

Men in Unhappy Relationships: Perceptions of Couple Therapy

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Abstract

Research suggests men are reluctant to seek couple therapy. Parnell and Hammer (2018) established the utility of the theory of planned behavior (TPB) in explaining men's relationship help seeking. The present study addressed gaps in their investigation by using a sample of men ($N = 206$) who reported being unhappy with their romantic relationship; incorporating the key theoretical constructs of relationship satisfaction, self-stigma of seeking help, and perceived need; parsing the unique relationship of conformity to the masculine norms of self-reliance and restrictive emotionality with help-seeking perceptions; and determining whether personality (i.e., neuroticism) obviated the importance of accounting for conformity to masculine norms when seeking to understand couple help seeking. To address these important research gaps, a Structural Equation Modeling (SEM) alternative model testing framework was used and bootstrap analyses were conducted to test for indirect effects. The results evidenced several important findings: (1) conformity to masculine norms accounted for unique variance in help seeking perceptions beyond neuroticism, (2) self-reliance and restrictive emotionality evidenced differential direct and indirect effects on help-seeking outcomes, (3) perceived need and self-stigma accounted for the most variance in the SEM model, and (4) relationship satisfaction was not associated with attitudes but low relationship satisfaction was associated with more perceived social pressure (i.e., subjective norms) to engage in couple therapy. Our results provided further support for the use of TPB in understanding men's relationship help-seeking and highlighted several implications for how to engage men in couple therapy.

Keywords: couples; masculinity; help-seeking; personality; theory of planned behavior

Men in Unhappy Relationships: Perceptions of Couple Therapy

Relationship health has been identified as a public health issue and relationship deterioration a health epidemic (Cordova et al., 2014) with nearly half of all first marriages ending in divorce within 20 years (Copen, Daniels, Vespa, & Mosher, 2012). Divorce and relationship distress are associated with increased depression, substance use, anxiety, and suicidal ideation (Du Rocher, Schudlich, Papp, & Cummings, 2011; Whisman & Uebelacker, 2006). Unfortunately, only 19% of couples have attended couple therapy and only 37% sought therapy prior to divorce (Cordova et al., 2014; Johnson et al., 2002). Research has shown that men are often reluctant to seek psychological services (Hammer, Vogel, & Heimerdinger-Edwards, 2013; Mansfield, Addis, & Mahalik, 2003;), and couple therapy in particular (Berger, Addis, Green, Mackowiac, & Goldberg, 2013; Bringle & Byers, 1997; Doss, Atkins, & Christensen, 2003). Therefore, it is imperative mental health professionals understand how to engage men in couple therapy, and researchers have intensified their examination of variables that impact relationship help-seeking.

Men's reluctance to seek psychological treatment has often been studied in the context of gender role socialization (i.e., men and women's gendered attitudes internalized from cultural norms and values; see Addis & Mahalik, 2003). Past research has established the link between adherence to traditional masculine norms (e.g. self-reliance, emotional control) and less favorable attitudes toward individual therapy (see Vogel and Heath, 2016). To date, only one prior study explored how adherence to specific masculine norms was associated with attitudes towards couple therapy (Parnell & Hammer, 2018). While the authors found that adherence to masculine norms was associated with more negative attitudes and greater perceived social pressure to seek couple therapy (i.e., subjective norms), they were unable to examine the unique

contributions of self-reliance and restrictive emotionality, specifically. Which masculine norms are valued may have important implications for understanding men's relationship help-seeking, but no research has addressed this possibility.

In prior reviews of masculinity research, scholars have emphasized the need to understand the contextual, individual, and social factors that influence men's couple help-seeking within an established theory of help-seeking (Addis & Mahalik, 2003; Vogel & Heath 2016). The current study aimed to answer this call, and build on prior research, by applying the theory of planned behavior (TPB; Ajzen, 1991) to examine how important help-seeking variables not previously examined in couple help-seeking (e.g., personality, stigma, relationship satisfaction, perceived need) are linked to men's attitudes and intention to seek couple therapy.

Personality dimensions describe individual differences in motivation, attitudes, and interpersonal styles; researchers have examined how dimensions of personality influence help-seeking (Fischer, 2007; Tokar & Fischer, 2000). However, no research to date has examined how The Big 5 personality factors may be linked with men's relationship help-seeking. This is an important research gap to consider as there are likely individual personality differences among men who endorse similar traditional masculine norms. Researchers have also expressed concerns that masculinity constructs overlap substantially with personality constructs, thereby questioning the incremental validity of assessing masculinity in addition to personality (Parent, Moradi, Rummell, & Tokar, 2011). For example, Tokar and Fischer (2000) found that endorsing masculine gender-role conflict exhibited 60% overlapping variance with personality variables, with the most overlap occurring with the neuroticism construct. The current study sought to determine if men's conformity to the two norms of self-reliance and emotional control accounted for unique variance in downstream help-seeking variables, beyond the variance accounted for by

neuroticism. If understanding men's conformity to these norms has nothing substantial to offer beyond understanding their degree of neuroticism, this represents a challenge to the importance of accounting for gender role attitudes when seeking to understand men's relationship help seeking.

Another potential influence on men's intention to seek couple therapy is stigma. Public stigma of seeking help refers to "the perception that a person who seeks psychological treatment is undesirable or socially unacceptable" (Vogel, Wade, & Haake, 2006, p. 325). People can internalize this as self-stigma, which might lead to avoidance of seeking psychological help to preserve a more positive self-image (Vogel et al., 2006). Men might avoid seeking couple therapy, as it could activate stigmatized beliefs about themselves such as "I cannot fix this relationship on my own; therefore, I am an inadequate partner." The impact of stigma might be more salient in the context of couple therapy, as men must not only expose their self-perceived deficiencies to a clinician but also to their romantic partner and anyone else who may learn of their therapy attendance (Parnell, Scheel, Davis, & Black, 2018). Therefore, not only are men confronted with gendered expectations such as relying on oneself, but they are also susceptible to stigmatized beliefs that might lead them to question their own adequacy, should they seek help. However, no studies to date have examined the role of stigma in men's perceptions of couple therapy, despite this being a potentially important avenue to couple therapy engagement.

