# Deciding on Couple Therapy: The Role of Masculinity in Relationship Help-Seeking

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## Abstract

Research documents that men “drag their feet” when it comes to seeking couple therapy. Masculine gender-role socialization is one explanation for men’s reluctance to seek professional help for relationship problems. This study sought to extend the relationship help-seeking literature by applying the Theory of Planned Behavior (Azjen, 2012) within a SEM alternative model testing framework to examine how specific aspects of traditional masculinity are linked with men’s intention to seek couple therapy in a community-dwelling adult sample ($N$ = 292). Men reporting stronger endorsement of self-reliance and emotional control norms reported more negative attitudes and subjective norms around couple therapy. Men perceiving greater concrete barriers to seeking couple therapy also reported less perceived behavioral control of seeking help. In addition, past experience with couple therapy was linked with more positive attitudes, subjective norms, and perceived behavioral control. In turn, attitudes, subjective norms, and perceived behavioral control all accounted for variance in intention to seek couple therapy. Bootstrap analysis of indirect effects showed that attitudes and perceived behavioral control, but not subjective norms, acted as mediators between distal variables (e.g., masculine norms) and the intention to seek couple therapy.


*Keywords*: help-seeking, couples, masculinity, theory of planned behavior, barriers

# Deciding on Couple Therapy: The Role of Masculinity in Relationship Help-Seeking

Men are often reluctant to seek individual counseling for a host of problems, including depression, substance abuse, physical disabilities, and stressful life events (Husaini, Moore, & Cain, 1994; McKay, Rutherford, Cacciola, & Kabasakalian-Mckay, 1996; Mackenzie, Gekoski, & Know, 2006; Padesky & Hammen, 1981). Men also "drag their feet" when it comes to couple therapy. Men are consistently slower than women to recognize a relational problem, decide upon the need for help, and contact a provider (Bringle & Byers. 1997; Doss, Atkins, and Christensen, 2003; Fleming & Córdova, 2012). While relationship distress and divorce are associated with anxiety, depression, substance abuse, and health problems (Du Rocher Schudlich, Papp, & Cummings, 2011; Rehman, Gollan, & Mortimer, 2008; Whisman, 2007) relatively small numbers of couples ever seek counseling (Albrecht, Bahr, & Goodman, 2001, Johnson, et al., 2002; Wolcott, 1986). This is disheartening, considering the established efficacy of couple therapy (e.g. Dunn & Schwebel, 1995; Lebow, Chambers, Christensen, & Johnson, 2012; Shadish & Baldwin, 2003).

Gender-role socialization offers an explanation for men's reluctance to seek couple therapy. According to this line of thought, "men and women learn gendered attitudes and behaviors from cultural values, norms, and ideologies about what it means to be men and women" (Addis & Mahalik, 2003, p. 7). Whereas adherence to traditional masculine norms is not always negative (Good et al., 2006; Hammer & Good, 2010; Levant, 1992), specific facets of masculinity (e.g. restrictive emotionality, self-reliance) are associated with more negative views of individual counseling among men from different cultural groups, SES, and sexual orientations (Berger, Addis, Green, Mackowiak, Goldberg, 2013; Good Komiya, Sherrod, 2000; Good et al., 2006; Hammer, Vogel, Heimerdinger-Edwards, 2013 Vogel, Heimerdinger-Edwards, Hammer,

& Hubbard, 2011). For example, Smith, Tran, and Thompson (2008) provided evidence that traditional masculinity ideology is associated with the intention to seek individual therapy via the mediator of attitudes toward seeking help. Doss et al. (2003) also found initial evidence that conformity to traditional gender roles is correlated with help-seeking attitudes towards couple therapy.

Researchers have not yet examined how specific masculine norms are associated with men's perspectives on couple therapy. This is an important omission, given key differences in seeking help for individual versus couple therapy (Fleming & Córdova, 2012; Doss et al., 2003). Couples face more barriers than individuals when seeking professional help. Both partners must interpret and encode internal and external cues accurately to recognize a relational problem severe enough to warrant professional help and overcome any cultural bias, stigma, and/or anxiety (Vogel, Wester, Larson, Wade, 2006). When men adhere to traditional masculine norms they may be less likely to perceive symptoms of relationship distress or to disclose to others that they are having problems in their love life. Partners must also possess knowledge of how to find help, have the means to pay for services that are often not covered by insurance, coordinate two schedules, and find childcare if necessary. Men who place a high value on work and finances may be reluctant to invest time and money in therapy. Perhaps most significantly, partners must agree! When in distress, partners' often struggle to build consensus on help-seeking. This may be the result of negative communication patterns, differing values, or psychological or physical aggression (Leone, Johnson, & Cohan 2007; Simpson, Doss, Wheeler, Christensen, 2007; Stith & McCollum, 2011). When female partners suggest couple therapy, men who endorse traditional masculine norms may reject therapy in an effort to save face or retain power.

By increasing our understanding of the relationship between masculinity and help-seeking factors in the context of intimate relationships, health professionals may be in a better position to reach the reluctant male through male-sensitive outreach and services (Guillebeaux, Storm, & Demaris, 1986; Doss et al., 2003, Rochlen & Hoyer, 2005). This study sought to extend the relationship help-seeking literature by applying the Theory of Planned Behavior (TPB; Ajzen, 1988, 1991) to examine how specific aspects of traditional masculinity are linked with men's intention to seek couple therapy.

Vogel and Heath (2016) have summarized the research connecting adherence to traditional masculinity with individual help-seeking. These authors proposed that future research focus on applying what we now know about men's help-seeking decisions to general theories of help-seeking to move the field forward. One such general theory is the Theory of Planned Behavior. TPB is one of the most well researched frameworks for the study of human behavior, including help-seeking (Ajzen, 2001). TPB evolved from the Theory of Reasoned Action (Fishbein & Ajzen, 1975), which contends that "most human social behavior is under volitional control and, hence, can be predicted from intention alone" (Ajzen, 2002, p. 666). According to this theory, human behavior is guided by three considerations: attitudes, subjective norms, and perceived behavioral control. The research on men's help-seeking decisions suggests how each of these considerations can be influenced by masculine norms.

First, attitudes are comprised of beliefs about the consequences of certain behaviors and evaluations of these outcomes ("I don't believe sharing my emotions with a therapist will help anything"). Men who endorse greater adherence to traditional masculine norms may perceive greater risks to seeking counseling. For example, help-seeking may threaten their identity as strong, self-reliant men, engendering a more negative attitude towards counseling (Vogel, Wade,

& Haake, 2006; Vogel, Wade, Hackler, 2007; Wester, Arndt, Sedivy, and Arndt, 2010). Second, subjective norms are comprised of beliefs about what others think about a specific behavior ("My friends would never go to couple therapy"). Men who endorse greater adherence to traditional masculine norms may spend less time discussing intimate problems with friends or family and thus may be less likely to receive support or encouragement to seek professional help (Wester & Vogel, 2012; Addis & Mahalik, 2003). Third, perceived behavioral control is comprised of self-efficacy beliefs and environmental obstacles ("I could attend couple therapy if I wanted to"). Vogel and Heath (2016) observed that men who adhere to traditional masculine norms might feel less self-efficacy in being able to express their emotions in a productive manner to a counselor, decreasing their intention to attend treatment. Together, attitudes, subjective norms, and perceived control are thought to determine an individual's intention to act (Ajzen 2001). People then carry out that intention as opportunity allows.

