-Depression (Fear of Depressed Affect)							1	.40**	.43**
8. ACS-Positive (Fear of Positive Affect)								1	.39**
9. ACS-Anger (Fear of Anger)									1
<i>N</i>	184	184	184	183	184	184	184	184	184

Note. * $p < .05$. ** $p < .01$.

Hypothesis Two

The second hypothesis was that emotional acceptance would be found to moderate the relationship between restrictive emotionality and psychological distress. In this way, acceptance was expected to operate as a buffer against distress for men who adhere to restrictive

emotionality. Hierarchical regression analyses were conducted to test this hypothesis via steps outlined by Baron and Kenny (1986).

First, the scores relating to the independent variables were centered (i.e. the overall sample mean score was subtracted from each original score). Casewise diagnostics were then conducted to determine potential outliers in the regression model. Three cases were eliminated due to extreme scores as measured by Cook's distance equation. Next, restrictive emotionality scores were multiplied by the scores of emotional acceptance at Time 1 to create interaction term. Restrictive emotionality and psychological distress were then entered in the first step of the hierarchical regression. The interaction term of emotional acceptance and restrictive emotionality was entered as the second step, with psychological distress as the dependent variable. The change in R-squared was measured to indicate whether the interaction of restrictive emotionality and emotional acceptance explained a significant amount of unique variance.

The overall model was significant, $R^2 = .132$, $F(3, 184) = 9.31$, $p = .000$. In the first step of the model, CMNI-RE and KIMS Acceptance scores accounted for a significant amount of variance in BSI scores, $R^2 = .687$, $F(2, 184) = 14.03$, $p = .000$. However, the interaction term of CMNI-RE and KIMS-Acceptance scores entered into the second step did not significantly add to the amount of variance accounted for, $\Delta R^2 = .000$, $\Delta F(1, 184) = .025$, $p = .88$, $b = 0.11$, $t(184) = 0.16$, $p = .88$. The first block of variables, including restrictive emotionality and emotional acceptance, predicted psychological distress, but the relationship between restrictive emotionality and psychological distress did not change as a function of emotional acceptance. Therefore, the hypothesized moderation model was not supported.

Hypothesis Three

Hypothesis three regarded the effectiveness of the experimental, emotional acceptance condition in reducing distress, non-acceptance, fear of emotion, and restrictive emotionality, and increasing emotional acceptance across time and when compared to the control condition.

Descriptive statistics for all outcome variable scores at post-intervention can be found in Table 3.

Table 3

Descriptive Statistics for Variables by Condition at Time 2 (Standard Deviations in Parentheses)

Variables	Acceptance Condition	Control Condition	Total Sample
1. CMNI-RE (Restrictive Emotionality)	27.62 (5.95)	27.59 (6.07)	27.61 (5.99)
2. KIMS-A (Emotional Acceptance)	24.98 (6.85)	25.75 (7.71)	25.34 (7.26)
3. DERS-NA (Non-Acceptance)	13.57 (4.59)	13.53 (5.58)	13.55 (5.07)
4. BSI-18 (Psychological Distress)	30.56 (12.41)	29.76 (12.03)	30.18 (12.21)
5. ACS-Total (Fear of Emotion)	129.62 (34.72)	130.54 (37.48)	130.06 (35.96)
6. ACS-Anxiety (Fear of Anxiety)	43.63 (12.42)	41.81 (13.64)	42.77 (13.01)
7. ACS-Depression (Fear of Depressed Affect)	23.52 (9.11)	25.04 (11.49)	24.24 (10.31)
8. ACS-Positive (Fear of Positive Affect)	35.09 (12.60)	35.77 (12.76)	35.41 (12.65)
9. ACS-Anger (Fear of Anger)	27.39 (8.09)	27.91 (8.15)	27.64 (8.10)
<i>N</i>	101	91	192

Two repeated measures multivariate analyses of variance (MANOVA), with the between-subjects factor of condition and the within-subjects factor of time, were conducted to assess group differences in dependent variable scores. The first MANOVA included DERS-NA (emotional non-acceptance), CMNI-RE (restrictive emotionality), ACS-Total (overall fear of emotions), and BSI-18 (psychological distress) as dependent variables across pre- and post-intervention time points. A second repeated-measures MANOVA included subscales assessing fear of specific emotional states, as well as the emotional acceptance variable.

The ACS subscales (i.e. fear of anger, anxiety, positive affect, and depressed affect) and emotional acceptance were not entered into the first MANOVA equation due to intercorrelations equal to or greater than .60 with BSI-18, ACS total, and KIMS-A scores. Highly correlated dependent variables entered into a MANOVA can result in multicollinearity and reduce statistical efficiency (Stevens, 2002). Despite high intercorrelations between ACS subscale scores and the ACS total score, subscale scores were included separately to examine potential changes in fear of specific emotions. A previous study using the ACS found that men with greater adherence to traditional masculine ideology were more likely to fear their depressed affect, positive affect, and anger (Jakupcak, Salters, Gratz & Roemer, 2004). Given this previous finding, ACS subscale scores were analyzed to determine differences in how particular emotional states may have changed as a result of the experiment.

No interaction between time and group was demonstrated in either the first MANOVA (Wilks' $\lambda = .99$, $F(4, 186) = 0.39$, $p = .82$, $\eta^2 = .01$) or the second MANOVA (Wilks' $\lambda = .98$, $F(5, 186) = 0.65$, $p = .67$, $\eta^2 = .02$). This result indicates that participant scores did not significantly change across time based on condition assignment. Additional multivariate results were reviewed to determine possible between group and within group differences.

Between Group Effects. The results of the first MANOVA showed no difference between experimental and control groups on the outcome scores as Wilks Lambda was insignificant, Wilks' $\lambda = 1.00$, $F(4, 186) = 0.16$, $p = .96$, $\eta^2 = .00$. Univariate tests further indicated no condition effect on restrictive emotionality, $F(1, 189) = .79$, $p = .38$, $\eta^2 = .004$; emotion non-acceptance, $F(1, 189) = .06$, $p = .81$, $\eta^2 = .000$; fear of emotion, $F(1, 189) = .63$, $p = .43$, $\eta^2 = .003$ or psychological distress, $F(1, 189) = 0.64$, $p = .43$, $\eta^2 = .003$.

The results of the second MANOVA analysis also demonstrated no difference between experimental and control groups on dependent measures across sessions one and two, Wilks' $\lambda = .98$, $F(5, 186) = 0.94$, $p = .45$, $\eta^2 = .03$. Univariate tests also indicated no condition effect on fear of anxiety, $F(1, 189) = 1.16$, $p = .28$, $\eta^2 = .006$; fear of positive emotion, $F(1, 189) = .06$, $p = .80$, $\eta^2 = .000$; fear of depression, $F(1, 189) = .002$, $p = .96$, $\eta^2 = .000$; fear of anger, $F(1, 189) = .42$, $p = .52$, $\eta^2 = .002$; or emotional acceptance, $F(1, 189) = 1.41$, $p = .24$, $\eta^2 = .01$.