Lastly, it is important to understand how relationship satisfaction impacts intention to seek couple therapy. Previous studies (e.g., Parnell & Hammer, 2018) used a vignette design and did not explicitly sample men reporting low relationship satisfaction. This is an important omission, as understanding why men experiencing actual relationship distress do or do not seek couple therapy could lead to more tailored interventions to engage men in couple therapy.

Additionally, the impact of men's relationship satisfaction on couple help-seeking has produced mixed results (Doss et al., 2003; Eubanks-Fleming & Cordova, 2012; Guillebeaux, Storm, & Demaris, 1986). One possible explanation for these divergent findings is the perception of need. There is some evidence that when symptoms are perceived as severe, men are as willing or even more willing than women to seek help (Vogel & Heath, 2016). In addition, couple therapy is unique in that one person's distress might not motivate treatment seeking if the other partner does not perceive any relationship problems. Although the current study only examined one person in the dyad, it is imperative to understand how men's relationship satisfaction impacts help seeking outcomes.

The Present Study

The current study sought to enhance our understanding of how contextual, individual, and social factors influence men's relationship help-seeking within an established theory of help-seeking (Addis & Mahalik, 2003; Vogel & Heath 2016). The current study used the theory of planned behavior (TPB; Ajzen, 1991) to examine men's relationship help-seeking. The TPB posits that attitudes (i.e., favorable or unfavorable beliefs about seeking couple therapy), subjective norms (i.e., beliefs about what significant others' think about seeking couple therapy), and perceived behavioral control (i.e., beliefs about ease/controlability of seeking couple therapy) predict a person's behavioral intention. To explore the relationship among these help-seeking variables the study used best practice recommendations by comparing two competing theoretical models (Martens, 2005). Both the "Core" and "Neuroticism" models were grounded in the TPB framework. The "Neuroticism Model" explored to what degree, if any, neuroticism might account for significant variance in help-seeking outcomes above and beyond the traditional masculine norm variables. Both models and the rationales for each structural path

will be elaborated upon below. This study addressed important limitations in the TPB model delineated by Parnell and Hammer (2018) by examining community-dwelling men who reported low relationship satisfaction; exploring the important variables of self-stigma and perceived need; clarifying the relationships among personality, masculine gender roles, and help-seeking outcomes; and exploring the separate contribution of self-reliance and restrictive emotionality on help-seeking outcomes.

Core Model

The core model follows the TPB framework in hypothesizing that more favorable attitudes, higher subjective norms, and higher perceived behavioral control will have positive associations with intention to seek couple therapy (e.g. Bringle & Byers, 1997; Parnell & Hammer, 2018; Hess & Tracey, 2013; Mo & Mak, 2009). Since seeking couple therapy may go against traditional masculinity, the Core model specified an inverse association between the masculine norms of emotional control and self-reliance with attitudes (e.g. Berger et al., 2013; Bringle & Byers, 1997; Parnell & Hammer, 2018). Men who endorse traditional masculine norms, such as self-reliance, may be reluctant to discuss their relationship problems with others (Addis & Mahalik, 2003). Men's reluctance may lead to a perceived lack of social support for seeking couple therapy; therefore, the Core model specified an inverse association between masculine norms and subjective norms.

In the individual help-seeking literature, self-stigma has been demonstrated to have a negative association with key TPB variables (Chen et al., 2014; Jean-Michel, 2014). Therefore, the Core model hypothesized an inverse association between self-stigma and these variables. Adherence to masculine norms was hypothesized to have an inverse relationship with self-stigma. For example, men who believe they should handle things on their own (i.e., self-reliance)

may believe they failed as a male and partner if they need a couple therapist to repair their relationship. The Core model also sought to illuminate the role of men's relationship satisfaction upon perceptions of couple therapy. The Core model posited an inverse association between relationship satisfaction and both attitudes and subjective norms, as men with low relationship satisfaction may be more likely to see couple help seeking as worthwhile and feel more pressure from others to seek couple therapy.

Men's relationship satisfaction may also influence the perception of need (Doss et al., 2003). The Core model posited that men who recognize low relationship satisfaction may perceive more of a need to seek couple therapy. Furthermore, if men have more positive attitudes and subjective norms, this may facilitate them perceiving a need to seek couple therapy. This hypothesis is supported by the individual treatment literature but has not yet been examined in the couple help-seeking literature (Eisenberg, Golberstein, & Gollust, 2007; Mojtabai et al., 2011). Lastly, the Core model posited that past experiences of seeking couple therapy will be positively associated with all TPB variables (Bringle & Byers, 1997; Parnell & Hammer, 2018) and will be linked with less self-stigma around seeking couple therapy (Masuda, Anderson, & Edmonds, 2012).

Neuroticism Model

The Neuroticism model was tested primarily to determine if men's conformity to masculine norms offers insight into their couple help seeking perceptions beyond the insight afforded by personality (i.e., neuroticism). We hypothesized that men's conformity to the two norms of self-reliance and emotional control would demonstrate a positive association with and account for unique variance in downstream help-seeking variables (i.e., self-stigma of seeking help, attitudes, subjective norms), beyond the variance accounted for by neuroticism. Individuals

who are high on neuroticism tend to be more self-conscious and this self-consciousness might heighten the impact of others' perceptions and one's own self-judgment.

