Masculinity and Barriers to Seeking Counseling: The Buffering Role of Self-Compassion

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Less than 1/3 of college men seek psychological help per year when experiencing mental health concerns. Many believe this is because socialized masculine norms are incongruent with help-seeking decisions. In line with this, adherence to masculine norms, like emotional control and self-reliance, is consistently linked to factors associated with lower use of counseling. Identifying constructs that buffer, or reduce, the relationship between masculine norm adherence and common barriers to seeking help, like help-seeking self-stigma and resistance to self-disclosing, could shed light on mechanisms through which effective interventions could be developed. As such, this study examined whether self-compassion, or the ability to show oneself kindness and understanding in the face of challenges, moderated the relationship between masculine norm adherence and both help-seeking self-stigma and the risks associated with self-disclosing to a counselor in a sample of 284 undergraduate men (M_{age} = 19.68, range = 18–30). Results indicate that self-compassion is associated with lower levels of help-seeking self-stigma and disclosure risks. Additionally, and perhaps more importantly, self-compassion buffered the relationship between overall masculine norm adherence and each of these barriers. Furthermore, when specific masculine norms were examined, self-compassion buffered the relationship between emotional control and disclosure risks. These results support the need for future research focused on the development and assessment of self-compassion based interventions aimed at decreasing the barriers undergraduate men experience toward seeking psychological help.

Public Significance Statement
This study suggests that self-compassion is associated with fewer perceived barriers to seek counseling for undergraduate men. Specifically, self-compassion was found to be a protective factor, in that men with higher self-compassion reported a weaker relationship between masculine norm adherence and help-seeking barriers. These findings warrant the need to develop and test self-compassion based interventions aimed at increasing help-seeking behavior.

Keywords: self-compassion, help seeking, self-stigma, self-disclosure, masculinity

Every year, at least 70% of college men experiencing mental health concerns do not seek out counseling or other mental health services (Eisenberg, Hunt, & Speer, 2012). The prevailing explanation for this underutilization is that men's adherence to socialized masculine norms are at odds with the act of seeking counseling (Vogel & Heath, 2016). For example, seeking counseling may be perceived as "failing" to be a man because it requires asking for help and engaging in emotional vulnerability (e.g., Addis & Mahalik, 2003; Tsan, Day, Schwartz, & Kimbrel, 2011). In accordance with this notion, adherence to masculine norms is consistently associated with more negative attitudes and lower intentions to seek counseling (e.g., Hammer, Vogel, & Heimerdinger-Edwards, 2013; Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011). Importantly, the link between masculine norm adherence and help-seeking attitudes and intentions appears to be mediated by more proximal barriers like greater self-stigma associated with counseling and less willingness to self-disclose emotions (e.g., Hammer et al., 2013; Pederson & Vogel, 2007; Vogel et al., 2011).

Interventions designed to reduce the negative links between adherence to masculine norms and these psychological barriers demonstrate mixed results (e.g., Rochlen, McKelley, & Pituch, 2006), warranting the examination of additional factors that may

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moderate, or buffer, these relationships (Vogel & Heath, 2016). One possible moderating factor is self-compassion, or the ability to treat oneself with kindness and understanding when faced with suffering, failure, or inadequacy (Neff, 2003). This study uses structural equation modeling to examine whether self-compassion moderates the relationship between masculine norm adherence and two important help-seeking barriers: help-seeking self-stigma and the risks associated with self-disclosing to a counselor. If self-compassion moderates these relationships, this would suggest that integrating self-compassion based strategies into future interventions might help reduce the barriers to seeking help experienced by undergraduate men.

Men's Help-Seeking Barriers

Socialized masculine norms are rules or standards that influence whether people view men's behaviors as "acceptable" or "unacceptable" (Mahalik et al., 2003). Researchers suggest that seeking help for psychological concerns is incongruent with many masculine norms (Addis & Mahalik, 2003; Vogel & Heath, 2016) such as emotional control and self-reliance (Levant, Wimer, Williams, Smalley, & Noronha, 2009; Tsan et al., 2011). Men who are emotionally controlled may be hesitant to engage in counseling where emotional disclosure is common. Similarly, men who are self-reliant may be resistant to seek help from a counselor, as it requires an admission of needing help. With greater masculine norm adherence, seeking counseling may be viewed as a riskier endeavor that could lead to diminished self-worth resulting from breaking these gendered norms (Schaub & Williams, 2007). Indeed, masculine norm adherence is consistently linked to *self-stigma*, or the fear of shame or reduced self-worth for seeking counseling, as well as *self-disclosure risks,* or an individual's anticipated consequences for disclosing concerns to a counselor (e.g., Hammer et al., 2013; Vogel et al., 2011).