Within Group Effects. Within group effects were found across time in both analyses as Wilks Lambda indicated significant change in the first MANOVA examining time effects on restrictive emotionality, emotion non-acceptance, fear of emotion total score, and psychological distress Wilks' $\lambda = .89$, $F(1, 186) = 5.64$, $p = .00$, $\eta^2 = .11$, and also in the second MANOVA, which determined time effects on subscale scores for fear of anger, positive emotion, anxiety, and depression, as well as emotional acceptance, Wilks' $\lambda = .77$, $F(1, 189) = 11.45$, $p = .00$, $\eta^2 = .24$.

In light of significant within-group effects, results of univariate tests were reviewed to understand how individual variables changed from Time 1 to Time 2. Because differences were not found by condition, univariate results for the entire sample were examined for change in scores.

The univariate tests for DERS-NA, BSI-18, KIMS-A, ACS total, ACS Positive Affect subscale, ACS Depressed Affect subscale, and ACS Anger subscale were all significant at $p < .05$. No significant change in scores was evident for CMNI-RE or ACS-Anxiety subscale scores.

Analysis of Scrambled Sentences Test Results. Data from the scrambled sentences test was analyzed for group differences by condition. Five undergraduate research assistants scored participant responses to the test, which entailed assigned a numerical values depending on whether the sentence was unscrambled to reveal an accepting (1), non-accepting (2), or nonsensical (3) meaning. A ratio of accepting over total, non-error responses was used as a composite score for each participant. A one-way analysis of variance showed no significant difference between the experimental and control condition, $F(1, 188) = 0.004, p = .95$.

Analysis of Response Latency Times to Semantic Decision Task. Response latency times recorded from the semantic decision task were also analyzed to test for experimental effects. The task was intended as an implicit measure of attitudes toward emotional acceptance following the intervention. Results were used to further explore hypothesis three. It was expected that response latency times for sentences with acceptance words (i.e. “I think vulnerable emotions are *important*”) would be significantly shorter than response latency times for non-accepting (i.e. “Feeling vulnerable is *bad*.”) or distracter (i.e. “The emotion of surprise causes *lamps*.”) words for participants in the experimental condition. Shorter response times to acceptance sentences, when compared to distracter or emotionally non-accepting sentences, were hypothesized to indicate that emotional acceptance was a more cognitively accessible construct.

A repeated measures analysis of variance (RM-ANOVA), with a between-subjects factor of condition and within-subjects factor of sentence type (i.e. accepting, non-accepting, and distracter), was conducted to determine group differences in response times to emotionally

accepting and non-accepting sentence stimuli, as well as distracter stimuli. The expected interaction between condition and sentence type was not found, Wilks' $\lambda = .98$, $F(1, 174) = 2.18$, $p = .12$, $\eta^2 = .02$.

Results did show a significant main effect of sentence type, Wilks' $\lambda = .78$ $F(1, 174) = 25.00$, $p = .00$, $\eta^2 = .22$. Pairwise comparisons, using the Bonferroni correction to adjust for multiple comparisons, were conducted to determine differences among sentence types. Response latency times for non-accepting sentences were significantly greater than those for accepting or distracting sentences at the $p < .01$ level. All other pairwise comparisons did not reach statistical significance. Descriptive statistics for the SDT data can be found in Table 4.

Table 4

*Means and Standard Deviations of Response Times to Semantic Decision Task
Stimulus Categories by Condition (in milliseconds)*

Stimulus Category	Control	Experimental	Total
Accepting	3289.13 (988.25)	3187.42 (931.53)	3235.69 (957.48)
Non-accepting	3597.75 (1109.63)	3730.60 (1140.43)	3615.01 (1122.84)
Distracter	3189.54 (890.18)	3297.64 (813.83)	3246.34 (850.20)
<i>N</i>	84	93	177

Additional Exploratory Analyses

Though ethnicity was not included in a priori analyses, cultural factors such as ethnic group identification can be associated with varied responses to psychological interventions. In order to understand whether intervention effects differed based on ethnicity, post-hoc analyses were conducted.

Two repeated measures MANOVAs, with race and condition as between groups factors, were conducted to determine whether changes in dependent variable scores between pre- and post-intervention varied based on ethnic group identification. For these analyses, only participants who identified as Caucasian, Hispanic American, or Asian American were included, as only 17 participants total identified as African American, Native American, Middle Eastern/Arab American, or multiracial. As in the a priori analyses, two MANOVAs were conducted with different sets of dependence variables due to the high intercorrelations among certain variables at Time 1. Including all variables in one MANOVA would likely result in multicollinearity.

The first MANOVA included the following dependent variables from Time 1 and Time 2: emotional non-acceptance (DERS-NA), restrictive emotionality (CMNI-RE), fear of emotions (ACS total score), and psychological distress (BSI-18). The second repeated-measures MANOVA included subscales assessing fear of anxiety (ACS-Anxiety), anger (ACS-Anger), depressed affect (ACS-depression), and positive affect (ACS positive), and emotional acceptance (KIMS-A).

Results demonstrated no interaction between ethnicity and condition for both the first MANOVA [Wilks' $\lambda = .94$, $F(8, 330) = 1.37$, $p = .21$, $\eta^2 = .03$] and the second MANOVA [Wilks' $\lambda = .91$, $F(10, 328) = 1.66$, $p = .09$, $\eta^2 = .05$].

Chapter Five:

Discussion

Summary

This dissertation project was based on three primary objectives. The first objective aimed to determine whether men's restrictive emotionality, psychological distress, emotional non-acceptance, and fear of emotion are positively related to one another and negatively related to psychological distress. Secondly, the study evaluated whether emotional acceptance would moderate the relationship between restrictive emotionality and distress. A final objective evaluated the potential for an intervention to increase emotional acceptance and reduce restrictive emotionality, fear of emotion, non-acceptance and distress scores in men. This section reviews the findings and their significance within the context of current literature.

How are non-acceptance, fear of emotion, restrictive emotionality, emotional acceptance and psychological distress related?

The results of this study's analysis partially support the hypothesis regarding relationships among variables. As hypothesized, emotional non-acceptance (DERS-NA), psychological distress (BSI-18), and all four subscales of the fear of emotions scale (ACS) were significantly and positively related to one another. These data corroborate previous findings that use of these strategies is associated with greater distress (Bradley, et. al, 2011; Gratz & Roemer, 2004). Judgment of unwanted emotions as bad or aversive tends to be associated with elevated distress. Individuals may be more likely to engage in behavioral attempts (e.g. suppression or avoidance) to avoid these negatively labeled emotions. Unfortunately these behaviors are often found to sustain or amplify the distressing emotion (Jazaieri, Urry, & Gross, 2013; Bradley, et.

al, 2011). This study's correlational findings do not identify the direction of causality, but they do provide further evidence that dysregulation can correspond with distress.