Method

Participants and Procedure

Participants were 206 community-dwelling adult men who reported having been in a relationship for at least 6 months ($M = 16.34$ years, $SD = 14.44$ years) and self-identified as experiencing their relationship as unhappy, unrewarding, or unsatisfying by agreeing to participate in the study. Each participant rated their relationship satisfaction on the couple satisfaction index (CSI-4; Funk & Rogge, 2007), and the sample reported low relationship satisfaction overall (see Table1). Recruitment for the study was done via ResearchMatch, a national health volunteer registry that was created by several academic institutions and supported by the U.S. National Institutes of Health as part of the Clinical Translational Science Award (CTSA) program. ResearchMatch has a large population of volunteers who have consented to be contacted by researchers about health studies for which they may be eligible. Review and approval for this study and all procedures was obtained from the University of Kentucky Institutional Review Board Research Ethics Department ethics committee. The study was advertised as a study of men's relationship satisfaction and what men will do to keep their relationships strong. Participants received an advertisement for the study if they were 18 years or older and identified as male. Interested participants were directed to an online survey that began with an informed consent page, continued with the survey items, and ended with a debriefing page.

Participants ranged in age from 18 to 77 years old ($M = 46.08$, $SD = 14.78$, $Mdn = 45$). Approximately 79% of the sample identified as White, 5% as Latino, 4% as African

American/Black, 3% Asian American or Pacific Islander, 2% as American Indian, 2% multiracial, 2.5% preferred not to answer, and 2.5% other race/ethnicity. All participants reported being married, in a civil union, or in a committed relationship. Approximately 1% reported having less than a high school education, 3% earned a high school diploma or GED, 8% earned a two-year degree, 13% had some college experience, 36% earned a four-year college degree, and 39% earned a graduate or professional degree. Approximately 85% reported that they considered themselves heterosexual or straight, 8% identified as gay, 6% identified as bisexual, .5% identified as other, and .5% preferred not to answer. Approximately 37% reported having previously sought help from a couple therapist with a significant other.

Measures

TPB-based instruments measuring intention, subjective norms, and perceived behavioral control, were created based on Ajzen's (2002) guidelines. See Table 1 for descriptive statistics and intercorrelations among study variables.

Intention. Intention was assessed with a 3-item help-seeking intention instrument (e.g. "I intend to seek help from a couples counselor in the next 3 months;" rated from [1] *extremely unlikely* to [7] *extremely likely*). Higher scores indicated greater intention to seek couple therapy. The internal consistency of this instrument was found to be .94 [95% CI of .921, .951] in the current sample. Help-seeking intention instruments that follow Azjen's guidelines have previously demonstrated evidence of reliability ($\alpha \geq .97$; Hammer & Vogel, 2013; Mo & Mak, 2009) and validity (e.g., significant positive associations between intention and both attitudes and subjective norms around seeking professional psychological help; Bayer & Peay, 1997; Hammer & Vogel, 2013; Mo & Mak, 2009;).

Subjective Norms. Subjective norms was assessed with a 3-item couples help-seeking subjective norm instrument (e.g. “If there were in my situation, most people who are important to me would seek help from a couples counselor in the next 3 months;” rated from [1] *extremely unlikely* to [7] *extremely likely*). Higher scores indicated more positive descriptive subjective norms regarding seeking couple therapy. The internal consistency of this instrument was found to be .84 [95% CI of .795, .873] in the current sample. Help-seeking subjective norms instruments that follow Azjen’s guidelines have previously demonstrated evidence of reliability ($\alpha \geq .85$; Hammer & Vogel, 2013; Mo & Mak, 2009) and validity (e.g., significant positive association between subjective norms and intention to seek help; e.g., Bayer & Peay, 1997; Mo & Mak, 2009;).

Perceived Behavioral Control. Perceived behavioral control was assessed with a 4-item perceived behavioral control instrument (e.g. “If I wanted to I could seek help from a couples counselor in the next 3 months;” rated from [1] *definitely false* to [7] *definitely true*). Higher scores indicated greater perceived behavioral control to seek couple therapy. The internal consistency of this instrument was found to be .62 [95% CI of .532, .701] in the current sample. Help-seeking perceived behavioral control instruments that follow Azjen’s guidelines have previously demonstrated evidence of reliability ($\alpha \geq .69$; Hess & Tracey, 2013; Mo & Mak, 2009) and validity (e.g., significant positive association between perceived behavioral control and intention to seek help; e.g., Hess & Tracey, 2013; Mo & Mak, 2009).

Mental Help Seeking Attitudes Scale. The Mental Help Seeking Attitude Scale (MHSAS; Hammer, Parent, & Spiker, 2018) is a 9-item instrument that assesses participants’ evaluation of seeking help from a mental health professional. Items were modified to assess participants’ evaluation of seeking help from a couple counselor such that the item stem read:

“For me, seeking help from a couples counselor in the next 3 months would be...”. Participants responded to the item stem using a 7-point semantic differential scale anchored by bipolar adjectives at either end (e.g. *unsatisfying* vs. *satisfying*, *useless* vs. *useful*), with higher scores indicating more favorable attitudes. The internal consistency of this instrument was found to be .92 [95% CI of .904, .937] in the current sample. The HSAS has demonstrated initial evidence of reliability ($\alpha = .93$; Hammer et al., 2018) and validity (e.g., significant positive association with intention to seek help; Hammer et al., 2018).

Self-Reliance. The Conformity to Masculine Norms Inventory (CMNI-46; Parent & Moradi, 2009) is a 46-item scale that measures adherence to traditional masculine norms. Participants rated each item from 0 (*strongly disagree*) to 3 (*strongly agree*), with higher scores indicating greater adherence to traditional masculine norms. The current study used the 4-item self-reliance subscale (e.g., “I hate asking for help”). The self-reliance ($\alpha = .86$) subscale has demonstrated adequate internal consistency (Parent, Torrey, & Michaels, 2012). The internal consistency of this instrument was found to be .84 [95% CI of .804, .873] in the current sample. The CMNI has demonstrated strong relationships between theoretically-related constructs such as the Gender Role Conflict Scale (O’Neil, Helms, Gable, David, & Wrightsman, 1986; Parent & Moradi, 2009).