Self-stigma and disclosure risks are commonly discussed barriers to seeking help for undergraduates; as they are consistently linked to more negative help-seeking attitudes, lower intentions to seek psychological help, and a reduced likelihood to seek out online mental health information (e.g., Lannin, Vogel, Brenner, Abraham, & Heath, 2016; Shaffer, Vogel, & Wei, 2006; Vogel, Wade, & Haake, 2006). These factors appear to be particularly relevant barriers for undergraduate men as previous research has found that the relationship between masculine norms and negative attitudes and intentions to seek counseling is fully mediated by greater help-seeking self-stigma and reduced tendency to self-disclose to others (Pederson & Vogel, 2007). Additionally, self-stigma mediates the relationship between masculine norm adherence and attitudes and intentions to seek counseling across diverse samples of men (Hammer et al., 2013; Vogel et al., 2011). Given the clear link between masculine norm adherence and barriers like self-stigma and self-disclosure risk, it is essential to identify factors that can decrease these relationships (e.g., moderating factors; Vogel & Heath, 2016). The current study examines one possible factor: self-compassion.

Self-Compassion and Help-Seeking Barriers

Rooted in Buddhist philosophy, *self-compassion* involves treating oneself with kindness and acceptance in the face of personal suffering, failure, or inadequacy (Neff, 2003; Neff, 2009). Those treating themselves with compassion are often able to see that they are not alone in experiencing suffering or despair, which may encourage more adaptive coping skills (Neff, 2003). Self-compassion has also been identified as an effective mechanism to reduce defensiveness and self-blame, and increase peoples' ability to engage in health related behaviors (e.g., Dickstein, Vogt, Handa, & Litz, 2010; Terry & Leary, 2011). In one study, for example, a self-compassion intervention led to decreased self-stigmatizing views surrounding past substance use for individuals in a substance use treatment program (Luoma, Kohlenberg, Hayes, Bunting, & Rye, 2008). In a study that specifically examined psychological help-seeking stigma, self-compassion moderated the relationship between perceived stigma and self-stigma (Heath, Brenner, Lannin, & Vogel, 2016).

Self-compassion may have important implications for the link between masculine norm adherence and the risks associated with help seeking for men as well. As previously noted, help seeking may be perceived as "nonmasculine," representing weakness for relying on others (Vogel & Heath, 2016). Self-compassion's focus on acceptance in the face of imperfections may provide a key source of resilience to these messages. A man who adheres to masculine norms may be aware that seeking help is viewed by society as being incongruent with masculine norms, yet being self-compassionate may protect him from engaging in self-criticism for not living up to traditional masculine expectations. In doing so, the thought of seeking help might not result in a reduction in self-worth—a key aspect of both stigma (Corrigan, 2004) and fear of self-disclosing to another person (Vogel & Wester, 2003). Conversely, a man using less self-compassion may be more critical of himself for considering seeking help and view greater risk of self-disclosing to a counselor as this might represent a possible increased threat to his masculine identity.

Current Study

Only 30% of undergraduate men experiencing mental health concerns seek out counseling (Eisenberg et al., 2012). The present study addresses this underutilization by building upon calls to identify contextual factors that moderate the relationship between masculine norm adherence and help-seeking barriers (Addis & Mahalik, 2003; Vogel & Heath, 2016). Specifically, this research extends upon a model by Pederson and Vogel (2007), which found that adherence to masculine norms was related to self-stigma and the risks associated with disclosing distress, by examining self-compassion as a potential moderating factor. Using structural equation modeling we examine two models. In Model 1 (see Figure 1), we first examine the potential moderating effect of self-compassion on the link between general masculine norm adherence (i.e., modeled as a single global factor) and self-stigma and disclosure risks. In Model 2 (see Figure 2), to further understand specific aspects of masculinity, we examine emotional control and self-reliance—two factors that have been implicated as particularly important predictors of help-seeking barriers (e.g., Levant et al., 2009; Pederson & Vogel, 2007; Tsan et al., 2011)—and the moderating effect of self-compassion on their relationship to self-stigma and disclosure risks. In line with previous findings, masculine norm adherence is hypothesized to relate to higher levels of self-stigma and self-disclosure risks, across each model.
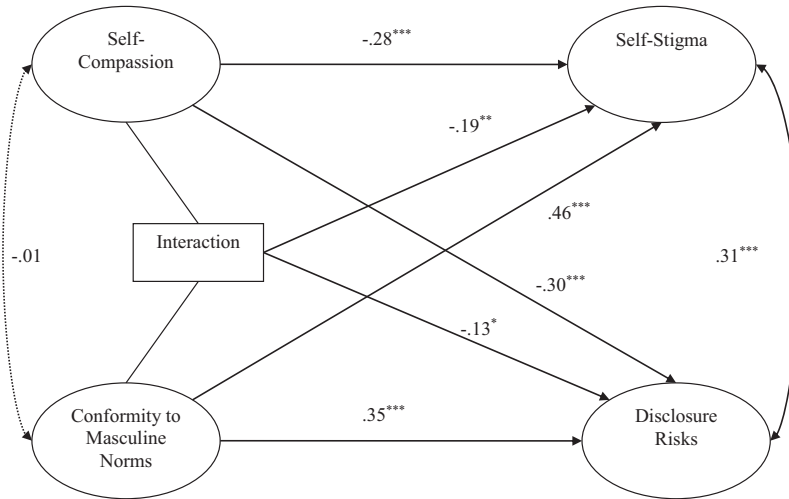
Figure 1. Model 1 structural model including interaction term. All path coefficients are standardized. $^* p < .05.$ $^{**} p < .01. ^{***} p < .001.$

Self-compassion is hypothesized to relate to lower levels of self-stigma and self-disclosure risk across each model as well. We also hypothesized that self-compassion will moderate the relationship between masculinity and both stigma and self-disclosure risks across each model, such that undergraduate men with higher levels of self-compassion will report a weaker relationship between adherence to masculine norms and both self-stigma and self-disclosure risks.