Also as predicted, emotional acceptance (KIMS-A) was negatively correlated with fear of emotion, emotional non-acceptance, and distress. This association lends some support to previous research on the role of emotional acceptance in dysregulation and distress (e.g., Gratz & Roemer, 2004). When individuals willingly accept their emotions without judgment, avoidance, or suppression, they tend to cope better with distressing emotions and experience fewer symptoms. (e.g., Wupperman, Fickling, Klemanski, Berking, & Whitman, 2013). Such findings have also influenced a new generation of psychotherapeutic treatment approaches. Emotional acceptance has been recognized as a key therapeutic mechanism of change in more recent evidence-based psychotherapies such as dialectical behavioral therapy (Linehan, 1993) and acceptance and commitment therapy (Hayes, et. al, 2011).

Contrary to prediction, restrictive emotionality (CMNI-RE) was not shown to be related to dysregulation or emotional acceptance. It was significantly and positively related to distress, though the relationship was somewhat more modest than in previous studies. Interestingly, men who were more emotionally restrictive were not found to have greater fear of emotion or emotional non-acceptance, which contradicts results of previous studies (Cohn, et. al, 2012; Jakupcak, et. al, 2005). The lack of significant correlation is also interesting given how restrictive emotionality appears similar to certain dysregulation strategies, such as expressive suppression.

This unexpected finding could potentially be explained by how restrictive emotionality was measured. Previous studies examining correlations between restrictive emotionality and dysregulation have utilized the Restrictive Emotionality subscale of the Gender Role Conflict

Scale (GCRS). In contrast, this study used the Emotional Control subscale of the Conformity to Masculine Norms Inventory (CMNI) to assess restrictive emotionality. The GCRS subscale was not used in this study because of concerns about the specific romantic nature of several of the items (e.g. “Talking about my feelings during sexual relations in difficult for me”; Telling my partner my feelings about him/her during sex is difficult for me”; O’Neil, 1986) and the possibility that our participants would be distracted by these items or have difficulty relating to them. The CMNI Emotional Control subscale has been shown to be highly correlated with the GCRS subscale (Mahalik, et al., 2003) as it was designed to measure the same construct, so it was included in this study as a valid measure of restrictive emotionality.

However, it is feasible that the specific items of the GCRS subscale that target emotional disclosure during sex are assessing a critical aspect of restrictive emotionality. This aspect was missing from the current project’s survey. It may be that men’s unwillingness to disclose emotions during sex is more broadly indicative of negative attitudes toward disclosure of vulnerable emotions, or disclosure during particularly intimate situations. Because the absence of these items is the most evident difference between the CMNI and GRCS subscales, it seems plausible that their absence from the survey may help to account for unexpected results. The use of the GRCS subscale might have yielded results that more closely resemble those of previous studies.

Does emotional acceptance moderate the relationship between restrictive emotionality and psychological distress?

This study hypothesized that scores on the KIMS-A would moderate the relationship between CMNI-RE and BSI-18 scores. Men with higher levels of emotional acceptance were

expected to experience significantly less distress, despite their adherence to restrictive emotionality. Thus, emotional acceptance was predicted to act as a buffer against the effect of restrictive emotionality on distress. This hypothesis was based in past research demonstrating the protective factors of emotional acceptance as an adaptive emotion regulation strategy.

The results of the moderation analysis did not support the hypothesis. While CMNI-RE and KIMS-A scores were found to predict BSI-18 scores, no moderation effect from the interaction factor of these scores was found. These results indicate that acceptance may not diminish the harmful effects of restrictive emotionality that co-occur with increased distress. Previous emotion regulation studies have found that suppression of externally expressed and internally experienced affect can lead to increased symptomatology (Gross & Thompson, 2007). Therefore, it is possible that even if a man internally accepts his unwanted emotions, he may still be susceptible to greater distress if he chronically restricts his expression of emotion.

Recent research also suggests that acceptance and expressive suppression may simply be incompatible strategies that are not commonly used in combination. For example, a study by Dunn, Billotti, Murphy, and Dalgleish (2009) found that when participants became more accepting of distressing emotions, they also tended to become more emotionally expressive. This provides some evidence for the notion that increased emotional acceptance might lead to expression of emotion as well. Thus, it may be unlikely that emotionally restrictive men engage in acceptance as a primary form of regulating their emotions. Though this study did not find a significant negative association between acceptance and restrictive emotionality, the inclusion of an alternative measure of restrictive emotionality and/or a larger and more diverse sample may have helped clarify this relationship.

How does an acceptance-based intervention affect men's non-acceptance, fear of emotion, restrictive emotionality, emotional acceptance, and distress?

A primary purpose of this study was to determine the effects of a brief psychoeducational intervention developed to increase men's emotional acceptance. This experimental intervention was compared against a control condition teaching time management skills. It was hypothesized that participants in the experimental condition would have greater emotional acceptance, and in turn, reduced restrictive emotionality, emotion dysregulation, and distress at follow-up when compared to participants in the control condition. The call for this type of intervention is evident in studies suggesting the benefits of emotional acceptance in psychological outcomes (Baer, et. al, 2006; Wupperman, et. al, 2013) as well as past research demonstrating the promise of structured, psychoeducational (Robertson & Freeman, 1995; Wong & Rochlen, 2005) and writing-based interventions (Wong & Rochlen, 2009) for men.

Results from analyses of intervention effects failed to support the hypothesis. Participant scores on self-report measures appeared to change across time, but condition assignment did not affect these changes. There were no significant differences between the control condition and the emotional acceptance condition with regard to any of the outcome variables. Indeed, participants in both conditions reported changes from Time 1 to Time 2, demonstrating a main effect of time. These changes include decreased emotional non-acceptance, psychological distress, overall fear of emotions, and in particular, reduced fear of anger, depression, and positive emotion. Participants across conditions also exhibited increased emotional acceptance over time. Fear of anxiety (ACS-Anxiety) and restrictive emotionality scores remained relatively unchanged, however. Though ACS-anxiety subscale scores were unchanged, the total ACS score

significantly decreased, as hypothesized. Individual subscales of the ACS were not part of the a priori hypotheses of this study.

The null effect of the experimental condition was also evident in analyses of non self-report measures that were designed to reduce volitional control over responses. Response latency times to the semantic decision task did not significantly differ by condition. Similarly, results from the scrambled sentences task showed no group differences.