Restrictive Emotionality. The Male Role Norms Inventory – Short Form (MRNI-SF; Levant, Hall, & Rankin, 2013) is a 21-item measure of traditional masculine ideology. Participants rated each item from 1 (*strongly disagree*) to 7 (*strongly agree*), with higher scores indicating greater endorsement of traditional masculine ideology. The inventory includes 7 subscales (e.g. toughness, dominance) measuring different facets of traditional masculine ideology. The current study used the 3-item restrictive emotionality subscale (“Men should be

detached in emotionally charged situations”). The internal consistency of this instrument was found to be .87 [95% CI of .842, .902] in the current sample. The restrictive emotionality subscale ($\alpha = .83$) has demonstrated evidence of reliability, convergent validity (i.e., significant correlation with Male Role Attitudes Scale) and concurrent validity (i.e., significant correlations with CMNI and GRSC) (Levant et al., 2013;)

Self-Stigma of Seeking Help. The 10-item Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2006) assessed perceived self-stigma for seeking psychological help. In the current study, the items were adjusted to reflect self-stigma related to seeking a couple counselor. An example item included “I would feel inadequate if I went to a couples counselor for help”. Participants rated each item from 1 (*strongly disagree*) to 5 (*strongly agree*) with higher scores indicating greater self-stigma. The internal consistency of this instrument was found to be .91 [95% CI of .889, .926] in the current sample. The SSOSH has demonstrated convergent evidence of validity through correlations with attitudes toward counseling ($r = -.63$), intention to seek counseling ($r = -.38$), and the public stigma of seeking help ($r = .48$; Vogel et al., 2006). The SSOSH has demonstrated test-retest reliability over a period of 2 months ($\alpha = .72$) and internal consistency ($\alpha = .89$).

Couples Satisfaction Index. The CSI-4 (Funk & Rogge, 2007) is a measure of relationship satisfaction with higher scores indicating greater satisfaction. An example item included “How rewarding is your relationship with your partner?”. Participants rated their level of agreement on a 7-point Likert scale from 0 (*not at all*) to 6 (*completely*). The internal consistency of this instrument was found to be .95 [95% CI of .942, .963] in the current sample. The scale developers reported a coefficient $\alpha = .94$, and construct and convergent evidence of validity with other measures of relationship satisfaction.

Neuroticism. The Big Five Inventory (BFI-44; John, Donahue & Kentle, 1991) is a 44-item measure of the Five Factor Model traits of personality: Neuroticism, Extraversion, Openness, Conscientiousness, and Agreeableness. The current study only used the Neuroticism subscale (“I see myself as someone who is depressed, blue”). Participants rated their level of agreement on a 5-point Likert-type rating scale from 1 (*strongly disagree*) to 5 (*strongly agree*) for each statement. The BFI-44 scales have shown substantial internal consistency, retest reliability and clear factor structure, as well as considerable convergent and discriminant evidence of validity with longer Big Five measures (John & Srivastava, 1999). Reliability for the 8-item Neuroticism subscale was ($\alpha = .84$).

Past Couple Help-Seeking Behavior. Past couple help-seeking behavior was assessed with the following yes/no item: “Have you ever sought help from a couple/marriage counselor with a significant other?”

Perceived Need. Perceived need was assessed with one 7-point Likert scale item measured from 1 (*strongly disagree*) to 7 (*strongly agree*): “I need to seek help from a couples counselor in the next 3 months.”

Results

Data Preparation

The initial dataset contained 307 individuals. Six cases who identified as female were deleted. Forty-seven cases with significant (> 20%) item-level missingness on any given subscale were deleted (Parent, 2013). To ensure all participants were in a current relationship, we deleted all cases ($N = 48$) indicating a relationship status other than “married, civil union, or committed relationship.” In the retained sample ($n = 206$), 15 participants were missing responses to one or more items (1.9% to 3.7% of all items), while the remaining participants

were missing zero data. Missing data on study measures ranged from a low of zero missing data points on several items to a high of 2 missing data points out of 206 possible data points (1%) on two neuroticism items. Covariance coverage for our data ranged from .981 to 1.000. No variables exceeded the cutoffs of 3 and 10 for high univariate skewness and kurtosis values, respectively (Weston & Gore, 2006). We used the MLR estimator in *Mplus* version 6.11 (Muthén & Muthén, 1998-2012) to protect against deviations from multivariate normality.

The scaled chi-square statistic (scaled χ^2), Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), and standardized root mean square residual (SRMR) were used to assess the goodness of fit for each model. The following fit criteria were used: RMSEA \leq .06, CFI \geq .95, TLI \geq .95, and SRMR \leq .08 for good fit and RMSEA \leq .10, CFI \geq .90, TLI \geq .90, and SRMR \leq .10 for acceptable fit (Hu and Bentler, 1999; Weston & Gore, 2006). Marsh, Hau, & Wen (2004) reported that applying these more stringent fit criteria to samples sizes less than $N = 500$ can lead to Type II errors (false negative), and they recommended using the SRMR \leq .10 guideline for smaller sample sizes. Soper's (2013) sample size calculator for structural equation models was used (effect size = .30, power = .80, alpha = .05, number of latent variables = 8, number of observed variables = 47) to calculate the minimum sample size needed for adequate power in the current study. The present sample ($N = 206$) exceeds the sample required ($N = 183$) by the most complex model—the Neuroticism model.

Because the Core and Neuroticism models don't utilize the same exact manifest variables, comparison of model fit indices was not possible. Thus, these models' ability to account for variance in the endogenous latent variables (e.g., self-stigma, attitudes, subjective norms) was compared. If the Neuroticism model did not account for significant additional variance in the endogenous latent variables, then the more parsimonious Core model would be

retained. To model the latent variables, we used the items for each construct as manifest indicators. Past couples help seeking and perceived need were modeled as manifest indicators.