Method

Participants

A total of 284 undergraduate men at a large Midwestern university were recruited to participate in the study ($M_{age} = 19.68$,

$SD = 1.67$, range $= 18$–30). The sample included first-year students (48.2%), second-year students (25.7%), third-year students (16.2%), fourth-year students (6.7%), and other (3.2%). Participants reported they were European American (80.3%), Asian American/Pacific Islander (9.2%), African American (4.2%), Latino (2.8%), multiracial (2.1%), and other (1.4%). Sexual orientations included heterosexual (94.0%), gay (2.1%), questioning (2.1%), bisexual (.7%), and other (.7%). These demographics are similar to the demographics of the university as a whole.

Measures

Masculine norm adherence. Masculine norm adherence was measured using the Conformity to Masculine Norms Inventory-46 (CMNI-46; Parent & Moradi, 2009). The CMNI-46 is an abbre-
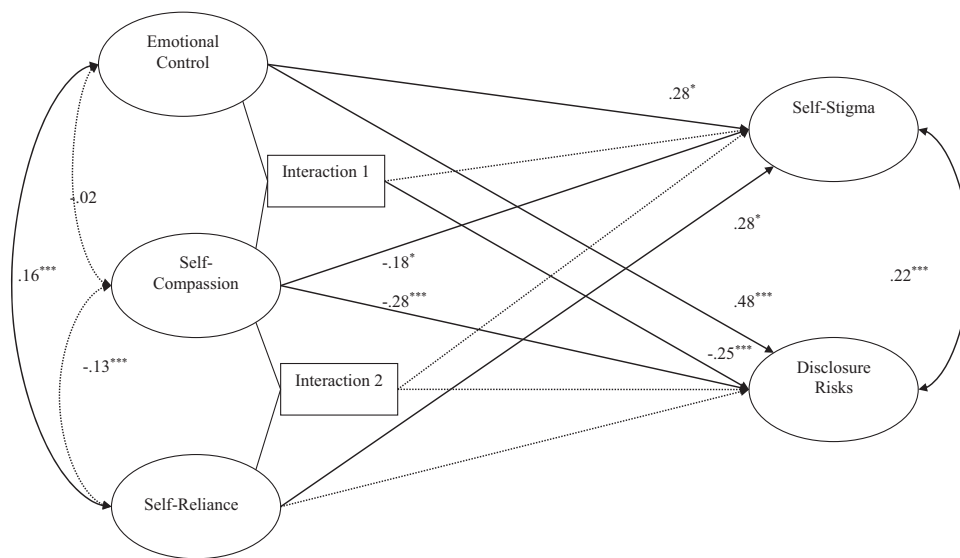

Figure 2. Model 2 structural model including interaction terms. All path coefficients are standardized. Nonsignificant paths not shown. $^* p < .05. ^{***} p < .001.$

viated version of the original CMNI (Mahalik et al., 2003). The 46-item scale consists of items such as "I enjoy taking risks" and "It is important for me to win." Items are rated on a 4-point Likert scale from 1 (*strongly disagree*) to 4 (*strongly agree*). A composite CMNI score is calculated by averaging all 46 items. Eighteen items are reverse-coded so that higher scores indicate greater adherence to masculine norms. Previous support for the validity of the CMNI-46 is indicated by positive correlations with other assessment of adherence to masculine norms (Parent, Moradi, Rummell, & Tokar, 2011). The CMNI-46 has demonstrated internal consistency ($\alpha = .86–.90$) in college student samples (Parent et al., 2011), with similar consistency in this sample ($\alpha = .87$). The CMNI-46 allows researchers to examine nine specific masculine norms (winning, emotional control, risk taking, violence, power over women, playboy, self-reliance, primacy of work, and heterosexual self-presentation) in addition to a general masculine norm factor (Levant, Hall, Weigold, & McCurdy, 2015; Parent & Moradi, 2009). Each of these norms has demonstrated internal consistency ($\alpha = .77–.91$; Parent et al., 2011), with similar consistency in this sample ($\alpha = .72–.88$)

Self-compassion. The Self-Compassion Scale (SCS; Neff, 2003) was used to measure self-compassion. The 26-item scale includes items such as "I try to be understanding and patient towards those aspects of my personality I don't like." Items are rated on a 5-point Likert scale from 1 (*almost never*) to 5 (*almost always*). A total composite score is calculated by averaging the 26 items after reverse coding 13 items, with higher scores indicating higher levels of self-compassion (Neff, 2003). Previous support for the validity of the SCS total score has been demonstrated by positive correlations with self-esteem and self-acceptance, and negative relationships with assessments of self-criticism, perfectionism and anxiety (Neff, 2003). The SCS has demonstrated internal consistency ($\alpha = .92$) and 3-week test–retest reliability (.93) in college student samples (Neff, 2003), with similar internal consistency in this sample ($\alpha = .91$).