These results highlight two interesting points that warrant closer examination. One unanticipated finding is a main effect of time. Participants in both conditions reported greater emotional acceptance and decreased distress, fear of emotion and non-acceptance, similar to the experimental condition. This equivalent result occurred despite the fact that the control was used to teach time management skills, while the experimental condition was developed to explicitly promote men's acceptance. A second curious finding is that restrictive emotionality was the sole, primary variable that remained unchanged from Time 1 to Time 2.

There are a few potential reasons that may help clarify why the experimental condition and control performed equivalently. First, the design of the study (i.e. pretest, treatment, posttest) may have facilitated demand characteristics that affected participant responses to self-report measures (Heppner, Wampold, & Kivlighan, 2007). Both the time management (control) and emotional acceptance (experimental) condition were interventions based on explicit teaching of skills, which likely produced an equivalent level of demand. Participants may have suspected that change in scores were expected to occur and felt compelled to report reduction in scores on measures that appear negatively valenced, like the DERS-NA, BSI-18, or ACS.

The issue of item valence may also help with understanding why scores on the CMNI-RE remained unchanged. Unlike the more clearly negative bias of items on the DERS-NA (e.g.

“When I’m upset, I feel ashamed at myself for feeling that way”), BSI-18 (e.g. “Feeling hopeless about the future.”), and the ACS (e.g. “I am afraid that I will babble or talk funny when I am nervous.”), CMNI-RE items appear more benign and without overtly positive or negative bias (e.g. “I tend to keep my feelings to myself. “I prefer to stay unemotional.”) Therefore, participants may have felt less demand to change responses to CMNI-RE items at Time 2, as these items do not signify unhealthy attitudes or behaviors in the same, explicit manner.

This main effect might also be attributed to the potential benefit of completing questionnaires in the context of a distressing event. Limited research has found that answering self-report surveys when required to recollect a negative event can be therapeutic. For example, Boals, Hathaway, and Rubin (2011) showed that completing autobiographical questionnaires while recalling a negative experience led to reduced emotional reaction and lower distress scores across time. This effect was not evident in participants who initially completed questionnaires while recalling a positive event. The authors suggested that completing self-report questionnaires regarding a distressing event could lead to self-reflection and provide for therapeutic exposure to unwanted thoughts and feelings. These mechanisms may then contribute to enhanced insight and reduced distress. The current study required participants to recall and describe a recent distressing event prior to completing self-report questionnaires about how they cope with difficult and vulnerable emotions. Therefore, it is possible that questions asking about a distressing event, followed by surveys regarding emotion regulation, may have served as a mild exposure exercise and facilitated insight that yielded desirable changes in scores on self-report measures at Time 2.

An alternative explanation worth examining is that the emotional acceptance intervention was not powerful enough to yield significant effects. In a similar study, Baum and Rude (2013)

found that an expressive writing exercise with acceptance-based instructions was effective in reducing depression symptoms among participants with low-to-mild initial depression. However, Baum and Rude (2013) included multiple days of writing sessions in their intervention while the current study consisted of a single session.

In a meta-analysis of expressive writing research, Smyth (1998) reported that expressive writing sessions spread across multiple days are associated with stronger treatment effects. A subsequent meta-analysis by Frattaroli (2006), which included a larger number of studies, found the number of writing sessions moderated the effect size of the intervention. Studies with three or more sessions reported larger effects sizes than those with fewer than three sessions. The current study, however, consisted of only a single writing session on one day. Additional writing sessions may have helped to bolster the effects of the study and reinforce the psychoeducation component of the intervention.

Lastly, these results suggest the need for reviewing the theory on acceptance as a panacea for psychological distress. Of particular note, it seems likely that individuals are not equally amenable to acceptance-based interventions. A meta-analysis, by Kohl, et al. (2012) found that while acceptance strategies can be at least as useful as other types of emotion regulation, they are not universally effective and some individuals may respond better to other strategies, such as traditional cognitive reappraisal. The authors advised that future studies should examine the individual differences, such as personality characteristics, that predict response to acceptance versus other emotion regulation strategies. In the current study, personality traits, prior experiences, values, biases, or other differences among the college-aged, male sample may have participants' ability to fully benefit from the acceptance intervention. More specific research on

this topic could be particularly useful for understanding how men of varying degrees of masculine norm adherence respond to acceptance-based strategies.

In summary, the experimental condition and the control condition were associated with equivalent outcomes, which fails to support the hypothesis. Participants in both conditions reported reduction of dysregulation and distress scores, as well as an increase in acceptance scores. The reason for a main effect of time is unclear, but it may be attributed to demand characteristics related to the study design and use of self-report measures. Both interventions were explicit in teaching new skills, which may have facilitated demand to report change on self-report measures, particularly on those with items that are clearly valenced as positive or negative. Also, simply completing self-report measures that encourage reflection after recalling a distressing event could have also contributed to the main effect. Equivalent results between conditions may have occurred because the one-time, structured writing exercise in the acceptance intervention was not powerful enough to produce more significant change. But it may also be possible the emotional acceptance theory guiding this study may not be as applicable or relevant to this study's sample as was once thought.

Strengths

Considerable research has been devoted to examining the ill effects of restrictive emotionality on men's mental health (O'Neil, 2008; Wester & Vogel, 2012; Wong & Rochlen, 2009). However, relatively few studies have investigated how to reduce adherence to this traditional masculine norm, or how its effects might be tempered by use of other strategies. The current study is significant in that it explored how restrictive emotionality might be related to similar emotion regulation constructs and how emotional acceptance might change adherence to restrictive emotionality and buffer against related harmful outcomes.

This study helped support previous research showing that fear of emotion and non-acceptance are positively correlated with one another and to psychological distress (Flynn, et al., 2010; Gratz & Roemer, 2004; Gross & John, 2003). Additionally, emotional acceptance was found to be inversely related to each of those variables, providing further evidence that acceptance is associated with fewer distress symptoms in a male sample. These correlational findings corroborate the growing body of psychological literature that describes the utility of acceptance-based psychological interventions in treating various forms of psychopathology (e.g. Hayes, et. al, 2006).

This study also builds upon the previous work of Wong and Rochlen (2009), which examined the potential benefits of expressive writing in reducing restrictive emotionality and distress in men. These authors found that expressive writing was not effective in decreasing adherence to restrictive emotionality, but that it did lead to lower rates of distress. The authors called for further research of writing-based interventions, which they posited might be better tailored for “men who struggle with being emotionally open in a face-to-face, verbal context” (p. 158). In response, the current study’s intervention intended to incorporate emotional acceptance education to help facilitate men’s disclosure in a private, non-threatening writing exercise. While the combined psychoeducational audio and writing exercise did not improve outcomes as hypothesized, this study adds to an important body of research on alternative therapeutic approaches for men, and could help to guide future research on such interventions.

