Masculine Gender Role Stress and Self-Stigma of Seeking Help: The Moderating Roles of Self-Compassion and Self-Coldness

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CITATION
Masculine Gender Role Stress and Self-Stigma of Seeking Help: The Moderating Roles of Self-Compassion and Self-Coldness

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Many college men express stigma of seeking psychological help, possibly due to masculine gender role socialization proscribing help seeking. However, not every man who buys into restrictive masculine roles expresses self-stigma of seeking help, suggesting the presence of potential moderating variables. The present study examined self-compassion and self-coldness as potential moderating variables on the associations between men’s masculine gender role stress and self-stigma of seeking help. College men (N = 777) were recruited via e-mail to participate in a brief online survey. Structural equation modeling revealed that masculine gender role stress was positively associated with self-stigma and self-coldness but was negatively associated with self-compassion. Both self-compassion and self-coldness were significant moderators. Men with low levels of self-compassion evidenced the strongest positive associations between masculine gender role stress and self-stigma, whereas men with low (but not high) self-coldness evidenced positive associations with self-stigma. These findings highlight differences between self-compassion and self-coldness and suggest that high levels of self-compassion may be a protective factor in reducing the associations between rigid masculinities and men’s stigma of seeking help. By contrast, men with extremely negative and critical self-views may be likely to report stigma of seeking help regardless of their endorsement of rigid masculinities. Intervention and prevention implications include helping men enhance their self-compassion.

Public Significance Statement
Restrictive gender roles and stigma of seeking psychological help are prominent barriers to men’s help seeking. The present study suggests that increasing men’s self-compassion could help them overcome masculine gender role socialization related to stigma of seeking help.

Keywords: masculine gender role stress, self-stigma, self-compassion, moderators

Supplemental materials: http://dx.doi.org/10.1037/cou0000350.supp

National surveys have indicated college men are significantly less likely to seek psychological help than are college women (Healthy Minds Network, 2019), sometimes with dire conse-

quences (Gallaher, 2014). To explain these discrepancies, researchers have noted that men beholden to restrictive, sexist, and traditional conceptions of masculinity are especially likely to endorse barriers to help seeking such as stigma of seeking help (see Vogel & Heath, 2016 for a review). However, efforts to reduce help-seeking stigma by raising awareness of mental health problems (such as depression) in men have produced mixed results (Rochlen, McKelley, & Pituch, 2006). Therefore, identifying variables that may moderate the relationships between problematic masculinities and stigma of seeking help could lead to important new targets for prevention and intervention. Toward this end, an emergent body of literature has suggested that self-compassion (i.e., the inward direction of compassion that includes approaching one’s suffering and failures with openness and awareness, showing kindness to one’s self, and viewing suffering as a part of the human condition; Neff, 2003b) may hold promise as a potential protec-
However, the literature examining self-compassion in relation to masculinities and help seeking is still in its infancy. For example, a deeper understanding might be obtained by contrasting men’s self-compassion with a related (but distinct) variable, self-coldness, which may have confounded the measurement of self-compassion in previous studies (Brenner, Heath, Vogel, & Créde, 2017). Additionally, previous investigators have focused on men’s conformity to masculine role norms in relation to self-compassion and self-stigma (Heath et al., 2017). However, researchers have differentiated between measures assessing endorsement or conformity to specific masculine norms, which may or may not be distressing for the men conforming to them, and measures capturing the experience of one’s gender role as stressful or problematic (i.e., masculine gender role strain; Pleck, 1995). Accordingly, the present brief report examined the moderating role of self-compassion and self-coldness on the associations between men’s masculine gender role stress (MGRS) and self-stigma of seeking help.