Self-stigma. The Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2006) was used to measure participants' self-stigma related to seeking professional psychological help. The 10-item scale includes items such as, "It would make me feel inferior to ask a therapist for help" (Vogel et al., 2006, p. 328). Items are rated on a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Five items are reversed scored, and higher total scores indicate higher self-stigma related to seeking psychological help. Composite scores are created by averaging the 10 items. Previous support for the validity of the SSOSH scale includes positive correlations of the SSOSH with assessments of public stigma of seeking psychological help and anticipated risks of disclosing in therapy, and negative relationships with assessments of attitudes toward seeking psychological help, intentions to seek counseling, and benefits of disclosing in therapy (Vogel et al., 2006). The SSOSH has demonstrated internal consistency ($\alpha = .86–.90$) and 2-month test–retest reliability (.72) in college student samples (Vogel et al., 2006), with similar internal consistency in this sample ($\alpha = .87$).

Risk of self-disclosure. Anticipated risks associated with disclosing emotions to a counselor were measured using the Risks subscale of the Disclosure Expectations Scale (Vogel & Wester, 2003). The four-item subscale includes items such as, "How difficult would it be for you to disclose personal information to a counselor?" Items are rated on a 5-point Likert scale from 1 (*not at all*) to 5 (*very*), with higher total scores indicating greater perceived risks associated with self-disclosing to a professional counselor. Composite scores are created by averaging the four items. The scale has demonstrated construct validity through positive relationships with self-stigma (Vogel et al., 2006; Vogel & Wester, 2003). The Risk subscale of the Disclosure Expectations Scale has also demonstrated internal consistency ($\alpha = .74–.83$) in college student samples (Vogel et al., 2006; Vogel & Wester, 2003), similar to the current sample ($\alpha = .86$).

Procedures

University human subject approval was obtained prior to data collection. Participants were recruited to participate in this study through a research pool of students enrolled in introductory psychology and communication studies classes. Students in the research pool can sign up for studies as one option to gain credit toward their course research requirement. After reading a short description about the study, participants were able to click on a link to the online survey, where they could provide online assent, complete the questionnaire using Qualtrics software, and read a debriefing paragraph. Information about crisis and counseling services was provided to participants.

Results

Power Analysis

Power analyses were conducted to determine the minimum sample size needed for adequate power to test each of the two models (Preacher & Coffman, 2006). Power was set at .80, and a root mean square error of approximation (RMSEA) range of .05–.08 was used (see MacCallum, Browne, & Sugawara, 1996). The largest sample size indicated by the analysis was 190 participants.

Initial Analyses

Sample means, standard deviations, and zero-order correlations are presented in Table 1. As expected, conformity to masculine norms was positively related to both self-stigma and self-disclosure risks. Also as expected, self-compassion was inversely related to self-stigma and self-disclosure risks. Self-stigma was positively related to self-disclosure risks. There was not a significant relationship between conformity to masculine norms and self-compassion.

Structural Equation Modeling

Structural equation modeling was conducted using *Mplus* Version 6.11 (Muthén & Muthén, 2010). A Kolmogorov–Smirnov test of univariate normality conducted using SPSS Version 22 on the composite variables indicated that all continuous variables violated assumptions of univariate normality ($ps < .01$), precluding multivariate normality. Therefore, models were estimated using a maximum-likelihood method, which utilizes an adjusted chi-square statistic that is robust to nonnormality (Muthén & Muthén, 2010; Satorra & Bentler, 2001). Full information maximum like-

Table 1
Sample Means, Standard Deviations, and Zero-Order Correlations (n = 284)

Variables	*M*	*SD*	1	2	3	4	5	6	7	8	9	10	11	12
1. Self-Compassion	3.02	.61	—											
2. CMNI – Total	2.47	.29	−.06	—										
3. CMNI–Win	2.62	.59	−.03	.62***	—									
4. CMNI–EC	2.61	.60	−.04	.54***	.07	—								
5. CMNI–RT	2.49	.49	.04	.35***	.17**	−.01	—							
6. CMNI–Vio	2.79	.54	−.00	.57***	.40***	.15*	.26***	—						
7. CMNI–Pow	1.96	.56	.07	.50***	.17**	.11	.10	.17**	—					
8. CMNI–Play	2.12	.71	−.13*	.45***	.15*	.19**	.16**	.19**	.21***	—				
9. CMNI–SR	2.38	.59	−.35***	.43***	.16**	.44***	.05	.01	−.01	.11	—			
10. CMNI–PW	2.30	.52	.11	.35***	.21***	.11	.06	.01	.17**	.15*	.02	—		
11. CMNI–HSP	2.55	.68	.08	.51***	.23***	.12*	−.04	.18**	.40***	−.06	.04	.08	—	
12. Self-stigma	2.72	.68	−.24***	.38***	.10	.33***	−.01	.16**	.23***	.05	.37***	.08	.26***	—
13. Disclosure risks	2.86	1.06	−.27***	.31***	.05	.44***	.02	.12*	.06	.13*	.36***	−.01	.10	.47***