**Current Study**

To clarify the nature of the relationships among key help-seeking variables (e.g., past help-seeking, age, conformity to specific masculine norms, concrete barriers [e.g., difficulties with transportation, lack of knowledge about services], attitudes, subjective norms, perceived behavioral control, and intention to seek couple therapy), the present study tested two competing theoretical models. Testing alternative, a priori models is considered a best practice in theory development, as it protects against confirmation bias (Martens, 2005). The "Basic" model articulated relationships firmly grounded in the extant literature, whereas the "Extended" model added relationships to the Basic Model that are more exploratory in nature. In the following paragraphs, we will describe the nature and rationale for each structural path specified in the models. Examining the degree of overall and local fit for these two models using a community

adult sample of men can help clarify the relationships among these key help-seeking variables in the context of couple therapy. The present study expanded upon extant research by using a community-dwelling adult sample; accounting not only for attitude but also subjective norms and perceived behavioral control (per Ajzen, 2001); examining specific masculine role norms rather than overall conformity (per Levant, Wimer, Williams, Smalley, & Noronha, 2009); integrating other key help-seeking variables (e.g., age, previous help-seeking, concrete barriers); and utilizing structural equation modeling to better account for measurement error (Weston & Gore, 2006).

**Basic Model**

We will now detail how extant theory and research support each hypothesized association of the Basic Model. Drawing from TPB, the Basic Model posited that attitudes, subjective norms, and perceived behavioral control will all demonstrate positive associations with intention, and past help-seeking will positively associate with attitudes, subjective norms, and perceived behavioral control. Empirical research documents support for these hypothesized small-to-large associations in the context of individual counseling (Hess & Tracey, 2013; Mo & Mak, 2009; Skogstad, Deane, & Spicer, 2006, Smith, Tran, & Thompson, 2008). Bringle and Byers (1997) also documented strong relationships between both attitudes and subjective norms with intention to seek couple therapy. The Basic Model further specified a moderate inverse relationship between the masculine norms of self-reliance and emotional control with attitudes, per extant research of individual counseling (e.g., Berger et al., 2013; Good, Komiya, Sherrod, 2000; Levant et al., 2009; Mahalik et al., 2003; Vogel et al., 2011).

According to Azjen (2012), subjective norms are formed over time by being told and/or inferring what important others want us to do. In regards to emotions and self-reliance, men are

believed to receive social messages that encourage emotional stoicism and independence (Pleck 1995, Levant & Fischer, 1998). Likewise, men's health behaviors have been found to significantly correlate with their perceptions of other men's' health behaviors (see Korcuska & Thombs, 2003; Mahalik, Burns, & Syzdek, 2007). Therefore, the Basic Model proposed an inverse correlation between subjective norms and both emotional control and self-reliance.

Previous findings suggest older men have more positive attitudes towards professional help-seeking (Berger, Levant, McMillan, Kelleher, & Sellers, 2005) and are more likely to take steps to seek couple therapy (Doss et al., 2004), though other studies have not found support for this (Segal, Coolidge, Mincic, O'Riley, 2005; Jang, Chiriboga, & Okaziki, 2009). Thus, the Basic Model postulated that older men would have report more positive attitudes about couple therapy.

Studies document that men who have previously attended individual counseling report more positive attitudes about seeking help again (Vogel, Wade, Wester, Larson, Hackler, 2007). In the context of couple therapy, Bringle and Byers (1997) found a small-to-large relationship between previous counseling and both attitudes and subjective norms. Furthermore, self-efficacy beliefs—a construct closely related to perceived behavioral control—has been found to influence motivation and performance of behaviors (Azjen, 2012; Bandura, 1995). It seems logical that once a man has successfully sought out counseling, he would feel greater self-efficacy around doing so in the future. Thus, the Basic Model specified that men with prior experience attending counseling would have more positive attitudes, more positive subjective norms, and increased perceived behavioral control.

We could not locate research examining the association between concrete barriers to psychological help-seeking (e.g., difficulties with transportation, lack of knowledge about

services) and perceived behavioral control. However, Boman and Walker (2010) reported a small-to-moderate inverse association between general self-efficacy and concrete barriers. Therefore, the Basic Model posited that men who perceive fewer concrete barriers would report more perceived behavioral control.

**Extended Model**

The Basic Model included only two aspects of traditional masculinity: emotional control and self-reliance. The Extended Model adds three additional aspects of traditional masculinity: winning, power over women, and primacy of work. While previous research on couples help-seeking has not established as strong of a link between these three aspects of masculinity and couples help-seeking, evidence does support the existence of an inverse relationships between these three norms and seeking individual psychological help. For example, winning and power over women have demonstrated a moderate-strong inverse association with attitudes towards seeking professional help (Mahalik et al., 2003). Primacy of work has also been found to have a small-to-moderate negative association with some forms of professional help-seeking (Berger et al., 2013). Thus, the Extended Model specifies inverse associations between these three masculine norms and both attitudes and subjective norms regarding couple therapy. The Extended Model also posits an inverse relationship between primacy of work and perceived behavioral control on logical grounds: men who believe that "work comes first" and "is the most important part of my life" may feel unable to set aside time for couples help-seeking because (a) their relationship is less important than their job and (b) taking time off of work to see a therapist reduces the amount of time they have to complete their work tasks.

**Participants and Procedure**

Participants were 292 community-dwelling adult men who identified as having been in a current relationship for at least six months. 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 (*name of institutional review board masked for blind peer review*). The study was advertised as a study of men's relationship satisfaction and what men will do to keep their relationships strong. 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 were given special instructions for completing the TPB instruments (see below). They were instructed to read a relationships distress scenario vignette and answer the TPB items as if they were currently in the scenario (see online supplement for scenario text). This scenario was adapted from a case in Lawson and Prevatt (1999) based on feedback from six couple therapy scholars.

Participants ranged in age from 18 to 89 years old ($M$ = 48.85, $SD$ = 17.07, $Mdn$ = 50). Approximately 86% of the sample identified as White, 5% as African American/Black, 3% as Latino/a, 2% Asian American or Pacific Islander, 2% preferred not to answer, 1% multiracial, and .7% other race/ethnicity. Approximately 73% reported being married or in a civil union and 27% in a committed relationship. Approximately .3% reported having less than a high school education, 6% earned a high school diploma or GED, 7% earned a two-year degree, 12% had some college experience, 25% earned a four-year college degree, 49% earned a graduate or

professional degree, and .7% preferred not to answer. Regarding U.S. residence, approximately 23% reported living in East North Central, 15% in South Atlantic, 13% in Pacific, 10% in East South Central, 10% in Middle Atlantic, 10% in West North Central, 7% in West South Central, 6% in Mountain, and 2% in New England. Approximately 87% reported that they considered themselves heterosexual or straight, 8% identified as gay, 4% identified as bisexual, and .7% identified as other. Approximately 59% reported having previously sought help from a mental health professional (e.g., psychologist, psychiatrist, social worker, or counselor). This demographic data is included to describe the sample and, with the exception of age, will not be included in the analysis.

**Measures**.

Congruent with past help-seeking research utilizing the TPB (e.g., Hammer & Vogel, 2013; Hess & Tracey, 2013), we followed the recommendations of Ajzen (2002, revised 2006) for creating TPB-based intention, attitudes, subjective norms, and perceived behavioral control instruments.