The use of an experimental design and procedures to ensure high internal validity is also a relative strength of this study. Participants were randomly assigned to conditions that were designed to be near identical in terms of format, procedure, and time demand. The control condition was based on previous research on writing-based interventions that found time

management to be a benign, but cognitively demanding writing topic (Pennebaker & Chung, 2007). In addition, the researcher administering the experimental portion of the study was blind to participant assignment and thus, unlikely to influence outcomes. All participants completed the experiment in the same on-campus computer lab to ensure no changes could be attributed to environmental differences.

Lastly, this study sought to address the limitation of self-report measures by including alternative measures to overcome volition in reporting. Such alternative measures included a semantic decision task that was developed to reveal implicit judgments and attitudes regarding vulnerable emotions. Similar tasks have been previously used in studies exploring cognitive biases that may lead to depressotypic thoughts (Kross, et. al, 2012) and interpretation bias with regard to rumination (Nor, et al., 2014) and anxiety (Richards & French, 1992). Additionally, participants were asked to complete a scrambled sentences test, in which they unscrambled ambiguous sentences that could be completed to form either an emotionally accepting or non-accepting meaning. This task was especially appropriate for the current study, as it has been used in other studies examining the effects of adopting an accepting view of distressing events and emotions (Haner, Miller, & Rude, 2012; Rude, Mazzetti, Pal, & Stauble, 2011). Utilizing these techniques allowed for more comprehensive measurement of participant attitudes and beliefs. These alternative measures also prevented this study from solely relying on self-report measures that can more easily facilitate demand characteristics.

Limitations

There are several limitations to this study that are important to review. First, this study's external validity is hindered by a convenience sample, primarily consisting of Caucasian,

college-aged males. These participants generally presented as being absent of psychopathology or with subclinical symptoms. Their primary motivation to participate was an academic requirement to complete the study in order to receive course credit. The restricted age range, underrepresented ethnic diversity, homogeneous educational background, and relative lack of symptomatology all limit the inferences that can be made from this study. The results may not generalize to a larger, more diverse, or more distressed population.

Another limitation is that the follow-up session may have occurred too quickly after the intervention and not provided enough time for full effects to become evident. Pennebaker and Chung (2007) found that effects from expressive writing exercises are often best observed at multiple intervals, starting at two weeks post-intervention and then extending out as far as six months. One of the theorized mechanisms of change in expressive writing is the cognitive processing that occurs upon writing about distress. Writing about a distressing event may help people process the situation, generate an explanation for what happened, and assimilate this information into their existing cognitive schemas. But this process can take a variable amount of time to occur, which is one reason why more distantly timed follow-ups might be helpful.

Though this study was designed, in part, to extend research on how expressive writing affects men's restrictive emotionality (Wong & Rochlen, 2009), an expressive writing condition was not included. The omission of a traditional expressive writing condition was due to concerns about further reducing the number of participants in each group, thus reducing power. However, a traditional expressive writing condition would have been useful to understand how a more structured writing intervention, with a psychoeducational component, comparatively performs.

Finally, because this study's utilized several different types of outcome measures (i.e. self-report surveys, semantic decision task, scrambled sentences test), a manipulation check was

not included as part of the design. Instead, analyses of group differences were used to determine whether the acceptance condition was effective in fostering less dysregulation and a more accepting approach toward distressing emotions. These analyses appear to clearly indicate that the acceptance condition was no more effective than the control condition. Still, a formal manipulation check, such as qualitative coding of participant's writing submissions, may have proven quite useful. This type of in-depth text analysis would have allowed for a more nuanced understanding of how participants responded to the psychoeducational material and corresponding writing prompts.

Directions for Future Research

The results of this study serve as a reminder that there are still important empirical questions to explore regarding how men's restrictive emotionality relates to distress, and how new interventions can better serve men who are emotionally restrictive. Topics such as research measurement, intervention modality, and study design are potential areas of importance to address in future studies.

The inclusion of psychophysiological measures might benefit the study of restrictive emotionality as a way of understanding how this particular norm impacts physiological markers of distress. Emotion regulation studies have found significant differences in self-reported distress and physiological responses to distress (e.g. Dunn, et al., 2009), which highlights the utility of other forms of measurement besides self-report surveys. Measurement of heart rate variability and skin conductance could provide information on whether restrictive emotionality predicts differences in affective response to distressing memories or stressful tasks. Psychophysiological measures could also be used to compare stress response differences in men who report high

restrictive emotionality to those who report elevated scores on measures of expressive suppression, experiential avoidance, fear of emotion, and other forms of dysregulation. These comparisons could help clarify how these constructs differentially impact men's distress.

Future attempts to evaluate how brief interventions can influence emotional acceptance, restrictive emotionality or related outcomes might include participation across multiple sessions. For example, requiring participants to complete a series of writing exercises across time could help to enhance the power of these interventions. Additionally, researchers should consider measuring outcome variables at several different time points, extending out to six months past the initial intervention date, if possible. Effects of writing-based interventions have been shown to develop over weeks and months past the first writing session. Measuring change across time would allow researchers to better understand the trajectory of these changes.

Subsequent studies testing similar interventions would be well served to include a group that receives no treatment. A condition without treatment could consist exclusively of self-report measures administered at multiple time points. This comparison group would help clarify whether effects might be due to a therapeutic benefit caused by simply completing self-report measures about emotional response after recalling a distressing event. Such information would be particularly useful in case of equivocal results between the intervention and other control conditions.

As research continues to demonstrate the effectiveness of acceptance-based interventions, new modalities for teaching emotional acceptance should be considered. This study sought to teach acceptance via psychoeducation, reinforced by structured writing, but many alternative formats are possible. Brief workshops, peer mentorship, and public health campaigns that incorporate psychoeducation about acceptance-based strategies could help to teach and

encourage men how to respond more adaptively to unwanted emotions. Other options beyond basic psychoeducation should also be explored. Research by Miller, Haner, and Rude (2013) suggests that cognitive bias modification may be a novel and effective approach to implicit training of a more accepting orientation toward vulnerable emotions. Covert forms of emotional acceptance training may be well suited for men who are averse to more explicit psychological interventions.

Lastly, use of qualitative research methods could be beneficial to future research studies exploring new psychosocial treatments for men. Qualitative or mixed methods studies could provide a richer, more contextualized understanding for how men who are averse to traditional psychotherapy might engage with alternative interventions. These studies could also provide valuable feedback on how men perceive such interventions, so that future treatments can be better adapted to this population's unique needs.

In conclusion, this project was the first known study to explore the role of acceptance as a potential moderator between restrictive emotionality and psychological distress. It also tested the effectiveness of a novel acceptance-based intervention designed to address the important problem of men's restrictive emotionality. The results of this study highlight the difficult challenge of changing tendencies toward restrictive emotionality and emotional non-acceptance. Although hypotheses from this study were generally not supported, broader extant research literature continues to suggest that acceptance-based interventions may benefit individuals who suppress, restrict, or avoid their emotions. This study may help inform future attempts to develop more robust brief interventions for men who adhere to traditional masculine norms and experience detrimental consequences.