Note. CMNI= Conformity to Masculine Norms Inventory; Win = winning; EC = emotional control; RT = risk-taking; Vio = violence; Pow = power over women; Play = playboy; SR = self-reliance; PW = primacy of work; HSP = heterosexual self-presentation; self-stigma = help-seeking self-stigma.
* *p* < .05.   ** *p* < .01.   *** *p* < .001.

lihood estimation was used to address missing data, which accounted for less than 1% of the item level responses across variables. Though the chi-square statistic can be used to assess model fit, it is sensitive to large sample size. As such, model fit was assessed using three indices: the comparative fit index (CFI; .95 or greater), the standardized root-mean-square residual (SRMR; .08 or less), and the RMSEA (.06 or less; see Hu & Bentler, 1999; Martens, 2005).

Model 1

Parceling. Three parcels, or sets of observed indicators, were created for each latent variable besides the disclosure risk variable, which only has four items.[1] Parcels help reduce the number of parameters present in analyses, and also help meet the assumptions of the maximum-likelihood method used in structural equation modeling by accounting for possible violations in multivariate normality (see Russell, Kahn, Spoth, & Altmaier, 1998 for a discussion). To create the parcels, factor analyses were conducted for each variable using the maximum-likelihood method and fitting to a one-factor solution. This resulted in item loadings for each factor. Each item was then ranked based on factor loading and the highest and lowest ranking items were then parceled in pairs to equalize average loadings for each parcel on its respective factor. This method of parceling was chosen over other methods because Russell and colleagues (1998) assert that "when this procedure is used, the resulting item parcels should reflect the underlying construct . . . to an equal degree" (p. 22).

Model results. A measurement model was tested to examine how well the parcels and items represented the latent variables. Results indicated that the model provided a good fit to the data, Satorra–Bentler (S-B) $\chi^2(59, N = 284) = 109.98, p < .001$; CFI = .98; SRMR = .04; RMSEA = .06, 90% confidence interval (CI) [.04, .07]. All loadings of the items and parcels on their latent variables, β = .70 to .94, were statistically significant, *p* < .001. Zero-order latent variable correlations indicated that self-compassion was significantly correlated with self-stigma, *r* = −.27, *p* < .001, and disclosure risks, *r* = −.29, *p* < .001, but was not significantly correlated with masculine norm adherence,

r = −.08, *p* = .30. Masculine norm adherence was significantly correlated with both self-stigma, *r* = .42, *p* < .001, and disclosure risks, *r* = .34, *p* < .001. Self-stigma was significantly correlated with disclosure risks, *r* = .53, *p* < .001.

The structural model, in which adherence to masculine norms and self-compassion were exogenous variables and self-stigma and disclosure risks were endogenous variables (see Figure 1), was identical in fit to the measurement model as both models were fully saturated. Adherence to masculine norms was related to higher levels of both self-stigma (β = .40), *t*(284) = 5.83, *p* < .001, and disclosure risks (β = .32), *t*(284) = 4.50, *p* < .001. Self-compassion was related to lower levels of both self-stigma (β = −.23), *t*(284) = −3.69, *p* < .001, and disclosure risks (β = −.26), *t*(284) = −4.16, *p* < .001. The model accounted for 23% of the variance in self-stigma and 18% of the variance in self-disclosure risks (*p*s < .001).

Interaction term. The interaction term between adherence to masculine norms and self-compassion was then added to the model, with paths from the interaction term to both outcome variables. To create the interaction term in *Mplus*, the latent moderated structural equations (Klein & Moosbrugger, 2000) method was used. This method has received support in the literature; with Monte Carlo simulation results indicating that latent moderated structural reduces the likelihood of biased estimates compared to other methods of estimating interaction effects (Maslowsky, Jager, & Hemken, 2015). The interaction term was a significant predictor of both self-stigma, *t*(284) = −3.33, *p* < .01, and self-disclosure risks, *t*(284) = −2.25, *p* < .05.

Figure 1 displays the final model with standardized path coefficients, calculated using the formula identified by Muthén and Asparouhov (2015), because *Mplus* does not output standardized

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[1] Previous researchers (see Levant et al., 2015) have suggested that a bifactor structure of the CMNI-46 could provide a better model fit than alternative models. However, results from our bifactor model of the CMNI-46 showed the model did not fit the data, S-B $\chi^2(943, N = 284) = 1,652.27, p < .001$; CFI = .86; SRMR = .11; RMSEA = .05, 90% CI [.05, .06]. As such, we used parcels to estimate the general masculine norm adherence variable for Model 1.

path coefficients when an interaction term is present in the model.[2] To plot the interaction effects (see Figure 3), values one standard deviation above and below the mean for both self-compassion and conformity to masculine norms were entered into the structural equation using the standardized coefficients, to obtain four points used to plot the interaction effect for each outcome variable (self-stigma and disclosure risk). For self-stigma and disclosure risks, the 'high self-compassion' group had a weaker correlation between masculine norms and the respective help-seeking barrier than the 'low self-compassion' group. Additionally, simple slope analyses indicated that the relationship between masculine norm adherence and self-stigma was significant when self-compassion was both 1 SD below the mean ($B = 1.21$), $t(284) = 6.48$, $p < .001$, and 1 SD above the mean ($B = .50$), $t(284) = 2.66$, $p < .01$. The relationship between masculine norm adherence and disclosure risks was also significant when self-compassion was both 1 SD below the mean ($B = 1.52$), $t(284) = 4.63$, $p < .001$, and 1 SD above the mean ($B = 1.21$), $t(284) = .69$, $p < .05$.