**Intention.** Intention was assessed with a 5-item help-seeking intention instrument (e.g., "I would intend to attend couple therapy in the next year;" rated from *extremely unlikely* to *extremely likely*). Higher scores indicate greater intention to seek couple therapy. The internal consistency of this instrument was found to be .96 [95% CI of .952, .967] in the current sample. Help-seeking intention instruments that follow Azjen's practices have previously demonstrated evidence of reliability ($\alpha \geq .97$; Mo & Mak, 2009; Hammer & Vogel, 2013) and validity (e.g., significant positive associations between intention and both attitudes and subjective norms around seeking professional psychological help; Bayer & Peay, 1997; Christopher, Skillman,

Kirkhart, & D'Souza, 2006; Hammer & Vogel, 2013; Mo & Mak, 2009; Schomerus et al., 2009).

**Attitudes.** Attitudes was assessed with a 6-item bipolar help-seeking attitudes instrument with the stem "My attending couple therapy in the next year would be…" Six adjective pairs (e.g., bad—good) were rated on a 7-point Likert scale. Higher scores indicate more positive attitudes toward seeking couple therapy. The internal consistency of this instrument was found to be .93 [95% CI of .917, .943] in the current sample. Help-seeking attitudes instruments that follow Azjen's guidelines have previously demonstrated evidence of reliability ($\alpha$'s $\geq$ .82; Hess & Tracey, 2013; Mo & Mak, 2009) and validity (e.g., significant positive association between attitudes and intention to seek help; e.g., Bayer & Peay, 1997; Christopher, Skillman, Kirkhart, & D'Souza, 2006; Mo & Mak, 2009; Schomerus et al., 2009).

**Subjective Norms.** Subjective norms was assessed with a 6-item help-seeking subjective norms instrument (e.g., "Most people who are important to me, if they were in this situation, would seek couple therapy in the next year;" rated from *completely disagree* to *completely agree*). Higher scores indicate more positive subjective norms regarding seeking couple therapy. The internal consistency of this instrument was found to be .79 [95% CI of .749, .825] 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; Christopher, Skillman, Kirkhart, & D'Souza, 2006; Mo & Mak, 2009; Schomerus et al., 2009).

**Perceived Behavioral Control.** Perceived behavioral control will be assessed with a 3-item help-seeking perceived behavioral control instrument (e.g., "If I really wanted to, I could

attend couple therapy in the next year;" rated from *completely disagree* to *completely agree*). Higher scores indicate greater perceived behavioral control to seek couple therapy. The internal consistency of this instrument was found to be .83 [95% CI of .796, .859] 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).

**Past Help-seeking**. Past help-seeking was assessed with a single yes/no item: "Have you ever sought help from a couple/marriage counselor with a significant other?" Approximately 33% of the sample selected "yes" for this item.

**Conformity to Traditional Masculine Norms.** The Conformity to Masculine Norms Inventory (CMNI-46; Parent & Moradi, 2006) is a shortened version (46 items) of the original scale (94 items; Mahalik et al., 2003) that measures adherence to traditional masculine norms (Parent & Moradi, 2009). Participants answer on a 4-point scale: "Strongly Disagree," "Disagree," "Agree," or "Strongly Agree." In the current study, five subscales were administered: emotional control [$\alpha$ = .90, 95% CI of .876, .914], ("I like to talk about my feelings"), winning [$\alpha$ = .83, 95% CI of .800, .860] ("It is important to me to win"), self-reliance [$\alpha$ = .85, 95% CI of .817, .873] ("I hate asking for help"), power over women [$\alpha$ = .82, 95% CI of .780, .850] ("In general, I control the women in my life"), and primacy of work [$\alpha$ = .73, 95% CI of .675, .777] ("Work is the most important part of my life"). Parent, Torrey, & Michaels (2012) previously reported internal consistency estimates as follows: emotional control ($\alpha$ = .91), winning ($\alpha$ = .82), self-reliance ($\alpha$ = .86), power over women ($\alpha$ = .73), and primacy of work ($\alpha$ = .72). The CMNI has strong relationships between theoretically-related constructs such as the

Masculine Gender Roles Stress Scale (Eisler & Skidmore, 1987) and the Gender Role Conflict Scale; O'Neil, Helms, Gable, David, & Wrightsman, 1986; Parnet & Moradi, 2009).

**Concrete Barriers.** The Barriers to Help-seeking Scale (Mansfield, Addis, Courtenay, 2005) measures perceived barriers to seeking professional help, both social-psychological ("I don't want to appear weaker than my peers") and concrete barriers such as time, money, or transportation. The instrument uses a 5-point Likert-type scale to rate each item ranging from 0 (*not at all)* to 4 (*very much*). The current study used the concrete barriers and distrust of caregivers subscale. This subscale is comprised of 6 items (e.g., "Financial difficulties would be an obstacle to getting help"). Mansfield et al. reported adequate test-retest reliability ($r$ = .95), and internal consistency ($\alpha$ = .79). The internal consistency of this instrument was found to be $\alpha$ = .67 [95% CI of .604, .723] in the current sample.

## Results

### Data Preparation

The initial dataset contained 382 individuals. Thirty-six 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 ($N$ = 54) indicating a relationship status other than "married or civil union" or "committed relationship." In the retained sample (n = 292), 46 participants were missing responses to one or more items (1.8% to 5.5% 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 subscales to a high of 11 missing data points out of 1,460 possible data points (.008%) on intention. Given the ordered-categorical (i.e., ordinal) nature of the item response data, we used a polychoric correlation matrix based on the mean- and variance-adjusted weighted least square (WLSMV) estimator in M*plus* version 6.11

(Muthén & Muthén, 1998-2012). When analyzing items with fewer than five ordinal levels, such as the CMNI and Concrete Barriers (sub)scales, WLSMV has been recommended (Rhemtulla, Brosseau-Liard, & Savalei, 2012). WLSMV uses pairwise deletion to handle missing data, which was appropriate given the insubstantial amount of missing data (i.e., covariance coverage for our data ranged from .973 to 1.000).

The chi-square statistic ($\chi^2$), Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), and weighted root mean square residual (WRMR) were used to assess the goodness of fit for each model. The following fit criteria were used: RMSEA ≤ .06, CFI ≥ .95, and TLI ≥ .95 for good fit and RMSEA ≤ .10, CFI ≥ .90, and TLI ≥ .90 for acceptable fit (Weston & Gore, 2006). In addition, Yu' (2002) states in an unpublished dissertation that values close to or below 1.0 for WRMR indicate good fit, but Linda Muthen (2010) has stated that "WRMR is an experimental fit statistic. I would not be concerned about it if all the other fit statistics look good." No other published guidelines have been provided for WRMR. Thus, WRMR is reported because WRMR is supplied by M*plus* in lieu of SRMR when using the WLSMV estimator, despite WRMR's tendency to "be unreliable in certain situations" (p. 9, Marszalek & Hamilton, 2012).

The Basic and Extended Models are not nested and M*plus* does not provide Bayesian information criterion (BIC) nor Akaike information criterion (AIC) when using the WLSMV estimator. Therefore, the comparative utility of the models was established through examination of the respective models' ability to account for variance in the endogenous latent variables of attitudes, subjective norms, and perceived behavioral control. The Extended Model is less parsimonious than the Basic Model. Therefore, the Extended Model would need to demonstrate the ability to account for practically significant incremental variance in the endogenous latent

variables to justify its added complexity. To disattenuate measurement error, latent variables were created for each construct. We modeled all latent constructs using the corresponding (sub)scale items as manifest indicators. Age and past help-seeking were operationalized as manifest indicators. As noted above, all variables were treated as ordered-categorical (i.e., ordinal) with the exception of past help-seeking, which was treated as nominal-categorical.