Stigma of Seeking Help and Masculine Gender Role Stress

Vogel, Wade, and Haake (2006) posited seeking counseling could be perceived as having an adverse impact on one’s sense of self-worth. Such beliefs (i.e., self-stigma of seeking help) have been positively associated with less disclosure of distress and more negative attitudes toward help seeking (Vogel et al., 2006). Self-stigma has also been associated with anticipating greater risks and fewer benefits of seeking counseling (Vogel, Wade, & Hackler, 2007). Moreover, self-stigma may intersect with traditional masculinity ideologies (i.e., internalized belief structures dictating appropriate thoughts, feelings, and behaviors for men; Pleck, 1995). These ideologies, based largely on old-fashioned sexist beliefs about men (cf., Levant & Richmond, 2016), promote stoicism and self-reliance and discourage men from asking for help (Addis & Mahalik, 2003; Vogel & Heath, 2016). Such ideologies are believed to create masculine gender role strain when taken to an extreme (Pleck, 1995). Not surprisingly, numerous studies have found positive associations with self-stigma and restrictive, traditional expressions of masculinity or gender role strain (Vogel & Heath, 2016).

Although researchers have spent considerable attention examining links between men’s masculinity ideologies, conformity to male roles, and some aspects of masculine gender role strain with respect to self-stigma (Vogel & Heath, 2016), no studies (to the best of our knowledge) have explored self-stigma in relation to masculine gender role stress (MGRS; Eisler & Skidmore, 1987). MGRS is conceptually unique from other masculinity or strain constructs, such as conformity to masculine role norms, in that it represents adherence to stereotypical masculine behaviors (Eisler & Blalock, 1991) to the point where violations of those behaviors are viewed as threatening and stressful (Eisler & Skidmore, 1987). Thus, MGRS is considered to represent a man’s perceived stress of violating masculine role norms rather than masculinity ideology or conformity to specific masculine role norms (O’Neil, 2015; Thompson & Bennett, 2015). Indeed, whereas adherence to certain masculine norms has been associated with positive outcomes oc- casionally (Gerdes & Levant, 2018), MGRS represents an inherently harmful form of masculine gender role strain with no known positive correlates. Moreover, despite a lack of direct research linking MGRS to self-stigma, both constructs may share similar psychological processes. Self-stigma represents the appraisal that seeking counseling would be threatening to one’s self-worth, and MGRS captures beliefs that certain behaviors (deemed feminine in society) may also be threatening (Eisler & Blalock, 1991). Variables conceptually related to self-stigma, such as shame proneness (Efthim, Kenny, & Mahalik, 2001; Jakupcak, Tull, & Roemer, 2005) and fear of emotions (Jakupcak, 2003; Jakupcak et al., 2005), have also been linked to MGRS, thus supporting a probable self-stigma and MGRS connection.

Self-Compassion as a Moderator

Self-compassion is defined as having a kind attitude toward the self, such that one experiences a connection with humanity in one’s struggles (rather than isolation) and approaches difficulties with mindfulness (rather than overidentification) and compassion (Neff, 2003a, 2003b). Self-compassion may reduce rumination, defensiveness, and negative emotions in response to negative feedback from others and unpleasant events (Leary, Tate, Adams, Batts Allen, & Hancock, 2007). Additionally, self-compassion moderated the association between public stigma and self-stigma of seeking psychological help, suggesting it may have implications for help-seeking behaviors and beliefs (Heath, Brenner, Lannin, & Vogel, 2018).

Given the positive benefits of self-compassion, it is possible that it may be negatively associated with MGRS and self-stigma but also function as a relatively independent moderator of the association between these variables. Indeed, a growing body of literature has suggested that self-compassion is not antithetical to traditional expressions of masculinity. First, researchers have consistently found men score higher on measures of self-compassion than do women (Yarnell et al., 2015). Second, self-compassion evidenced small (Reilly, Rochlen, & Awad, 2014) or no significant (Heath et al., 2017) bivariate associations with conformity to traditional masculine norms. Third, college men participating in traditionally masculine, aggressive sports also reported higher levels of conformity to masculine role norms and self-compassion compared to a nonathlete group (Wasylkiw & Clairo, 2018). Fourth, Heath et al. (2017) found that self-compassion buffered the positive associations between conformity to masculine role norms and self-stigma. Taken together, therefore, these findings suggest that self-compassion may be a somewhat independent protective factor against the stigma of seeking help associated with problematic expressions of masculinity, such as MGRS, and that it may also be accessible to many men.