Model 2

Model 2 was similar to Model 1, except two specific masculine norms—self-reliance and emotional control—were included instead of a general masculine norms factor. The six items of the
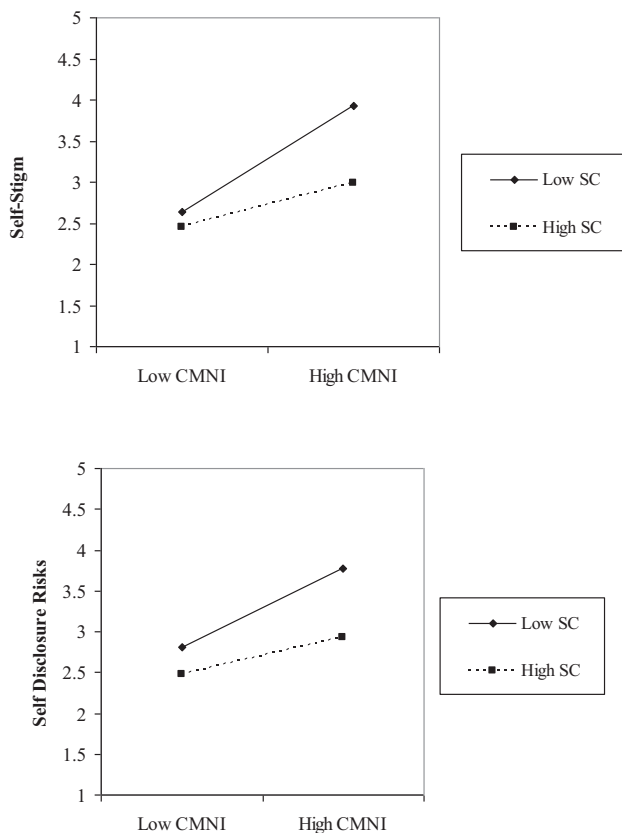

Figure 3. Model 1 moderation effect of self-compassion on relationship between conformity to masculine norms and help-seeking self-stigma and self-disclosure risks. CMNI = conformity to masculine norms; SC = self-compassion.

emotional control subscale were used to estimate the emotional control latent factor and the five self-reliance items of the self-reliance subscale were used to estimate the self-reliance latent factor. The measurement model showed good fit to the data, S-B $\chi^2(179, N = 284) = 255.57$, $p < .001$; CFI = .98; SRMR = .04; RMSEA = .04, 90% CI [.03, .05]. All loadings of the items and parcels on their latent variables, $\beta = .65$ to .94, were statistically significant, $p < .001$. Latent variable correlations indicated that self-compassion was significantly correlated with self-stigma, $r = -.26$, $p < .001$, disclosure risks, $r = -.29$, $p < .001$, and self-reliance, $r = -.41$, $p < .001$, but was not significantly correlated with emotional control, $r = -.05$, $p = .56$. Emotional control was significantly correlated with self-reliance, $r = .47$, $p < .001$, self-stigma, $r = .35$, $p < .001$, and disclosure risks, $r = .50$, $p < .001$. Self-reliance was correlated with both self-stigma, $r = .42$, $p < .001$ and disclosure risks, $r = .41$, $p < .001$. Self-stigma was significantly correlated with disclosure risks, $r = .53$, $p < .001$.

The structural model was identical in fit to the measurement model as both models were fully saturated. Two interaction terms were added (Self-Compassion × Emotional Control, and Self-Compassion × Self-Reliance; see Figure 2). Results indicated that self-reliance significantly predicted self-stigma, $t(284) = 2.58$, $p < .05$, but not disclosure risks, $t(284) = 1.47$, $p = .14$; emotional control significantly predicted self-stigma, $t(284) = 2.47$, $p < .05$, and disclosure risks, $t(284) = 5.19$, $p < .001$; self-compassion significantly predicted both self-stigma, $t(284) = -2.12$, $p < .05$, and disclosure risks, $t(284) = -3.67$, $p < .001$. The interaction term between self-compassion and emotional control significantly predicted self-disclosure risks, $t(284) = -4.64$, $p < .001$, but not self-stigma, $t(284) = -1.84$, $p = .07$. Results also showed that the interaction term between self-compassion and self-reliance did not significantly predict self-stigma, $t(284) = 0.43$, $p = .67$, or disclosure risks, $t(284) = 1.77$, $p = .08$. To plot the interaction between self-compassion and emotional control on self-disclosure risks (see Figure 4), values one standard deviation above and below the mean for both self-compassion and emotional control were entered into the structural equation using the standardized coefficients, to obtain four points used to plot the interaction effect on disclosure risk. Specifically, the "high self-compassion" group had a weaker correlation between emotional control and disclosure risks than the "low self-compassion" group. Simple slope analyses also indicated that the relationship between emotional control and disclosure risks was significant when self-compassion was both 1 SD above the mean ($B = .99$), $t(284) = 7.72$, $p < .001$, and 1 SD below the mean ($B = .32$), $t(284) = 1.99$, $p < .05$.