The means, standard deviations, range, and correlations for all 55 manifest indicators can be found in a Table in the online supplement for this paper. Due to the high correlation between the emotional control and self-reliance latent factors ($r$ = .72), these latent factors were entered as first-order factors of a second-order latent variable we called stoic independence. Stoic independence was scaled by fixing its unstandardized factor variance to 1.0 and allowing both first-order factors to load onto it freely. Initial attempts at modeling indicated that this step was necessary to avoid issues with multicollinearity: namely, including both as separate latent factors led to "bouncing betas" (i.e., standardized betas that are not well estimated and fluctuate widely despite minor changes to the sample or model). Soper's (2013) sample size calculator for structural equation models was used (effect size = .30, power = .80, alpha = .05, number of latent variables = 11, number of observed variables = 53) to calculate the minimum sample size needed for adequate power in the current study. The present sample ($N$ = 292) exceeds the sample required ($N$ = 195) by the most complex model—the Extended structural model.

**Measurement Model**

Before testing the two structural models, we first used confirmatory factor analysis to ensure the data fit the two measurement models (Martens, 2005). The Basic measurement model appeared to show adequate fit to the data, $\chi 2$ (764, $N$ = 292) = 1481.52, $p$ < .001; RMSEA = .057 [90% CI of .052, .061]; CFI = .977; TLI = .975; WRMR = 1.286. The Extended measurement

model also appeared to show adequate fit to the data, $\chi 2$ (1394, $N$ = 292) = 2266.55, $p < .001$; RMSEA = .046 [90% CI of .043, .050]; CFI = .971; TLI = .969; WRMR = 1.259. For both models, the manifest indicator loadings on the latent variables were all significant at $p < .05$ (full latent factor loadings data for the manifest indicators can be requested from the authors) with the exception of concrete barrier item 5. Because of the chi-squared test's known sensitivity to sample size, the measurement models were considered to have adequate fit and we proceeded to use SEM to test the two structural models.

**Structural Model**

The Basic structural model appeared to show adequate fit to the data, $\chi 2$ (764, N = 292) = 1463.51, $p < .001$; RMSEA = .059 [90% CI of .052, .060]; CFI = .976; TLI = .975; WRMR = 1.307. Parameter estimates for the Basic structural model are displayed in Figure 1. With the exception of the age-attitudes structural path coefficient ($p$ = .08), all parameter estimates were congruent with the Basic Model's path specifications. In the Basic structural model, 90.1% of the variance in intention, 15.9% of the variance in attitudes, 11.6% of the variance in subjective norms, and 38.2% of the variance in perceived behavioral control was accounted for.

The Extended structural model also appeared to show adequate fit to the data, $\chi 2$ (1399, N = 292) = 2248.31, $p < .001$; RMSEA = .046 [90% CI of .042, .049]; CFI = .971; TLI = .969; WRMR = 1.273. Parameter estimates for the Extended structural model are displayed in Figure 2. The structural paths present in both the Basic and Extended structural models demonstrated coefficients of similar direction, magnitude, and significance. Five of the seven structural path coefficients newly introduced by the Extended structural model failed to account for unique variance in the hypothesized TPB constructs. In the Extended structural model, 90.0% of the variance in intention, 17.8% of the variance in attitudes, 12.1% of the variance in subjective

norms, and 38.0% of the variance in perceived behavioral control was accounted for. The less parsimonious Extended structural model only accounted for an additional 1.9% and 0.5% of variance in attitudes and subjective norms, respectively. Therefore, these results suggest that the more parsimonious Basic structural model may hold greater utility for understanding salient factors for men in the context of couples help-seeking than the Extended structural model.

At the suggestion of a reviewer, we tested an alternative structural model (i.e., "Basic Alternative") that added a direct path between stoic independence and intention, in addition to the indirect paths via attitude and subjective norms posited by the Basic Model. This Basic Alternative model showed adequate fit to the data, $\chi 2$ (763, $N$ = 292) = 1467.59, $p < .001$; RMSEA = .056 [90% CI of .052, .061]; CFI = .976; TLI = .974; WRMR = 1.305. Using the DIFFTEST command in M*plus*, we determined that the more parsimonious Basic Model (nested within the Basic Alternative model) did not exhibit significantly worse fit to the data than the Basic Alternative model (the baseline model), which argues in favor of retaining the Basic Model.

Therefore, we proceeded to use a bootstrapping procedure (Shrout & Bolger, 2002) to examine the significance of the indirect effects for the Basic structural model. M*plus* was instructed to make 1,000 bootstrap draws of the data and output bias-corrected bootstrap confidence intervals for the direct and indirect effects. Of the seven possible indirect effects (see Table 1), four were significant (i.e., did not include zero in the 95% confidence interval). Stoic independence (β = -.206, 95% CI [-.277, -.135]) and Past Help-seeking (β = .091, 95% CI [.030, .152]) had a significant indirect link with intention through the mediating role of attitudes. Likewise, concrete barriers (β = -.183, 95% CI [-.259, -.107]) and past help-seeking (β

= .068, 95% CI [.020, .117]) had a significant indirect link with intention through the mediating role of perceived behavioral control.

## Discussion

The present study addressed significant gaps in the literature on men's help-seeking behavior in five important ways by: 1) considering help-seeking behavior in the context of couple therapy, 2) not simply focusing on attitudes but also including subjective norms and perceived behavioral control within our model, 3) assessing specific masculine norms rather than global conformity, 4) integrating other empirically-grounded variables (e.g., age, previous help-seeking, concrete barriers), and 5) using structural equation modeling to account for measurement error and compare plausible alternative models of men's couple therapy help-seeking.

With one exception, results offered consistent support for the Basic Model. As anticipated, more positive attitudes, more positive subjective norms, and greater perceived behavioral control were each associated with men's greater intention to seek help in a hypothetical future relationship distress scenario. This aligns with TPB theory (Azjen, 2001) and previous empirical findings on individual help-seeking (Deane et al., 1999; Smith et al., 2008). These findings extend the application of the TPB framework from the individual counseling context to the couple therapy context (Bringle & Byers, 1997). Interventions designed to improve attitudes, subjective norms, and perceived behavioral control may, in turn, help strengthen men's intention to seek couple therapy (Azjen, 2001).

Furthermore, engaging in past help-seeking from a couples therapist was associated with more positive attitudes, more positive subjective norms, and greater perceived behavioral control. This finding offers a partial mediational explanation of how prior help-seeking may

improve willingness to attend counseling again by influencing behavioral beliefs, normative beliefs, and control beliefs (Bowen and Richman, 1991; Bringle & Byers, 1997; Fischer & Turner, 1970).

The latent constructs of self-reliance and emotional control are well-established predictors of attitudes (Berger et al., 2013; Good et al., 2000; Levant et al., 2009; Mahalik et al., 2003) and subjective norms (Berger et al. 2013; Korcuska & Thombs, 2003; Mahalik, Burns, & Syzdek, 2007). However, men in the present sample responded to the items across both subscales in a very similar fashion, leading the two latent factors to correlate to such a strong degree that specifying them to load on a second-order factor became empirically necessary. As anticipated, endorsing greater stoic independence (i.e., greater self-reliance and emotional control) was associated with more negative attitudes and subjective norms. Importantly, stoic independence did not demonstrate a direct link with intention, suggesting full mediation through these two variables. This aligns with prior research that found inverse correlations between men's attitudes towards individual help-seeking and emotional control and self-reliance (Good et al., 2000; Good et al., 2006; Levant et al., 2009, Berger et al., 2013). To our knowledge, the present study was the first to examine subjective norms' relationship with both emotional control and self-reliance.