Self-Coldness as a Moderator

It should be noted that most studies have operationalized self-compassion as a single factor measured by the total score of the Self-Compassion Scale (SCS; Neff, 2003b). However, a recent factor analysis (Brenner et al., 2017) indicated the SCS may actually be measuring two related (but distinct) factors: self-compassion and self-coldness. Indeed, Brenner et al. (2017) argued self-coldness and self-compassion represent unique processing
systems—the threat and safeness systems, respectively (Gilbert, McEwan, Matos, & Rivis, 2011). The threat system is related to protective fight-or-flight responses; however, some individuals may develop a "hostile self-to-self-relationship" (Gilbert & Irons, 2005 p. 264) and submissive responses to threats characterized by internalized criticism (i.e., self-coldness). By contrast, the safeness system is associated with feelings of safety and contentment that may regulate the threat-defense system, because individuals call upon soothing, internalized messages of compassion during hardships in the form of self-compassion (Gilbert, 2017).

Emerging evidence has supported the possibility that self-compassion and self-coldness represent conceptually distinct approaches to the self. For example, self-coldness was more robustly associated with negative mental health variables than was self-compassion (Brenner et al., 2017, 2018). Brenner et al. (2017, 2018) have also argued that self-coldness items may have confounded prior measurement of self-compassion. Taken together, these emergent findings support a need to examine self-compassion and self-coldness separately. Testing the moderating role of self-compassion controlling for self-coldness may provide a more nuanced understanding of which of these variables serve as potential protective factors against men’s self-stigma (e.g., higher levels of self-compassion or lower levels of self-coldness). Specifically, because self-coldness may be more closely aligned with negative variables, it may amplify the association between MGRS and self-stigma, such that men who experience stress when they violate masculine roles may be especially likely to endorse self-stigma if they are highly oriented toward self-coldness. Such a finding would suggest that interventions addressing men’s help seeking stigma may benefit from reducing self-coldness (or other negative self-views) in addition to enhancing self-compassion.

The Present Study

In summary, prior studies have examined the role of conformity to traditional masculine role norms and self-stigma in the men’s help-seeking literature; however, researchers have yet to examine MGRS in relation to self-stigma. Furthermore, given the beneficial, self-forgiving, and understanding aspects of self-compassion (Neff, 2003a, 2003b), as well as previous research suggesting that it could buffer men against the proscriptions for help seeking inherent in traditional male roles (Heath et al., 2017), self-compassion may hold promise as a positive psychological factor, relatively independent of traditional masculinities, that could disrupt the association between MGRS and self-stigma. However, researchers have yet to examine the potential moderating effects of both self-compassion and self-coldness. To address these gaps in the literature, the present study examined the relative moderating contributions of self-compassion and self-coldness on the associations between college men’s MGRS and self-stigma (see Figure 1 in the online supplemental materials for a conceptual model). Several hypotheses were advanced:

Hypothesis 1: MGRS will be positively related to self-stigma.

Hypothesis 2: Self-compassion and self-coldness will be negatively and positively related to self-stigma and MGRS, respectively.

Hypothesis 3: Both self-compassion and self-coldness will moderate the associations between MGRS and self-stigma.