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[2] To estimate the standardized coefficients, the unstandardized paths from the independent variables (self-compassion and conformity to masculine norms) to self-stigma were divided by the square root of the residual variance of self-stigma and then multiplied by the square root of the variance of the independent variable (self-compassion or conformity to masculine norms). For the interaction term, the unstandardized coefficient was divided by the square root of the residual variance of self-stigma and then multiplied by the products of the square roots of the variance of the two independent variables. This process was then repeated using disclosure risks as the dependent variable.
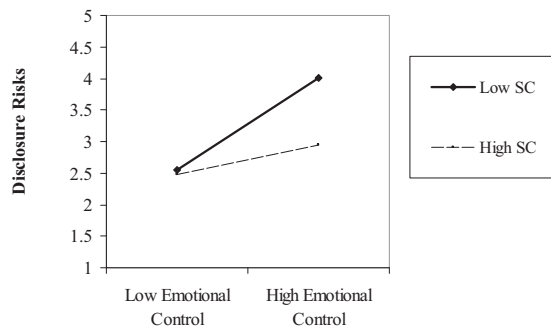
Figure 4. Model 2 moderation effect of self-compassion on relationship between emotional control and self-disclosure risks. SC = self-compassion.

Discussion

Undergraduate men's low rates of seeking counseling have been explained by the relationship between masculine norm adherence and increased levels of help-seeking self-stigma and risks associated with self-disclosure (e.g., Pederson & Vogel, 2007; Vogel & Heath, 2016; Vogel et al., 2011). Some men do seek help for psychological concerns, however, indicating that contextual factors may mitigate the link between masculine norm adherence and factors linked to avoidance of counseling (Addis & Mahalik, 2003; Vogel & Heath, 2016). This study examined how self-compassion might buffer the relationship between masculine norm adherence and help-seeking barriers. Consistent with previous research (Pederson & Vogel, 2007), masculine norm adherence was linked to both increased help-seeking self-stigma and self-disclosure risks. Specifically, in Model 1, higher global adherence to masculine norms was related to higher levels of help-seeking barriers. In Model 2, higher adherence to the specific masculine norms of emotional control and self-reliance were both related to higher help-seeking self-stigma and disclosure risks. Additionally, self-compassion was directly related to lower levels of help-seeking self-stigma and disclosure risks in both models. This is consistent with previous research that found self-compassion is related to lower help-seeking self-stigma (Heath, Brenner, et al., 2016), trait shame (Reilly, Rochlen, & Awad, 2014), self-criticism (Neff, Kirkpatrick, & Rude, 2007), and avoidance coping strategies (Neff, Hsieh, & Dejitterat, 2005).

The results also indicate that self-compassion buffers the relationship between masculine norm adherence and self-stigma and self-disclosure risks. Specifically, Model 1 found that self-compassion buffers the relationship between global levels of masculine norm adherence and help-seeking self-stigma and self-disclosure risks. These results suggest that self-compassion might be a way for undergraduate men to treat themselves with more kindness and understanding in the face of challenges (Neff, 2003) and thus lessen concerns about failing to be a man if they were to seek help. Results from this model suggest that undergraduate men who are more self-compassionate may be able to adhere to masculine norms without internalizing shame or self-criticism for engaging in "nonmasculine" behavior when considering seeking out counseling. Thus, undergraduate men who report more self-compassion might be able to both acknowledge the fears and

potential risks regarding seeking-help without fully attaching to them, allowing them to accept that seeking help is just another aspect of the human experience.

Interestingly, this buffering relationship appears to be nuanced when examining specific aspects of masculinity. Results from Model 2 indicated that self-compassion only buffered the relationship between emotional control and self-disclosure risks (though the buffering effect was near significant for the relationship between emotional control and self-stigma as well). This suggests that self-compassion might be particularly beneficial for decreasing the risks associated with disclosing emotions for those undergraduate men who are more emotionally controlled. One possibility is that self-compassion allows these men to view self-disclosure as a form of self-kindness (e.g., "Disclosing my emotions to a counselor will help me feel better"), instead of as a risk (e.g., "I will be less of a man if I show others my feelings"). Alternatively, self-compassion might normalize emotional disclosure as something common to all people, thus alleviating the perceived negative consequences for engaging in self-disclosure.

Implications

Previous interventions aimed at decreasing men's barriers to seek counseling include brochures targeting undergraduate men (Hammer & Vogel, 2010), and marketing approaches (e.g., Rochlen & Hoyer, 2005); however, these interventions often yield mixed results when compared to general, nongendered, interventions (e.g., Rochlen et al., 2006). Specifically, Rochlen and colleagues (2006) found that men evaluated brochures targeting men equally to brochures that targeted a general population. An additional concern with these targeted interventions is that they sometimes utilize masculine norms to increase seeking help (e.g., "seeking help requires bravery and strength"), which may actually reinforce masculine norm adherence rather than challenge the restrictive nature of some norms (Rochlen, Whilde, & Hoyer, 2005).