Congruent with the Basic Model, greater endorsement of concrete barriers was associated with lower perceived behavioral control. This finding is congruent with TPB theory (Azjen, 2012) and research on individual help-seeking (e.g. Vogel et al., 2007). Perceived behavioral control is the individual's belief that they are able to perform a specific behavior when they are so inclined. The stronger their belief that they are capable of utilizing their resources and overcoming obstacles, the more they will persevere in the face of difficulty, and consequently,

the more they will be successful (Azjen, 2012). When people perceive that they do not have the resources or knowledge to overcome contextual barriers, perceived behavioral control is compromised. Individuals often lack knowledge about mental health services or where to get help for relationship problems. What they do know is often based on secondhand information that may be misleading. This finding supports scholars who argue that programs designed to help men accurately recognize relationship problems early after onset and disseminate information about where to get help may enhance willingness to seek couple therapy by improving perceived behavioral control (Córdova et al., 2014; Vogel et al., 2006; Rochlen & Hoyer, 2005).

Contrary to hypotheses, older age was not associated with more positive attitudes. This runs counter to research suggesting that older men have more positive attitudes towards psychological help-seeking (Berger et al., 2005; Levant & Fischer, 1998). Instead, this finding seems to fit with another line of research which suggests a decline in mental health utilization as men age (Wills & DePaulo, 1991), and that older adults at times have more negative views about seeking help from mental health professionals (Jang et al., 2009; Segal et al., 2005).

To our knowledge, the present study is the first to add information to the literature on possible mediating relationships between traditional masculine norms and the intention to seek couple therapy. Attitudes and perceived behavioral control both functioned as mediators, whereas subjective norms never did. Attitudes mediated the relationship between stoic independence and intention as well as past help-seeking and intention. In other words, men's greater conformity to self-reliance and emotional control may be associated with lesser intention to seek help through more negative attitudes. Likewise, men's past experience with couple therapy may be linked with greater intention to seek help through more positive attitudes. According to TPB, beliefs form the foundation for our attitudes and our behavioral beliefs are

created by our expected outcomes for engaging in that behavior. In this instance, it appears that men who endorse greater self-reliance and emotional control may expect negative outcomes from attending couple therapy, which in turn may weaken the intention to seek help. This finding is aligned with prior research that suggests men's negative attitudes towards individual psychological help-seeking are correlated with a desire to avoid talking about distressing events (Vogel & Wester, 2003), feeling painful emotions (Komiya et al., 2000), or making emotional disclosures (Vogel, Wester, Wei, & Boyson., 2005).

That past experience with couple therapy would be associated with greater intention to seek services via more positive attitudes supports the TPB. According to the TPB framework, feedback loops exist from behavior to beliefs. Once a man has attended couple therapy, he has information about the outcome of performing this behavior. We would expect this knowledge to change some of his beliefs, which shape his attitudes, thus influencing his intention and future behavior (Vogel et al. 2005).

Regarding perceived behavioral control as a mediator, both men's greater endorsement of perceived barriers and men's past experience with couple therapy may be linked with lesser intention to seek help through lower perceived behavioral control. As men perceived greater barriers or lack of experience in relation to seeking out couple therapy, their belief that they could organize their resources to execute this behavior may decrease.

**Addressing Current Limitations through Future Research**

The results of the current study should be considered in light of its limitations. First, the present study used a correlational and cross-sectional design. This design does not allow for inferring causality and caution must be used when interpreting the findings. Future longitudinal and experimental studies are needed to confirm the theory-derived causal ordering among these

variables. Second, only self-report data were used in the current study. As a result, monomethod bias is a potential issue.

Third, the present study used a vignette to explore men's intention to seek couple therapy if they experienced similar distress. Vignettes are unable to capture the full contextual richness of dyadic interaction. While previous meta-analyses have reported intention-behavior correlations between $r = .44$ and $r = .62$ (Azjen; 2012), there is some evidence to suggest attitudes do not always predict help-seeking behaviors in couples (Fleming & Córdova, 2012). Future studies should continue to explore the help-seeking behaviors of couples in real time and from both partners.

Fourth, the sample was predominantly White, heterosexual, college educated, and middle SES. Consequently, caution should be used before generalizing these findings to other intersectional populations. Additional research examining the influence of racial/ethnic and sexual orientation identities on the couple help seeking process is particularly needed. Relatedly, whereas the TPB instruments used in the present study have demonstrated appropriate dimensionality and reliability when used with a variety of populations, the "validation studies" for these instruments used samples not primarily composed of older, married, white, well-educated, heterosexual men, like the present sample was. However, these instruments demonstrated appropriate unidimensionality (see description of the measurement models in the Results section) and internal consistency (see Measures section) in the present sample.

Fifth, we were not able to analyze self-reliance and emotional control latent factors as simultaneous first-order factors due to multicollinearity. Ideally, future research on the Basic Model will be able to separately examine the relationships between these two constructs and outcomes to allow for a finer-grained understanding.

Sixth, because the study was advertised as a study of men's relationship satisfaction and what men will do to keep their relationships strong, it is possible that men uninterested in participating in studies in general, or in studies about relationships in particular, would self-select out of participating in the present study. Related to this, one third of the sample reported previously seeking couple therapy. Therefore, it is possible that the present sample was over-represented by men who are more invested in maintaining the health of their relationships and sharing their experience in this regard. Thus, future studies should seek to purposely sample from populations of men who have not previously sought couple therapy and who may be less prone to participating in relationship-focused studies. Until such research is conducted, the external validity of these findings in the context of other populations remains an open question.

Seventh, we did not collect data on the length of time that participants had been in their current relationship. We might anticipate that men who have been with their current partner for longer periods of time would be more invested in maintaining the relationship, which may translate into better attitudes and stronger intention to seek couple therapy, for example. Similarly, invariance testing across current relationship status (e.g., married versus in a committed relationship) offers another avenue for examining the potential impact of relationship status on help-seeking perceptions. Future research may explore this hypothesis.

Future studies could add to the Basic Model by including and testing additional help-seeking variables. For example, Vogel and Wester (2003) found individuals avoided help-seeking out of fear of social stigma, fear of being judged, and fear of disclosing difficult emotions. Public and internalized stigma could be integrated into future work to explore how they relate to attitudes, subjective norms, and perceived behavioral control in the context of couples help-seeking. Personality variables such as openness to experience may also prove to be

useful additions, given the utility of these constructs across psychological domains. In addition, other specific aspects of traditional masculinity should be tested in samples with diverse samples of men. Qualitative methodologies may also be important. These methods offer potential insight into the social construction of masculinity in terms of help-seeking when men experience relational problems (Addis & Mahalik, 2003).

**Implications for Practice**

The results of this study imply that outreach efforts to improve men's attitude, subjective norms, and/or perceived behavioral control may, in turn, help improve their intention to seek couple therapy. In addition, the present results suggest that one way to do this may be to engage men's beliefs about self-reliance and emotional control. One example of adjusting traditional couple therapy to be more appealing to traditional masculinity is the Marriage Checkup (Córdova et al., 2014). The Marriage Checkup appeals to men by comparing the two brief assessment and feedback sessions to other "check-ups" such as medical physicals or even car maintenance, thus advocating the idea that men are not violating norms of masculinity by taking the initiative to "look under the hood" of the relationship. Addis and Mahalik (2003) pointed out the marketing success of medication for erectile dysfunction which "both support and challenge traditional constructions of masculinity in ways that may reduce resistance to help-seeking" (p.12). These campaigns suggest that successful and active men benefit from seeking a little help, even if that involves talking about a taboo subject like sexual dysfunction. Outreach efforts to men could make similar efforts to provide accurate information about what to expect and how to find services, normalize relationship issues, and to encourage men to take the viewpoint that a little prevention and maintenance can be successful at helping them achieve their relationship goals.