During initial model testing, it was found that two of the four perceived behavioral control items did not significantly load on the perceived behavioral control latent variable (see the Discussion for a theoretical explanation), which precluded reliable measurement of this construct. Thus, perceived behavioral control was excluded from further model testing.

Measurement Models

Prior to structural model testing, we used confirmatory factor analysis to examine model fit for both the Core and Neuroticism models. The Core measurement model appeared to show adequate fit to the data, $\chi^2(666, N = 206) = 5237.38, p < .001$; RMSEA = .056 [90% CI of .050, .062]; CFI = .913; TLI = .905; SRMR = .065. The Neuroticism measurement model also appeared to show adequate fit to the data, $\chi^2(990, N = 206) = 6239.61, p < .001$; RMSEA = .052 [90% CI of .047, .057]; CFI = .902; TLI = .894; SRMR = .064. All manifest indicators loaded significantly on the latent variables at $p < .001$. The TLI in the Neuroticism model indicated slightly less than adequate model fit and Schreiber and colleagues (2006) indicated that if the “vast majority of the indexes indicate a good fit, then there is probably a good fit” (p. 327). As all other fit indices indicated adequate fit, we proceeded with structural model testing.

Core Structural Model

The Core structural model appeared to show adequate fit to the data, $\chi^2(741, N = 206) = 5581.83, p < .001$; RMSEA = .056 [90% CI of .050, .062]; CFI = .910; TLI = .902; SRMR = .066. Parameter estimates for the Core structural model are presented in Figure 1. While most parameter estimates were congruent with theoretical expectations, certain path coefficients deviated from what was hypothesized. First, subjective norms did not account for unique

variance in intention beyond attitudes and perceived need. Second, self-reliance was associated with self-stigma but did not demonstrate a direct relationship with attitudes or subjective norms. Third, restrictive emotionality was associated with self-stigma and attitudes but did not demonstrate a direct relationship with subjective norms. Fourth, past couple help seeking did not demonstrate a relationship with self-stigma, attitudes, or subjective norms. The Core model accounted for 26.1% of the variance in self-stigma, 39.2% of the variance in attitudes, 26.2% in subjective norms, 62.5% in perceived need, and 58.8% in intention.

We tested for significant indirect effects in the Core structural model using a bootstrapping procedure outlined by Shrout and Bolger (2002). One thousand bootstrap draws of the data were used to obtain bias-corrected bootstrap confidence intervals. Twenty-nine indirect effects were tested (see Table 2). Thirteen were significant. Self-reliance and restrictive emotionality exhibited a significant indirect link with both attitudes and subjective norms through the mediator of self-stigma. Restrictive emotionality and self-stigma had a significant indirect link with intention through the mediator of attitudes. Self-stigma had a significant indirect link with perceived need through the mediators of attitudes and subjective norms, while relationship satisfaction had a significant indirect link with perceived need through the mediator of subjective norms. Restrictive emotionality had a significant indirect link with perceived need through the mediator of attitudes. Finally, relationship satisfaction, attitudes, and subjective norms had a significant indirect link with intention through the mediator of perceived need.

Neuroticism Structural Model

The Neuroticism structural model did not show clear evidence of global fit to the data, $\chi^2(1081, N = 206) = 6618.57, p < .001$; RMSEA = .052 [90% CI of .047, .057]; CFI = .898; TLI = .890; SRMR = .066 (see Figure 2). Upon examination of local model misfit, we determined that

the global model misfit was due to the latent neuroticism factor failing to account for unique variance in the endogenous latent variables (i.e., self-stigma, attitudes, subjective norms). Thus, the introduction of neuroticism did not decrease the strength of the relationships between the masculinity factors and key help-seeking constructs. Furthermore, the Neuroticism model accounted for no additional variance in self-stigma, 0.5% in attitudes, and 0.1% in subjective norms beyond what the Core model accounted for, which argued for the utility of the more parsimonious Core model over the Neuroticism model.

Discussion

Parnell and Hammer (2018) established the utility of the TPB in explaining men's relationship help seeking. The present study addressed gaps in their investigation by using a sample of men who reported being unhappy with their romantic relationship; incorporating the key theoretical constructs of relationship satisfaction, self-stigma of seeking help, and perceived need; parsing the unique relationship of self-reliance and restrictive emotionality with help-seeking perceptions; and determining whether personality (i.e., neuroticism) obviates the importance of accounting for conformity to masculine norms when seeking to understand couple help seeking.

Congruent with past research (e.g., Hess & Tracey, 2013; Parnell & Hammer, 2018), more positive attitudes toward couple therapy was associated with stronger intention to engage in it. The novel inclusion of perceived need revealed that this relationship, which is central to the TPB, is partly explained by enhanced perceived need for counseling. In fact, perceived need fully explained the relationship between subjective norms and intention. Thus, men who perceived that important others would seek help in their situation were more likely to perceive a need for counseling, which in turn was associated with stronger intention to seek counseling.

These findings, along with the fact that perceived need accounted for the most variance in intention, persuasively argues for the inclusion of perceived need in future relationship help seeking research. In sum, establishing what makes men perceive a need (or lack thereof) for couple therapy deserves particular attention going forward.