Appendix A

Emotional Acceptance Psychoeducational Audio + Writing Instructions

Introductory psychoeducational research audio clip

"We all experience unwanted emotions, but new research shows that how we react to these emotions is key to understanding how quickly they resolve and whether they keep coming back.

Recent studies find that when people try to eliminate their emotions, avoid them, or label them as 'bad' or 'negative', those emotions usually persist, and even intensify. Neuroscience explains that the brain is trying to process these emotions and make sense of them, so trying to avoid or suppress emotions can often make the situation worse. Researchers have found that one way around this problem is to accept emotions and take a neutral stance toward them.

People who recognize the similarity between physical pain and emotional pain may find it easier to accept emotions. Emerging research has shown that many of the same neural pathways involved in physical and emotional pain overlap far more than was previously believed. When ill or after an injury, pain is a natural, physiological reaction. This pain is widely accepted as normal.

In contrast, some people may feel that their emotional pain is abnormal and judge themselves for feeling unwanted emotions. But to second guess yourself for feeling certain emotions might increase problems and slow the process of resolving the pain.

In order to address emotional pain, research has demonstrated that simply noticing emotions without judgment is a useful strategy. Data show that just observing the emotions and allowing them to run their course can be psychologically beneficial. Once these emotions are acknowledged and allowed to come and go without avoidance or distraction, the brain will process them and move on.

Now you will hear from a few men who went through a difficult experience and found benefit in accepting, rather than avoiding, their emotions."

Emotional acceptance clip 1

"I went through a bad break up last year and I remember thinking, 'Man, get over it. Don't waste your time being sad. Just suck it up and move on.' Every Time I thought about it and got upset, I would think that it was wrong to feel what I was feeling. Like none of my friends would be as bothered as I was by something like a breakup. But then I felt better when I remembered that everyone has ups and downs, and feeling bad for a while after a breakup is actually normal. No matter what it seems like from the outside, everyone gets happy, sad, embarrassed, mad—we all have these feelings. Sometimes it just helps to remember that."

Emotional acceptance clip 1

Thinking back to your own stressful experience, write for the next five minutes about how your experience/situation might be similar to those of others. What might you have in common with people who have been through something like what you went through? How may your reactions be similar? How might your thoughts and emotions be similar? If you'd like review the clip you just listened to (though it's not required), a transcript is available above.

You will be able to continue to the next page after five minutes, but feel free to continue writing if you'd like.

Emotional acceptance audio clip 2

There have been plenty of times when I felt things I didn't want to feel. Nobody wants to feel hurt or sad. But I noticed that when I tried to get rid of feelings I didn't want by avoiding them or by always trying to distract myself, it never worked for long. The feelings always came back, and I got tired of trying to constantly fight them off. I finally just realized that emotions aren't really good or bad, or positive or negative. Emotions are instincts. I feel pain when I pull a muscle, just like I feel pain when I go through something in life that's hard. It doesn't mean anything about who I am as a person...it's just a signal to give myself a break and a little space to let things settle. Not really such a big deal."

Emotional acceptance writing prompt 2

Take five minutes to write about all of the emotions that come up for you when you think about your stressful experience. Try to describe them in as much detail as you can without censoring yourself or judging/evaluating your emotions. What were you feeling at the time? How are you feeling about it now? How have your emotions changed or not changed over time? There is no 'right' or 'wrong' answer. If you'd like to review the clip you just listened to (though it's not required), a transcript is available above.

You will be able to continue to the next page after five minutes, but feel free to continue writing if you'd like.

Emotional acceptance audio clip 3

"I've had some hard times that sucked, and nearly every time something happens that sets me back, it seems like anger or sadness or stress whatever I am feeling will never go away. I just want to feel good. like everyone else. But the feelings seem almost overwhelming. Lately I'm better at reminding myself that whatever I'm feeling will eventually fade away... I'm able to wait it out. Nobody feels the same way forever, you know? So whenever I feel like "this is never gonna end," I remember that even the strongest feelings change with some time and I usually end up feeling better. When I think back on it... yeah, sure, I can remember some rough things I went through. Back then they seemed like the end of the world and the feelings seemed intense at the time. But now they're all just memories."

Emotional acceptance audio clip 3

For the next five minutes, write about your stressful experience from the perspective of you living 2 years in the future. How will this future version of you view the situation? How will you feel about it all in the future? How will your emotions change over time? If you'd like review the clip you just listened to (though it's not required), a transcript is available above.

Appendix B

Control (Time Management) Psychoeducational Audio + Writing Instructions

Introductory psychoeducational research audio clip

"Psychological research shows that time management is an effective skill in dealing with everyday life stress. When pressures from social, career, and/or academic responsibilities become excessive, chronic stress can often be the result. This stress can manifest in a number of symptoms including moodiness, fatigue, problems with sleep, and even a decrease in immune system functioning. For these reasons, among others, coping techniques such as time management are more important than ever in a fast-paced society.

Psychologists recommend some basic time management strategies for people dealing with multiple daily stressors. One helpful strategy is to prioritize the balance of work and play. Enjoyable distractions can help people better re-engage with work at a later time. A person's work can actually benefit from taking a break to do something personally fulfilling, such as calling a friend or exercising. After giving yourself some 'mental rest' by engaging in a leisurely activity, you are better equipped to focus on work and school tasks and be more productive with your time. Experts recommend 15 minutes of 'down time' for every 45 minutes of 'work time'.

Another useful tip is to create to-do lists on your smartphone or your laptop, so that you can keep track of activities and set appropriate reminders. Psychology research shows that people tend to feel more overwhelmed when only thinking about their responsibilities compared to when writing them down. Though making a list with pen and paper is effective, using an electronic device (such as your phone or computer) can be even more useful because you are able to set reminders for these activities. Cognitive science demonstrates that periodic reminders can significantly improve the chances that tasks will be accomplished. After completing a task, most people report feeling reduced stress overall.

In the next three audio clips, you will now hear about time management strategies and their usefulness to different aspects of your life."

Time management control audio clip 1

"Many students find that scheduling the task that is most important as their first task of the day can help in reducing stress. Though it may not always be possible to do the most important task early in the morning, it may be helpful to complete it at the earliest possible time that your schedule will allow. Undergraduate students tend to report that when things are scheduled later in the day, there is a higher risk of procrastinating and not finishing the task due to being tired or not having enough time. Also, students usually report feeling better during their day when they don't have to worry about tasks to do later looming over their heads. If you can begin your day by conquering a difficult task, you may feel less stress and also more accomplished."

Time management control writing prompt 1

Now, write for the next five minutes about how you could incorporate this time management strategy into your day. What types of activities would you schedule at the beginning of your day? What types of things do you tend to put off until later? What do you think might make these changes difficult and how can you overcome those challenges? If you'd like review the clip you just listened to (though it's not required), a transcript is available above.