References

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*, 5-14. doi:10.1037/0003-066x.58.1.5

Albrecht, S. L., Bahr, H. M., & Goodman, K. L. (1983). *Divorce and remarriage: Problems, adaptations, and adjustments* (No. 42). Greenwood Pub Group.

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*, 179-211. doi:10.1016/0749-5978(91)90020-t

Ajzen, I. (2001). Nature and operation of attitudes. *Annual Review of Psychology, 52*, 27-58. doi:10.1146/annurev.psych.52.1.27

Ajzen, I. (2002). Constructing a TPB questionnaire: Conceptual and methodological considerations.

Azjen, I. (2012). In P.A.M. Lange, A.W. Kruglanski & E.T. Higgins (Eds.), *Handbook of theories of social psychology* (Vol. 1, pp. 438-459). London, UK: Sage.

Bandura, A. (1995). Exercise of personal and collective efficacy in changing societies. *Self-efficacy in changing societies, 15*, 334.

Bayer, J. K., & Peay, M. Y. (1997). Predicting intentions to seek help from professional mental health services. *Australian and New Zealand Journal of Psychiatry, 31*, 504-513. doi:10.3109/00048679709065072

Berger, J. L., Addis, M. E., Green, J. D., Mackowiak, C., & Goldberg, V. (2013). Men's reactions to mental health labels, forms of help-seeking, and sources of help-seeking advice. *Psychology of Men & Masculinity*, *14*, 433-443. doi:10.1037/a0030175

Berger, J. M., Levant, R., McMillan, K. K., Kelleher, W., & Sellers, A. (2005). Impact of gender role conflict, traditional masculinity ideology, alexithymia, and age on men's attitudes toward psychological help seeking. *Psychology of Men & Masculinity, 6*, 73-78. doi:10.1037/1524-9220.6.1.73

Boman, E. K., & Walker, G. A. (2010). Predictors of men's health care utilization. *Psychology of Men & Masculinity*, *11*, 113-122. doi:10.1037/a0018461

Bowen, G. L., & Richman, J. M. (1991). The willingness of spouses to seek marriage and family counseling services. *The Journal of Primary Prevention*, *11*, 277-293. doi:10.1007/BF01325165.

Bringle, R., & Byers, D. (1997). Intentions to Seek Marriage Counseling. *Family Relations, 46*(3), 299-304. doi:10.2307/585128

Christopher, M. S., Skillman, G. D., Kirkhart, M. W., & D'Souza, J. B. (2006). The effect of normative and behavioral persuasion on help seeking in Thai and American college students. *Journal of Multicultural Counseling and Development, 34*, 80-93. doi:10.1002/j.2161-1912.2006.tb00029.x

Córdova, J. V., Fleming, C. E., Morrill, M. I., Hawrilenko, M., Sollenberger, J. W., Harp, A. G., … Wachs, K. (2014). The marriage checkup: A randomized controlled trial of annual relationship health checkups. *Journal of Consulting and Clinical Psychology*, *82*, 592-604. doi:10.1037/a0037097

Deane, F. P., Skogstad, P., & Williams, M. W. (1999). Impact of attitudes, ethnicity and quality of prior therapy on New Zealand male prisoners' intentions to seek professional psychological help. *International Journal for the Advancement of Counselling, 21,* 55-67. doi:10.1023/a:1005346703753

Doss, B. D., Atkins, D. C., & Christensen, A. (2003). Who's dragging their feet? Husbands and wives seeking marital therapy. *Journal of Marital and Family Therapy, 29,* 165-177. doi:10.1111/j.1752-0606.2003.tb01198.

Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2009). Marital therapy, retreats, and books: The who, what, when, and why of relationship help-seeking. *Journal of Marital and Family Therapy, 35,* 18-29. doi:10.111/j.1752.0606.2008.00093.x

Doss, B. D., Simpson, L. E., & Christensen, A. (2004). Why do couples seek marital therapy? *Professional Psychology: Research and Practice, 35,* 608-614. doi:10.1037/0735-7028.35.6.608

Du Rocher Schudlich, T. D., Papp, L. M., & Cummings, E. M. (2011). Relations between spouses' depressive symptoms and marital conflict: a longitudinal investigation of the role of conflict resolution styles. *Journal of Family Psychology, 25,* 531-540. doi:10.1037/a0024216

Dunn, R. L., & Schwebel, A. I. (1995). Meta-analytic review of marital therapy outcome research. *Journal of Family Psychology, 9,* 58-68. doi:10.1037/0893-3200.9.1.58

Fischer, E. H., & Turner, J. I. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology, 35,* 79-90. doi:10.1037/h0029636

Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention and behavior: An introduction to theory and research reading*. Reading, MA: Addison-Wesley.

Fleming, C. E., & Córdova, J. V. (2012). Predicting relationship help seeking prior to a marriage checkup. *Family Relations, 61,* 90-100. doi:10.1111/j.1741-3729.2011.00686.x

Eisler, R. M., & Skidmore, J. R. (1987). Masculine gender role stress. Behavior Modification, 11, 123–136.

Funk, J. L., & Rogge, R. D. (2007). Testing the ruler with item response theory: Increasing precision of measurement for relationship satisfaction with the Couples Satisfaction Index. *Journal of Family Psychology, 21,* 572-583. doi:10.1037/0893-3200.21.4.572

Good, G. E., Schopp, L. H., Thomson, D., Hathaway, S., Sanford-Martens, T., Mazurek, M. O., & Mintz, L. B. (2006). Masculine roles and rehabilitation outcomes among men recovering from serious injuries. *Psychology of Men & Masculinity, 7,* 165-176. doi:10.1037/1524-9220.7.3.165

Guillebeaux, F., Storm, C. L., & Demaris, A. (1986). Luring the reluctant male: A study of males participating in marriage and family therapy. *Family Therapy, 13,* 215-225.

Hammer, J. H., & Good, G. E. (2010). Positive psychology: An empirical examination of beneficial aspects of endorsement of masculine norms. *Psychology of Men & Masculinity, 11*(4), 303.

Hammer, J. H., & Vogel, D. L. (2013). Assessing the utility of the willingness/prototype model in predicting help-seeking decisions. *Journal of Counseling Psychology, 60,* 83-97. doi:10.1037/a0030449

Hammer, J. H., Vogel, D. L., & Heimerdinger-Edwards, S. R. (2013). Men's help seeking: Examination of differences across community size, education, and income. *Psychology of Men & Masculinity, 14*, 65-75. doi:10.1037/a0026813

Hess, T. R., & Tracey, T. J. (2013). Psychological help-seeking intention among college students across three problem areas. *Journal of Counseling & Development, 91*, 321-330. doi:10.1002/j.1556-6676.2013.00100.x

Husaini, B. A., Moore, S. T., & Cain, V. A. (1994). Psychiatric symptoms and help-seeking behavior among the elderly: An analysis of racial and gender differences. *Journal of Gerontological Social Work, 21*, 177-196. doi:10.1300/J083V21N03_12

Jang, Y., Chiriboga, D. A., & Okazaki, S. (2009). Attitudes toward mental health services: Age-group differences in Korean American adults. *Aging & Mental Health, 13*, 127–134. doi:10.1080/13607860802591070

Johnson, C. A., Stanley, S. M., Glenn, N. D., Amato, P. R., Nock, S. L., Markman, H. J., & Dion, M. R. (2002). Marriage in Oklahoma: 2001 baseline statewide survey on marriage and divorce. *Bureau for Social research, Oklahoma State University.*

Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology*, *47*, 138-143. doi:10.1037//0022-0167.47.1.138

Korcuska, J. S., & Thombs, D. L. (2003). Gender role conflict and sex-specific drinking norms: Relationships to alcohol use in undergraduate women and men. *Journal of College Student Development, 44*, 204-216. doi:10.1353/csd.2003.0017

Lawrance, K. A., & Byers, E. S. (1995). Sexual satisfaction in long-term heterosexual relationships: The interpersonal exchange model of sexual satisfaction. *Personal Relationships, 2*, 267-285. doi:10.1111/j.1475-6811.1995.tb00092.x

Lawson, D. M., & Prevatt, F. F. (Eds.). (1999). *Casebook in family therapy*. Brooks/Cole Publishing Company.

Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy, 38*, 145-168. doi:10.1111/j.1752-0606.2011.00249.x

Leone, J. M., Johnson, M. P., & Cohan, C. L. (2007). Victim help seeking: Differences between intimate terrorism and situational couple violence. *Family Relations, 56*, 427-439. doi:10.1111/j.1741-3729.2007.00471.x

Levant, R. F. (1992). Toward the reconstruction of masculinity. *Journal of Family Psychology, 5*(3-4), 379.

Levant, R. F., Wimer, D. J., Williams, C., Smalley, K. B., & Noronha, D. (2009). The Relationships between Masculinity Variables, Health Risk Behaviors and Attitudes toward Seeking Psychological Help. *International Journal of Men's Health, 8*, 3-21.

Levant, R. F., & Fischer, J. (1998). The Male Role Norms Inventory. In C. M. Davis, W. H. Yarber, R. Bauserman, G. Schreer, & S. L. Davis (Eds.), *Sexuality-related measures: A compendium* (2nd ed., pp. 469-472). Newbury Park, CA: Sage.

Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: the influence of help-seeking attitudes. *Aging and Mental Health, 10*(6), 574-582.

Mahalik, J. R., Burns, S. M., & Syzdek, M. (2007). Masculinity and perceived normative health behaviors as predictors of men's health behaviors. *Social Science & Medicine, 64*, 2201-2209. doi:10.1016/j.socscimed.2007.02.035

Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. P., Gottfried, M., & Freitas, G. (2003). Development of the Conformity to Masculine Norms Inventory. *Psychology of Men & Masculinity*, *4*, 3-25. doi:10.1037/1524-9220.4.1.3

Mansfield, A. K., Addis, M. E., & Courtenay, W. (2005). Measurement of men's help seeking: Development and evaluation of the Barriers to Help Seeking Scale. *Psychology of Men & Masculinity, 6*, 95-108. doi:10.1037/1524-9220.6.2.95

Martens, M. P. (2005). The use of structural equation modeling in counseling psychology research. *The Counseling psychologist, 33*, 269-298.

McKay, J. R., Rutherford, M. J., Cacciola, J. S., Kabasakalian-McKay, R., & Alterman, A. I. (1996). Gender differences in the relapse experiences of cocaine patients. *The Journal of Nervous and Mental Disease*, *184*, 616-622. doi:10.1097/00005053-199610000-00006

Mo, P. K., & Mak, W. W. (2009). Help-seeking for mental health problems among Chinese. *Social Psychiatry and Psychiatric Epidemiology*, *44*, 675-684. doi:10.1007/s001270080484-0

Muthen, L. K. (2010, February 11). Model fit index WRMR [Msg 2]. Message posted to http://www.statmodel.com/discussion/messages/9/5096.html?1429189065

Muthén, L. K., & Muthén, B. O. (1998-2012). *Mplus user's guide (7th ed)*. Los Angeles, CA: Authors.

O'Brien, R., Hunt, K., & Hart, G. (2005). 'It's caveman stuff, but that is to a certain extent how guys still operate': Men's accounts of masculinity and help seeking. *Social Science & Medicine, 61,* 503-516. doi:10.1016/j.socscimed.2004.12.008

O'Neil, J. M., Helms, B. J., Gable, R. K., David, L., & Wrightsman, L. S. (1986). Gender-Role Conflict Scale: College men's fear of femininity. *Sex Roles, 14*, 335-350. doi:10.1007/BF00287583

Padesky, C. A., & Hammen, C. L. (1981). Sex differences in depressive symptom expression and help-seeking among college students. *Sex Roles, 7,* 309-320. doi:10.1007/bf00287545

Parent, M. C. (2013). Handling item-level missing data: Simpler is just as good. *The Counseling Psychologist, 41,* 568–600.

Parent, M. C., & Moradi, B. (2009). Confirmatory factor analysis of the Conformity to Masculine Norms Inventory and development of the Conformity to Masculine Norms Inventory-46. *Psychology of Men & Masculinity, 10,* 175-189. doi:10.1037/a0015481

Parent, M. C., & Moradi, B. (2011). An abbreviated tool for assessing conformity to masculine norms: Psychometric properties of the Conformity to Masculine Norms Inventory-46. *Psychology of Men & Masculinity, 12*(4), 339.

Parent, M. C., Torrey, C., & Michaels, M. S. (2012). "HIV testing is so gay": The role of masculine gender role conformity in HIV testing among men who have sex with men. *Journal of Counseling Psychology, 59,* 465-470. doi:10.1037/a0028067'

Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 11-32). New York: Basic Books.

Rehman, U. S., Gollan, J., & Mortimer, A. R. (2008). The marital context of depression: Research, limitations, and new directions. *Clinical Psychology Review, 28,* 179-198. doi:10.1016/j.cpr.2007.04.007

Rochlen, A. B., & Hoyer, W. D. (2005). Marketing mental health to men: Theoretical and practical considerations. *Journal of Clinical Psychology, 61,* 675-684. doi:10.1002/jclp.20102

Shadish, W. R., Montgomery, L. M., Wilson, P., Wilson, M. R., Bright, I., & Okwumabua, T. (1993). Effects of family and marital psychotherapies: A meta-analysis. *Journal of Consulting and Clinical Psychology, 61,* 992–1002.

Schomerus, G., Matschinger, H., & Angermeyer, M. C. (2009). The stigma of psychiatric treatment and help-seeking intentions for depression. *European Archives of Psychiatry and Clinical Neuroscience, 259,* 298-306. doi:10.1007/s00406-009-0870-y

Segal, D. L., Coolidge, F. L., Mincic, M. S., & O'riley, A. (2005). Beliefs about mental illness and willingness to seek help: A cross-sectional study. *Aging & Mental Health, 9,* 363-367. doi:10.1080/13607860500131047

Shrout, P. E., & Bolger, N. (2002). Mediation in experimental and nonexperimental studies: New procedures and recommendations. *Psychological Methods, 7,* 422-455. doi:10.1037/1082-989x.7.4.422

Simpson, L. E., Doss, B. D., Wheeler, J., & Christensen, A. (2007). Relationship violence among couples seeking therapy: Common couple violence or battering?. *Journal of Marital and Family Therapy, 33,* 270-283. doi:10.1111/j.1752-0606.2007.00021.x

Skogstad, P., Deane, F. P., & Spicer, J. (2006). Social-cognitive determinants of help-seeking for mental health problems among prison inmates. *Criminal Behaviour and Mental Health, 16*, 43-59. doi:10.1002/cbm.54

Smith, J. P., Tran, G. Q., & Thompson, R. D. (2008). Can the theory of planned behavior help explain men's psychological help-seeking? Evidence for a mediation effect and clinical implications. *Psychology of Men & Masculinity, 9*, 179-192. doi:10.1037/a0012158

Soper, D. (2013). A priori sample size calculator for structural equation models [Computer software. Retrieved July 2, 2016 from http://www.danielsoper.com/statcalc/calculator.aspx?id=89

Stith, S. M., & McCollum, E. E. (2011). Conjoint treatment of couples who have experienced intimate partner violence. *Aggression and Violent Behavior, 16*, 312-318. doi:10.1016/j.avb.2011.04.012

Vogel, D. L., & Heath, P.J. (2016). Men, Masculinities, and Help-Seeking Patterns. In Y. J. Wong & S.R. Wester (Eds.), *APA Handbook of men and masculinities*, (pp. 685-707). The American Psychological Association.