Regarding relationship satisfaction, results were inconsistent with expectations but consistent with some literature (Eubanks-Fleming & Cordova, 2012). Contrary to our hypothesis, lower relationship satisfaction was not associated with more favorable attitudes toward couple therapy, which gives credence to the idea of women as the “relationship barometers” in heterosexual relationships (Doss et al., 2003). The literature indicates that women’s relationship satisfaction has a significant impact on men’s help-seeking (Doss et al., 2003; Eubanks-Fleming & Cordova, 2012). Thus, it is possible that, in a heterosexual relationship, women’s perception of relationship satisfaction is a better predictor of help-seeking than men’s. However, lower relationship satisfaction was tied to men perceiving more social pressure (i.e., more favorable subjective norms) and a greater need to seek couple therapy. Doss and colleagues (2003) reported a similar finding where they found that relationship satisfaction was a strong predictor of problem recognition. So, even if men’s attitudes toward couple therapy were not swayed by their dissatisfaction, a part of them recognized (a) what others expected of them and (b) that there was a need for intervention.

Contrary to our hypotheses, measuring past couple help-seeking behavior did not improve our ability to understand possible influences of attitudes, subjective norms, or self-stigma. While the TPB and help-seeking literature (e.g., Ajzen, 1991; Vogel, Wade, Wester, Larson, & Hackler, 2007) has emphasized the importance of past behavior, these findings suggest at least two possibilities. First, these distressed men’s past experience with couple

therapy may indeed have some influence on their help-seeking perceptions, but this influence may be trumped by more powerful forces, such as their degree of self-reliance, restrictive emotionality, self-stigma, and relationship satisfaction. Second, unlike individual therapy, men's experiences with couple therapy may leave them feeling ambivalent about future help-seeking. For example, if they previously sought couple therapy for their current relationship, but are still feeling dissatisfied with their relationship, then they may understandably have mixed feelings about seeking future treatment. Thus, these results may highlight an intriguing difference between the individual and couple help-seeking contexts, as past behavior is typically associated with more favorable perceptions of individual therapy (Vogel et al., 2007).

The current study sought to address the question of whether the relationship between masculinity and couple help-seeking perceptions is more parsimoniously explained by personality, specifically trait neuroticism (Tokar & Fischer, 2000). Our findings supported Parent and colleagues (2011) assertion that conformity to masculine norms provides unique explanatory power. In other words, the introduction of neuroticism into the Core model did not weaken, much less explain away, the relationship between conformity and the help-seeking variables.

Furthermore, restrictive emotionality and self-reliance evidenced a differential pattern of direct and indirect effects, which serves to highlight the unique importance of each in seeking a gender-informed perspective of men's couple help-seeking perceptions. Parnell and Hammer (2018) did not examine this distinction and this represents an opportunity to deepen our understanding. Our findings were consistent with the extant literature highlighting the unique interplay among conformity to masculine norms, self-stigma, and attitudes (Hammer et al., 2013). Men who prioritized emotional stoicism reported more negative attitudes toward seeking

help, which in turn was associated with lesser intention to seek help. In contrast, the relationship between men's greater emphasis on self-reliance and their less favorable attitudes was completely explained by more intense self-stigma of seeking help. This suggests that the self-directed shame associated with seeking help is what connects the desire to be self-reliant and attitudes toward couple therapy, whereas restrictive emotionality may be less about shame and more about the perceived ineffectiveness of couple therapy. Given the unique effects of each form of conformity, we encourage future researchers to operationalize both when building on this Core couple therapy model.

Consistent with prior research (Vogel et al., 2006), self-stigma was essential in understanding relationship help-seeking perceptions. Self-stigma mediated the relationship between masculinity and attitudes and explained the most variance in attitudes, consistent with prior individual help-seeking literature (Jean-Michel, 2014). These are the first empirical results to provide support for the position that self-stigma of seeking help may function similarly for men in the context of relationship help-seeking by having an indirect relationship with intention via attitudes. Furthermore, greater self-stigma around seeking couple therapy was associated with the perception of less need for counseling via the mediators of less favorable attitudes and subjective norms, suggesting that stigma also influences perceived need as well as the established TPB variables. Thus, we recommend future research continue to incorporate the self-stigma of seeking help in couple help-seeking models.

We noted in the Method section that certain perceived behavioral control items failed to load on their intended latent factor, which precluded the incorporation of this variable into the tested models. In the individual help-seeking context, one's perceived behavioral control is primarily dictated by one's sense of help-seeking self-efficacy. However, in the couple therapy

context, perceived behavioral control is influenced by a mix of personal self-efficacy and the openness of one's partner to seeking couple therapy. Because the four items seem to differ in how much they tap each of these two components (e.g., "For me to seek help from a couples counselor in the next 3 months would be impossible/possible." vs. "It is mostly up to me whether or not I would seek help from a couples counselor in the next 3 months."), their collective unidimensionality and reliability was compromised. Future researchers are therefore advised to develop and pilot test items to allow precise measurement of perceived behavioral control in this unique context.

Limitations and Future Research Directions

The present findings must be understood in the context of several limitations. First, the study used a cross-sectional design which precludes causal conclusions. Future researchers should consider using longitudinal or experimental designs to confirm the present findings. Second, the study consisted mostly of White, college educated, heterosexual, middle-aged men. Also, given the ResearchMatch.org registry source, these men were more likely than the average man to have comorbid physical health concerns. These demographic and psychosocial characteristics of the sample could influence the means and interrelations of the study variables. Thus, caution should be used if generalizing these findings to other populations. Future research would benefit from an examination of how varying sexual orientation and racial/ethnic identities influence relationship help-seeking.

Third, our study was advertised for men who self-reported their relationship to be unhappy, unrewarding, or unsatisfying. Although a major contribution of our study is sampling men who are experiencing low relationship satisfaction, advertising our study in this way likely introduced a self-selection bias. Also, approximately 37% of our sample included men who had

sought couple therapy in the past. Thus, the men who participated in our study likely had some investment in improving their relationship and might have had generally more positive attitudes toward couple therapy. Furthermore, Doss and colleagues (2003) found that men were slower to recognize relationship problems compared to their partners. This suggests that our sample was biased toward help-seeking in that it contained men who possessed enough awareness or insight to recognize problems in their relationships. Sampling from men who objectively have relationship-related stressors but do not recognize any problems will be an important area for researchers to address.