Method

Participants and Procedures

After receiving institutional review board approval, we recruited male participants from a large midwestern university through targeted e-mails to complete a secure online survey. Participation was voluntary, and those who completed the survey were entered into a drawing to win one of ten gift cards for $50. A total of 849 men responded to the survey, of whom 777 completed items from each scale for the present study and passed two validity-check items. Participants ranged in age from 18 to 55 ($M = 24.1$), though 86% fell between 18 and 29. The sample diversity was as follows: White (63.3%), Asian or Asian American (15.5%; including identification as Chinese, Asian Indian, Korean, Southeast Asian, Filipino, or Japanese), Hispanic–Latino (6.4%; including a specific designation for Mexican), Multiracial (5.7%), African American–Black (5.5%), American Indian or Alaskan Native (.1%), and Other or did not respond (3.5%). A high percentage of participants identified as heterosexual (90.2%).

Measures

Abbreviated Masculine Gender Role Stress Scale (MGRS-A). The MGRS-A (Swartout, Parrott, Cohn, Hagman, & Gallagher, 2015) is a 15-item measure of masculine gender role stress. It consists of items identified from the original 40-item MGRS (Essler & Skidmore, 1987) through item response theory analysis. For each item, participants rate the level of perceived stress associated with a situation or behavior that is inconsistent with traditional male norms (e.g., “Being outperformed by a woman at work.”). Items are scored on a Likert scale ranging from 0 (not at all stressful) to 5 (extremely stressful). The MGRS-A has displayed high internal consistency ($\alpha = .90$), a strong correlation with the original MGRS, and a magnitude of correlations similar to that of the original scale with related constructs (Swartout et al., 2015). Internal consistency was $\alpha = .88$ for the present study.

Self-Compassion Scale (SCS). The SCS (Neff, 2003b) is a 26-item measure of self-compassion. Following the scoring scheme presented by Brenner et al. (2017), the SCS has two subscales. The self-compassion subscale measures the extent to which people respond to themselves with intentional kindness, empathy, and compassion in times of personal suffering and feelings of inadequacy (e.g., “I try to be loving towards myself when I’m experiencing emotional pain”). The self-coldness subscale measures the extent to which individuals respond to their pain with overidentification, isolation, and self-judgment (“When times are really difficult, I tend to be tough on myself”). Scores from the self-compassion subscale evidenced good internal consistency coefficients (Brenner et al., 2017, 2018) and were positively associated with measures of well-being and negatively associated with measures of distress (Brenner et al., 2018). Scores on the self-coldness subscale also evidenced good internal consistency coefficients and were positively associated with measures of distress (Brenner et al., 2018). Items are scored on a Likert scale ranging from 1 (almost never) to 5 (almost always). In the present study, self-compassion and self-coldness each evidenced identical and good internal consistency ($\alpha = .90$).

Self-Stigma of Seeking Help Scale (SSOSH). The SSOSH (Vogel et al., 2006) is a 10-item measure of self-stigma specifi-
cally related to seeking psychological help (e.g., “Seeking psychological help would make me feel less intelligent”). Responses are measured on a Likert scale from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating higher levels of self-stigma. The SSOSH has shown an acceptable unidimensional factor structure, convergent validity, internal consistency, and 2-month test–retest reliability (Vogel et al., 2006). Internal consistency for the current study was \( \alpha = .89 \).

**Primary Analysis Plan**

We used structural equation modeling (SEM) to examine direct and moderation effects. First, a measurement model assessed whether the latent variables were adequately measuring their observed items. Next, a structural model estimated the regression weights of the hypothesized prediction paths. Last, a latent moderated structural equation (LMS) approach (Klein & Moosbrugger, 2000) was used to examine the moderating effects of self-compassion and self-coldness on the direct effects between the latent variables MGRS and self-stigma. The LMS approach is unique compared with other latent variable interaction modeling methods in that it estimates the joint distribution of both variables combined and then uses an expectation maximization (EM) algorithm to ultimately derive maximum likelihood (ML) parameter estimates (see Jackman, Leite, & Cochrane, 2011, for a review). Simulation studies of the LMS approach compared to other commonly used latent variable interaction methods have indicated superior Type I error rates and performance across a variety of conditions (e.g., Jackman et al., 2011).