Vogel, D. L., Heimerdinger-Edwards, S. R., Hammer, J. H., & Hubbard, A. (2011). “Boys don't cry”: Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counseling Psychology, 58,* 368-382. doi:10.1037/a0023688

Vogel, D. L., Wade, N. G., Wester, S. R., Larson, L. and Hackler, A. H. (2007). Seeking help from a mental health professional: The influence of one's social network. *Journal of Clinical Psychology, 63,* 233–245. doi:10.1002/jclp.20345

Vogel, D. L., & Wester, S. R. (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of Counseling Psychology, 50,* 351-361. doi:10.1037/00220167.50.3.351

Vogel, D. L., Wester, S. R., Wei, M., & Boysen, G. A. (2005). The Role of Outcome Expectations and Attitudes on Decisions to Seek Professional Help.*Journal of Counseling Psychology, 52*(4), 459.

Vogel, D. L., Wester, S. R., Larson, L. M., & Wade, N. G. (2006). An information-processing model of the decision to seek professional help. *Professional Psychology: Research and Practice, 37,* 398-406. doi:10.1037/0735-7028.37.4.398

Weston, R., & Gore, P. A. (2006). A brief guide to structural equation modeling. *The Counseling Psychologist, 34*, 719-751. doi:10.1177/0011000006286345

Whisman, M. A. (2007). Marital distress and DSM-IV psychiatric disorders in a population-based national survey. *Journal of Abnormal Psychology, 116,* 638-643. doi:10.1037/0021-843X.116.3.638

Wills, T. A., & DePaulo, B. M. (1991). Interpersonal analysis of the help-seeking process. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology,* (pp. 350-375). New York: Pergamon.

Wolcott, I. H. (1986). Seeking help for marital problems before separation.*Australian Journal of Sex, Marriage and Family, 7*(3), 154-164.

Yu, C.-Y. (2002). *Evaluating cutoff criteria of model fit indices for latent variable models with binary and continuous outcomes*. Unpublished doctoral dissertation, University of California, Los Angeles.

Table 1

*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 |
| Age | Attitudes | Intention | .045 | .042 | .007 | .006 | -.004 | .018 |
| Stoic Independence | Attitudes | Intention | -.206 | .043 | -.511 | .129 | -.772 | -.347 |
| Stoic Independence | Subjective Norms | Intention | -.040 | .035 | -.099 | .091 | -.255 | .002 |
| Past Help-seeking | Attitudes | Intention | .091 | .037 | .476 | .206 | .153 | .843 |
| Past Help-seeking | Subjective Norms | Intention | .017 | .018 | .088 | .097 | -.002 | .302 |
| Past Help-seeking | Perceived Behavioral Control | Intention | .068 | .029 | .358 | .174 | .138 | .663 |
| Concrete Barrier | Perceived Behavioral Control | Intention | -.183 | .046 | -.732 | .662 | -1.560 | -.361 |

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

*Figure 2*. The Basic 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.

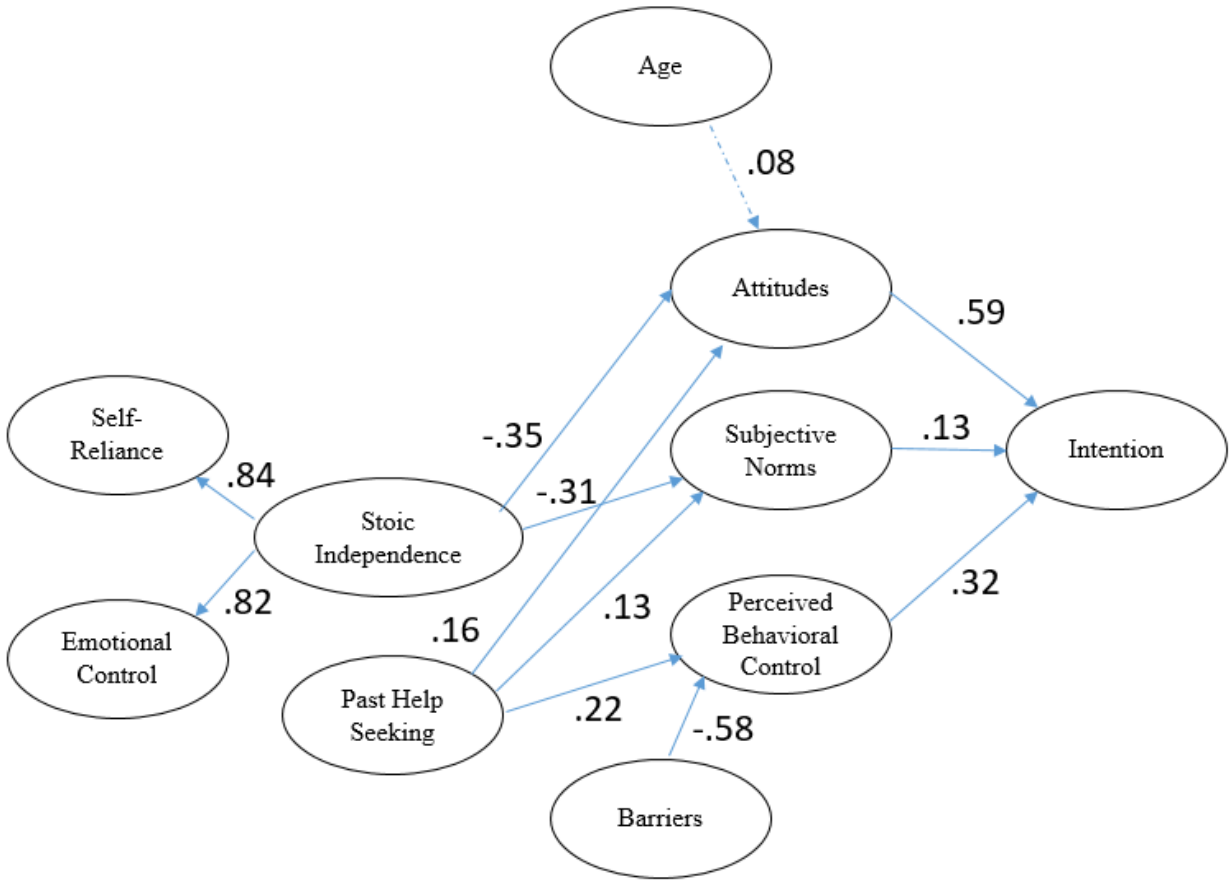


*Figure 2*. The Extended structural model. Parameter estimates represent standardized regression coefficients. Dashed lines indicate nonsignificant direct relations and full lines indicate significant direct relations at $p < .05$. Error terms, correlations, and indicator factor loadings are omitted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