Fourth, the current study used only self-report instruments which created the potential for monomethod bias, and future research would benefit from using dyadic instruments to model the interplay of partner-interdependence. Related to our instruments, perceived need was measured with one item, which can create concerns regarding the reliability of an instrument. However, this instrument was based on previous literature using one-item instruments for perceived need (e.g., Eisenberg et al., 2007; Mojtabai et al., 2011) and its score successfully demonstrated theoretically-expected associations with the other variables in the model. Additionally, Mojtabai et al. (2011) argued that perceived need is likely a product of several socio-contextual factors and future research might benefit from a finer-grained understanding and measurement of this important help-seeking variable.

Fifth, we included subjective norms to highlight the impact of social influences, but researchers should specifically measure what men think their partner would want them to do, as it is important to capture this dyadic interaction. Given the low reliability of the perceived behavioral control items, researchers should consider alternative methods of measuring perceived behavioral control such as one's perception of the couple's control over seeking

couple therapy, as a unit. Sixth, the current study included a global measure of relationship satisfaction. Prior research (e.g., Doss et al., 2003) has identified that dissatisfaction with certain aspects of the relationship (e.g., sex) may be stronger motivators of help-seeking and should be considered in future research. Last, the current study only included neuroticism in the examination of personality. Our inclusion of neuroticism alone was based on previous findings that neuroticism, more than other personality variables, played a prominent role in mediating the relationship between masculinity and counseling-related variables (Tokar & Fischer, 2000). The current study's findings indicated that neuroticism did not account for significant variance. Despite our findings, personality traits should continue to be examined in the context of couple help-seeking as they describe differing motivational, attitudinal, and interpersonal styles.

Implications for Outreach and Practice

Our results offer several tentative practice implications. The finding that perceived need and self-stigma appeared to account for substantial variance in the Core model could inform interventions meant to engage men in relationship help-seeking. One potential avenue to explore is the use of mental health literacy interventions. Mental health literacy interventions have been found to improve attitudes toward help-seeking, help-seeking intention, and reduce stigma (Kitchener & Jorm, 2006). If socio-contextual factors, such as knowledge of services/mental health, influence perceived need, then mental health literacy interventions could be tailored to address relationship help-seeking and the stigma associated with it. Furthermore, armed with this knowledge men might feel more capable of recognizing a need or problem which, in turn, could lead to enhanced intention to seek couple therapy.

During relational conflict, couples often engage in a demand/withdraw pattern. Men, more than women, withdraw through defensiveness or inaction when a desire for relationship

change is expressed by their partner (Christensen & Heavey, 1990). One explanation for this withdraw pattern and subsequent unwillingness to engage in couple therapy may be men's adherence to masculine norms like self-reliance and restrictive emotionality. The more nuanced understanding of the role of self-reliance and restrictive emotionality provides important considerations for keeping men engaged in couple therapy. Self-reliance appeared to be fully mediated through self-stigma, which suggests that men who value this masculine norm might experience more feelings of inadequacy when seeking help. What this means for practitioners is framing help-seeking as a strength that means being "man enough" to seek support (Addis & Mahalik, 2003). Related to restrictive emotionality, men who adhered more to this value appeared to expect more negative outcomes related to couple therapy. This is potentially due to their expectations that couple therapy will primarily involve emotional expression. For these men, it would be important to engage in role induction, but it might also be important to tailor interventions to the client in a gender-sensitive way by engaging in interventions, such as pros/cons list, that do not involve emotional expression (Addis & Mahalik, 2003). Although initial research, including this study, has elucidated potential avenues to engage men in couple therapy, additional scholarship is needed to fully understand this complex process.

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Table 1

<i>Means, Standard Deviations, and Intercorrelations among Measures (N = 206)</i>													
Dependent Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10	11
1. Intention	2.48	1.64	-										
2. Attitudes	4.50	1.26	.55**	-									
3. Subjective Norms	3.52	1.30	.65**	.43**	-								
4. Perceived Behavioral Control	5.08	1.36	.11	.16*	.04	-							
5. Self-Reliance	1.27	.54	-.17*	-.27**	-.04	-.12	-						
6. Restrictive Emotionality	2.86	1.28	-.11	-.32**	-.09	-.13	.24**	-					
7. Neuroticism	2.79	.84	.01	.05	.001	-.07	.16*	-.04	-				
8. Self-Stigma of Seeking Help	2.40	.85	-.27**	-.54**	-.17*	-.13	.42**	.26**	.05	-			
9. Relationship Satisfaction	2.50	1.31	-.15*	.06	-.38**	.16*	-.19**	-.17*	-.14*	-.08	-		
10. Past Couple Help Seeking	N/A	N/A	.18*	.23**	.21**	-.04	.02	-.09	.31**	-.11	-.07	-	
11. Perceived Need	3.11	1.85	.71**	.49**	.74**	-.03	-.04	-.07	.12	-.20**	-.38**	.23**	-

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

Table 2

Bootstrap Analysis of Magnitude and Statistical Significance of Indirect Effects for Basic Structural Model