You will be able to continue to the next page after five minutes, but feel free to continue writing if you'd like.

Time management audio clip 2

"One of the benefits to being an undergraduate is that you may often have pockets of free time between classes to accomplish small tasks. A strategy that students usually find helpful is to plan minor tasks (those that take an hour or less) to complete between classes or events. Using this free time can help you to accomplish things that might increase your productivity (such as reading a book chapter), or benefit your health (such as exercising). Small gaps in your schedule can add up and potentially enable you to complete many items on your to-do list. Try planning these productive activities the night before, to help you better prepare for the next day and ensure that you make the most of your time. "

Time management control writing prompt 2

For the next five minutes, write about the types of activities you could accomplish between classes or during other small breaks during your day. Have you already tried similar strategies? How could this strategy be useful or not? If you'd like review the clip you just listened to (though it's not required), a transcript is available above.

You will be able to continue to the next page after five minutes, but feel free to continue writing if you'd like.

Time management control audio clip 3

"Often, we are taught that we have to prioritize work or school above everything else. But what may not be obvious is that people typically do their best work after a break. Scheduling time for enjoyable activities is important for maintaining life balance, which helps sustain productivity. Because these activities might get pushed aside when under pressure or deadlines, it is important to actually build them into your schedule. Set aside relaxation time that is free from work obligations, so that you can recharge, and re-engage with work later. Spend time with positive people who enhance your life, and make it a point to do something you enjoy every day. These activities clear the mind, provide needed mental rest, and allow you to do your best work with reduced stress."

Time management control writing prompt 3

Take five minutes to write about how time management has affected stress in your life. How have you noticed scheduling and prioritizing life activities as adding to, or relieving your stress? What are some reliable activities that are relaxing or bring you some joy? How could you include these into your daily routine? If you'd like review the clip you just listened to (though it's not required), a transcript is available above.

You will be able to continue to the next page after five minutes, but feel free to continue writing if you'd like.

Appendix C

Emotional Control Subscale of the Conformity to Masculine Norms Inventory

Thinking about your own actions, feelings and beliefs, please indicate how much you personally agree or disagree with each statement by circling SD for "Strongly Disagree", D for "Disagree", A for "Agree", or SA for "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.

- | | | | | |
|---|----|---|---|----|
| 1. It is best to keep your emotions hidden | SD | D | A | SA |
| 2. I should take every opportunity to share my feelings | SD | D | A | SA |
| 3. Feelings are important to show | SD | D | A | SA |
| 4. I love to explore my feelings with others | SD | D | A | SA |
| 5. I bring up my feelings when talking to others | SD | D | A | SA |
| 6. I like to talk about my feelings | SD | D | A | SA |
| 7. I tend to keep my feelings to myself | SD | D | A | SA |
| 8. I hate it when people ask me to talk about my feelings | SD | D | A | SA |
| 9. I tend to share my feelings | SD | D | A | SA |
| 10. I prefer to stay unemotional | SD | D | A | SA |
| 11. I never share my feelings | SD | D | A | SA |

Appendix D

Brief Symptom Inventory – 18

Below is a list of problems people sometimes have. Read each one carefully and indicate the number that best describes how much that problem has distressed or bothered you during the past 7 days including today.

Not At All	A Little Bit	Moderately	Quite a Bit	Extremely
0	1	2	3	4

How much were you distressed by: (rate 0 to 4)

1. Faintness or dizziness
2. Feeling no interest in things
3. Nervousness or shakiness inside
4. Pains in heart or chest
5. Feeling lonely
6. Feeling tense or keyed up
7. Nausea or upset stomach
8. Feeling blue
9. Suddenly scared for no reason
10. Trouble getting your breath
11. Feelings of worthlessness
12. Spells of terror or panic
13. Numbness or tingling in parts of your body
14. Feeling hopeless about the future
15. Feeling so restless you couldn't sit still
16. Feeling weak in parts of your body
17. Thoughts of ending your life
18. Feeling fearful

Appendix E

Affective Control Scale

Please rate the extent of your agreement with each of the statements below by circling the appropriate number below each statement.

1	2	3	4	5	6	7
very strongly disagree	strongly disagree	disagree	neutral	agree	strongly agree	very strongly agree

1. I am concerned that I will say things I'll regret when I get angry.
2. I can get too carried away when I am really happy.
3. Depression could really take me over, so it is important to fight off sad feelings.
4. If I get depressed, I am quite sure that I'll bounce right back.
5. I get so rattled when I am nervous that I cannot think clearly.
6. Being filled with joy sounds great, but I am concerned that I could lose control over my actions if I get too excited.
7. It scares me when I feel "shaky" (trembling).
8. I am afraid that I will hurt someone if I get really furious.
9. I feel comfortable that I can control my level of anxiety.
10. Having an orgasm is scary for me because I am afraid of losing control.
11. If people were to find out how angry I sometimes feel, the consequences might be pretty bad.
12. When I feel good, I let myself go and enjoy it to the fullest.
13. I am afraid that I could go into a depression that would wipe me out.
14. When I feel really happy, I go overboard, so I don't like getting overly ecstatic.
15. When I get nervous, I think that I am going to go crazy.
16. I feel very comfortable in expressing angry feelings.
17. I am able to prevent myself from becoming overly anxious.

18. No matter how happy I become, I keep my feet firmly on the ground.
19. I am afraid that I might try to hurt myself if I get too depressed.
20. It scares me when I am nervous.
21. Being nervous isn't pleasant, but I can handle it.
22. I love feeling excited -- it is a great feeling.
23. I worry about losing self-control when I am on cloud nine.
24. There is nothing I can do to stop anxiety once it has started.
25. When I start feeling "down," I think I might let the sadness go too far.
26. Once I get nervous, I think that my anxiety might get out of hand.
27. Being depressed is not so bad because I know it will soon pass.
28. I would be embarrassed to death if I lost my temper in front of other people.
29. When I get "the blues," I worry that they will pull me down too far.
30. When I get angry, I don't particularly worry about losing my temper.
31. Whether I am happy or not, my self-control stays about the same.
32. When I get really excited about something, I worry that my enthusiasm will get out of hand.
33. When I get nervous, I feel as if I am going to scream.
34. I get nervous about being angry because I am afraid I will go too far, and I'll regret it later.
35. I am afraid that I will babble or talk funny when I am nervous.
36. Getting really ecstatic about something is a problem for me because sometimes being too happy clouds my judgment.
37. Depression is scary to me -- I am afraid that I could get depressed and never recover.
38. I don't really mind feeling nervous; I know it's just a passing thing.