This study's results suggest interventions aimed at increasing undergraduate men's use of self-compassion may be an alternative approach to consider that does not explicitly focus on, or refer to, masculine norms. Several interventions have been developed to increase levels of self-compassion and decrease distress, which might be useful to test with undergraduate men in the context of seeking help. One study found that having individuals think about a time when they were able to provide support to someone else helped those individuals develop greater self-compassion (Breines & Chen, 2013). This intervention may be particularly useful with men, who may be more willing to seek out help when they also see a chance to give help (e.g., Wills, 1992). Other studies had distressed individuals write letters to themselves using compassionate language they might hear from a friend or loved one (Leary, Tate, Adams, Allen, & Hancock, 2007). Alternatively, self-compassion based meditations that are available online (e.g., www.self-compassion.org) could be useful interventions and have wide-ranging appeal due to their accessibility (e.g., could be listened to while traveling or at home). Self-compassion interventions have the added benefit of encouraging acceptance of oneself, which might indirectly challenge the restrictive nature of some masculine norms. For example, self-compassion should theoretically allow men to view their emo-

tions as a natural part of the human experience, thus allowing men to accept their emotions, rather than controlling them.

A potential challenge with these interventions is that many of them would require men to agree to participate in an intervention in the first place, which may be susceptible to the same barriers as seeking psychological help itself. One possibility is to incorporate interventions into existing activities. These could include mental health focused programs like resiliency training in the military or outreach programs on college campuses or more general activities like university orientations. Previous research has utilized similar acceptance based exercises to decrease stigma and self-judgment (e.g., Luoma et al., 2008), and others note that these types of interventions may be useful for groups like veterans (Dickstein et al., 2010). Alternatively, as previously discussed, interventions focused on expressing compassion to others may be another way to help generate self-compassion (Breines & Chen, 2013). Engaging undergraduate men in activities focused on giving support to others (e.g., through role plays in outreach activities by college counseling centers) may feel less threatening than an activity focused on giving oneself support, but could have the desired effect of increasing their own self-compassion. These possibilities need to be tested in the future. Another possibility is pairing self-compassion exercises with other previously tested interventions. For example, self-affirmation based techniques have recently been developed and tested with psychological help-seeking barriers (e.g., Lannin, Guyll, Vogel, & Madon, 2013), and having men complete self-affirming exercises in online settings may help diminish defensiveness or reactivity to the thought of seeking help (Lannin, Vogel, & Heath, 2016), which might also apply to encouraging men to participate in brief self-compassion activities.

Limitations and Summary

Despite the important findings above, this study has some limitations. First, only two barriers to seeking help were assessed. Though these barriers are consistently related to help-seeking attitudes and intentions (e.g., Pederson & Vogel, 2007; Vogel et al., 2011), future research could examine self-compassion's relationship with help-seeking attitudes and intentions directly. Longitudinal or experimental designs could also allow for the assessment of actual help-seeking behavior. It is also important to note that this study focused on predominantly white, heterosexual, college-aged men. Although this is an important population to study, the results likely do not generalize to other groups of men. Researchers have called for more studies examining multicultural masculinity (Liu, 2005; Wester, 2008), or the intersection of masculinity with other aspects of identity such as age, race/ethnicity, and sexual orientation and help-seeking decisions (Hammer et al., 2013; Vogel & Heath, 2016). Future research is needed to replicate these findings with more diverse samples of men. In line with this, another important group to examine is men experiencing psychological distress. Though research indicates that distress level might not impact the relationships between factors associated with help seeking (e.g., Vogel, Wade, & Hackler, 2008), it seems likely that undergraduate men with higher distress would report greater stigma and disclosure risks as the thought of seeking help is more relevant (e.g., Heath, Seidman, Vogel, Cornish, & Wade, 2016). As such, future research is needed to replicate these findings in clinical samples.

Finally, previous research notes that masculinity is a multifaceted construct (e.g., Parent & Moradi, 2011). We attempted to examine this by modeling the CMNI-46 using a bifactor structure. However, in line with previous mixed findings (see Levant et al., 2015), our bifactor structure failed to demonstrate an adequate fit. Thus, we examined both a general factor in Model 1, as well as two specific facets of masculinity in Model 2. Future research is needed to more fully examine the multiple facets of masculinity and help-seeking barriers, potentially using other measures of masculine norms (see Thompson & Bennett, 2015 for a review of measurement options). Specifically, future research is needed to examine the unique effects of both a general masculine norm adherence construct in addition to specific norms. Despite these limitations, this is the first known study to examine self-compassion as a contextual factor moderating the relationship between masculine norm adherence and help-seeking barriers. The results indicate that self-compassion might help mitigate men's help-seeking barriers, and may be a potential intervention point to help increase men's help-seeking rates for psychological concerns.

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