Predictor	Mediator	Criterion	Standardized indirect effect		Bootstrap estimate		95% CI (unstandardized)	
			β	SE	B	SE	Lower bound	Upper bound
Restrictive Emotionality	Attitudes	Intention	-.060	.030	-.078	.037	-.166	-.018
Restrictive Emotionality	Self-Stigma	Attitudes	-.105	.051	-.129	.071	-.311	-.026
Restrictive Emotionality	Attitudes	Perceived Need	-.064	.033	-.098	.050	-.234	-.024
Restrictive Emotionality	Subjective Norms	Perceived Need	-.086	.058	-.131	.091	-.334	.032
Restrictive Emotionality	Subjective Norms	Intention	-.016	.021	-.021	.027	-.114	.007
Restrictive Emotionality	Self-Stigma	Subjec. Norms	-.033	.024	-.040	.031	-.134	-.004
Self-Reliance	Self-Stigma	Attitudes	-.217	.058	-.502	.138	-.798	-.258
Self-Reliance	Subjective Norms	Intention	.000	.014	.001	.034	-.066	.077
Self-Reliance	Attitudes	Intention	.001	.022	.002	.054	-.166	.106
Self-Reliance	Self-Stigma	Subjec. Norms	-.068	.033	-.155	.076	-.343	-.027
Self-Reliance	Subjective Norms	Perceived Need	.002	.054	.005	.158	-.303	.330
Self-Reliance	Attitudes	Perceived Need	.001	.025	.003	.072	-.142	.150
Self-Stigma	Attitudes	Intention	-.133	.036	-.206	.061	-.342	-.103
Self-Stigma	Subjective Norms	Intention	-.018	.020	-.028	.032	-.122	.014
Self-Stigma	Subjective Norms	Perceived Need	-.095	.047	-.173	.087	-.348	-.008
Self-Stigma	Attitudes	Perceived Need	-.142	.044	-.258	.084	-.449	-.114
Relationship Satisfaction	Subjective Norms	Intention	-.055	.052	-.064	.061	-.205	.044
Relationship Satisfaction	Attitudes	Intention	-.004	.020	-.005	.023	-.050	.041
Relationship Satisfaction	Subjective Norms	Perceived Need	-.292	.057	-.405	.084	-.601	-.262
Relationship Satisfaction	Perceived Need	Intention	-.071	.035	-.084	.042	-.184	-.014
Relationship Satisfaction	Attitudes	Perceive Need	-.005	.021	-.006	.029	-.062	.055
Past Help-Seeking	Attitudes	Intention	.006	.015	.014	.039	-.055	.096
Past Help-Seeking	Subjective Norms	Intention	.005	.013	.012	.031	-.023	.113
Past Help-Seeking	Subjective Norms	Perceive Need	.025	.045	.074	.134	-.175	.347
Past Help-Seeking	Attitudes	Perceive Need	.006	.016	.018	.049	-.066	.126
Past Help-Seeking	Self-Stigma	Attitudes	-.033	.035	-.078	.084	-.257	.084
Past Help-Seeking	Self-Stigma	Subjec. Norms	-.010	.012	-.024	.029	-.104	.018
Attitudes	Perceived Need	Intention	.143	.050	.151	.057	.058	.276
Subjective Norms	Perceived Need	Intention	.306	.072	.330	.088	.179	.533

Note. Indirect path is significant if the 95% confidence interval (CI) does not include 0. **Bold** font indicates significant path.

Figure 1. The Core structural model. Parameter estimates represent standardized regression coefficients. Dashed lines indicate nonsignificant direct relations and full lines indicate significant direct relations at $p < .05$. Error terms, correlations, and indicator factor loadings are omitted for visual clarity.

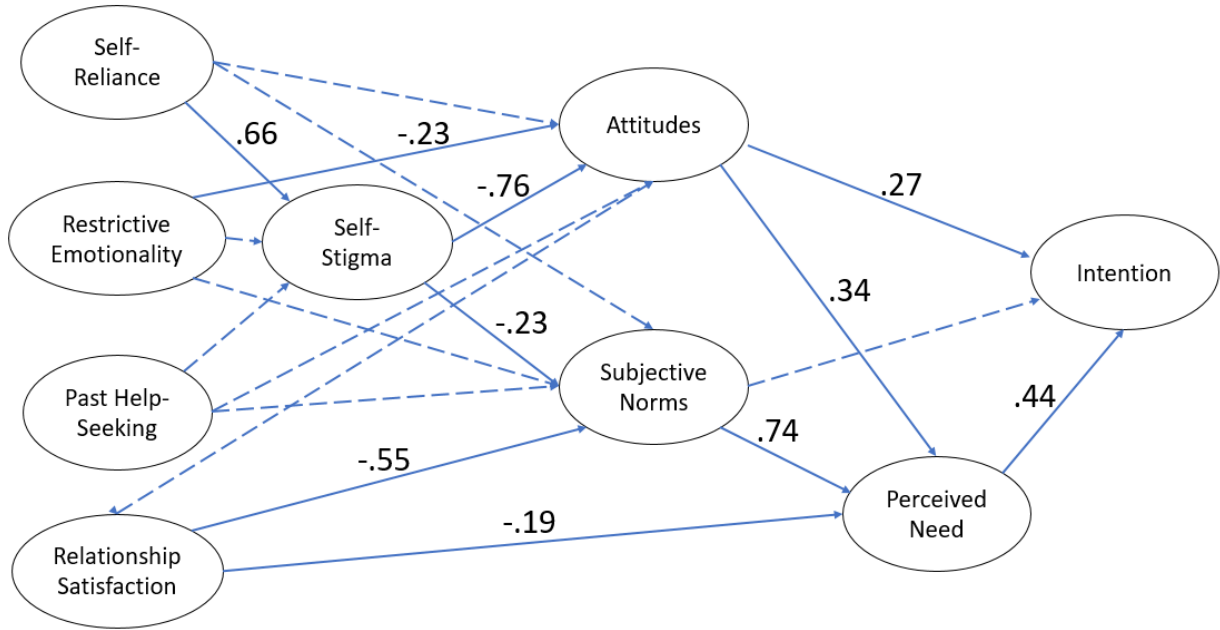


Figure 2. The Neuroticism structural model. Parameter estimates represent standardized regression coefficients. Dashed lines indicate nonsignificant direct relations and full lines indicate significant direct relations at $p < .05$. Error terms, correlations, and indicator factor loadings are omitted for visual clarity.