39. I am afraid that letting myself feel really angry about something could lead me into an unending rage.

40. When I get nervous, I am afraid that I will act foolish.

41. I am afraid that I'll do something dumb if I get carried away with happiness.

42. I think my judgment suffers when I get really happy.

Appendix F

Kentucky Inventory of Mindfulness Skills – Accept Without Judgment Scale

Please read the following items and circle the number that best reflects how true each statement is for you.

Never or always rarely true (1) (5)	Seldom true (2)	Sometimes true (3)	Often true (4)	Almost true
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1. I criticize myself for having irrational or inappropriate emotions. 1 2 3 4 5
2. I tend to evaluate whether my perceptions are right or wrong. 1 2 3 4 5
3. I tell myself that I shouldn't be feeling the way I'm feeling. 1 2 3 4 5
4. I believe some of my thoughts are abnormal or bad and I shouldn't think that way. 1 2 3 4 5
5. I make judgments about whether my thoughts are good or bad. 1 2 3 4 5
6. I tend to make judgments about how worthwhile or worthless my experiences are. 1 2 3 4 5
7. I tell myself that I shouldn't be thinking the way I'm thinking. 1 2 3 4 5
8. I think some of my emotions are bad or inappropriate and I shouldn't be feeling them. 1 2 3 4
9. I disapprove of myself when I have irrational ideas. 1 2 3 4 5

Appendix G

Emotional Non-Acceptance Subscale of Difficulties in Emotion Regulation Scale

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item.

1-----	2-----	3-----	4-----	5-----
almost never	sometimes	about half the time	most of the time	
almost always				
(0-10%)	(11-35%)	(36-65%)	(66-90%)	(91- 100%)

- 1) When I'm upset, I become angry with myself for feeling that way.
- 2) When I'm upset, I become embarrassed for feeling that way.
- 3) When I'm upset, I feel like I am weak.
- 4) When I'm upset, I feel ashamed at myself for feeling that way.
- 5) When I'm upset, I feel guilty for feeling that way.
- 6) When I'm upset, I become irritated at myself for feeling that way.

Appendix H

Semantic Decision Task Sentences, Randomized (with Key for Sentence Type)

1. Excess work leads to **restaurant**. (d/ns) 4
2. Feeling vulnerable can be **awful**. (t/r/s) 2
3. Even when I am upset, I can usually **bake** my feelings. (t/ns) 3
4. During times of stress, I **driveway** my situation. (t/ns) 3
5. Expressing my emotions is **healthy**. (t/a/s) 1
6. Letting myself be aware of all my feelings makes my life **better**. (t/a/s) 1
7. When I experience sorrow, it seems **abnormal**. (t/r/s) 2
8. **Many** men become sad at times. (t/a/s) 1
9. I think vulnerable emotions are **important**. (t/a/s) 1
10. People typically prioritize their **home** life first. (d/s) 5
11. My difficult feelings will tend to **linger** over time. (t/r/s) 2
12. After a loss, I require myself to be **emotionless**. (t/r/s) 2
13. Going out to eat is **storage** for me. (d/ns) 4
14. Becoming embarrassed happens to a **large** percentage of people. (t/a/s) 1
15. Humor is based on the element of **tiny**. (d/ns) 4
16. Experiencing pain after a breakup is **shameful**. (t/r/s) 2
17. If I let something make upset me, the feelings may **never** go away. (t/r/s) 2
18. I experience headaches **illuminating**. (d/ns) 4
19. Telling others what I feel can be **umbrella**. (t/ns) 3
20. Feeling vulnerable is **bad**. (t/r/s) 2
21. People are more likely to have disturbing dreams on a **cathedral** stomach. (d/ns) 4
22. Feeling down after a setback is **typical**. (t/a/s) 1
23. Earning money is a **shampoo** task. (d/ns) 4
24. I think becoming emotional is **terrible**. (t/r/s) 2
25. Trying to stop every painful feeling is **unhelpful**. (t/a/s) 1
26. **People** experience fear in life. (t/a/s) 1
27. Exercise usually increases **leather** of happiness. (d/ns) 4
28. Being honest about my emotions is **skates** (t/ns) 3
29. When I become down for no obvious reason, I **judge** myself. (t/r/s) 2
30. When I go into work, I am **exhausted**. (d/s) 5
31. I handle my unwanted emotions by **suppressing** them. (t/r/s) 2
32. People make better coworkers when they are more **cooperative**. (d/s) 5
33. Experiencing heartache after a breakup is **normal**. (t/a/s) 1
34. Feeling depressed sometimes is an **unusual** human experience. (t/r/s) 2
35. Hobbies are nice to do when **sickening**. (d/ns) 4
36. When unhappy feelings come up, I try to **accept** them. (t/a/s) 1
37. When surfing the internet, I **doorframe** my attention. (d/ns) 4
38. Driving a brand new car is **whispering**. (d/ns) 4
39. People should be **indifferent** to their emotions. (t/r/s) 2

40. Eating too much makes a person feel **sick**. (d/s) 5
41. Feeling down during difficult times is **common**. (t/a/s) 1
42. I think my emotions are **valid**. (t/a/s) 1
43. Feeling nervous is **strange**. (t/r/s) 2
44. The emotion of surprise causes **lamps** (d/ns) 4
45. Disappointment can often happen after a **failure**. (d/s) 5
46. Examining my emotions is **a risk**. (t/r/s) 2
47. Energy levels are **baseball** in the morning. (d/ns) 4
48. Having the flu is a **basket**. (d/ns) 4
49. I find it best to **notice** painful emotions. (t/a/s) 1
50. Many **shoes** laugh aloud when alone. (d/ns) 4

Target – Accepting, sensical = t/a/s

Target – Non-accepting (or rejecting) = t/r

Target – Nonsense = t/n

Distracter – Nonsense d/s

Distracter – Sensical s/s

*Target = a sentence frame that alludes to emotion

*Distracter = a sentence frame that is unrelated to emotion

Appendix I

Scrambled Sentences Test

List of Scrambled Phrases

1	mostly	others	to	I'm	similar	not
2	can	I	learn	fear	cannot	from
3	think	I	pain	lasting	is	temporary
4	badly	people	often	few	all	feel
5	doesn't	me	suffering	wiser	make	does
6	weird	I	normal	think	I	am
7	seldom	most	bad	feel	people	often
8	quickly	painful	cannot	shift	can	emotions
9	my	weak	human	show	faults	I'm
10	don't	me	do	difficult	damage	situations
11	like	everyone	has	no one	feelings	me
12	sadness	tends	linger	pass	always	to
13	do	learn	I	don't	failures	from
14	experience	few	other	many	failure	people
15	believe	I	shameful	human	is	sadness
16	to	end	seems	anxiety	always	never
17	unlike	really	others	am	I	like
18	things	time	do	don't	with	improve
19	happens	rejection	some	people	all	happens
20	sadness	cannot	from	learn	can	I

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Vita

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