Four indices recommended by Kline (2016) were used to evaluate the fit of the measurement and structural model without the interaction: the comparative fit index (CFI) and the Tucker–Lewis index (TLI; \( \geq .95 \) suggests a good fit for CFI and TLI), the root-mean-square error of approximation (RMSEA; \( \leq .05 \) denotes a good fit) with a 90% confidence interval (CI), and the standardized root-mean-square residual (SRMR; \( \leq .08 \) suggests a good fit). The chi-square test statistic was also reported (a nonsignificant value indicates a perfect fit); however, it was interpreted with caution given the large sample size. Per the recommendations of Maslowsky, Jager, and Hemken (2015), model fit estimates were generated for the measurement model and the structural model excluding the interaction term, because model fit estimates (i.e., CFI, TLI, RMSEA, and SRMR) are not possible for LMS (Muthén & Muthén, 1998–2015).

**Results**

**Preliminary Analyses**

Of the 777 participants who completed at least 80% of each part of the survey, some had missing values. A series of analyses of variance found no significant differences between complete and incomplete responders. The number of univariate and multivariate outliers was also minimal (\( n = 4 \) for both). However, MGRS scores evidenced a moderate positive skew. Table 1 displays the bivariate correlations, means, and standard deviations for each variable.

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MGRS</td>
<td>—</td>
<td>−.15**</td>
<td>.26**</td>
<td>.31**</td>
<td>2.47</td>
<td>.82</td>
</tr>
<tr>
<td>2. Self-compassion</td>
<td>—</td>
<td>−.65**</td>
<td>−.31**</td>
<td>.24**</td>
<td>2.99</td>
<td>.80</td>
</tr>
<tr>
<td>3. Self-coldness</td>
<td>—</td>
<td>.26</td>
<td>.58</td>
<td>.31</td>
<td>3.15</td>
<td>.74</td>
</tr>
<tr>
<td>4. Self-stigma</td>
<td>—</td>
<td>.26</td>
<td>.58</td>
<td>.31</td>
<td>2.64</td>
<td>.83</td>
</tr>
</tbody>
</table>

Note. \( N = 777 \). All total and subscale scores were calculated by taking the average of the items for that scale. MGRS = masculine gender role stress. **\( p < .001 \).

**Primary Analysis**

After examining data for missing values, outliers, and normality assumptions, we tested the specified SEM measurement and structural models using a full information maximum likelihood estimator with robust standard errors to account for nonnormality. All analyses used Mplus Version 7.31 (Muthén & Muthén, 1998–2015).

**Measurement model.** Because SEM generally requires at least three manifest (i.e., observed) variables for each latent variable (Kline, 2016), we generated item parcels as observed indicators to form latent variables of self-compassion, self-coldness, masculine gender role stress, and self-stigma by performing an exploratory factor analysis for items in each respective instrument with a one-factor solution. Individual items in a given measure were then assigned to three parcels in an iterative fashion to ensure that loadings were as balanced as possible across parcels (Matsunaga, 2008).

The scaled chi-square test statistic was significant, \( \chi^2(48, N = 777) = 140.26, p < .001 \), indicating that the measurement model was not a perfect fit; however, supplementary fit indices all evidenced excellent model fit (CFI = .983, TLI = .977, RMSEA = .050, 90% CI [.040, .059], SRMR = .025). Moreover, all the factor loadings were large in magnitude and statistically significant, indicating that each latent variable was appropriately capturing the variance within and covariance among its respective item parcels, items, or subscale indicators (see Table 1 in the online supplemental materials). Of note, both self-compassion and self-coldness were modestly associated with MGRS and self-stigma when examined at the bivariate level in the measurement model (see Table 2 in the online supplemental materials).

**Structural model.** Because the model was fully saturated, the fit of the structural model was identical to the fit of the measurement model. Self-stigma was predicted by a combination of less self-compassion (\( b = −.30, SE = .06, \beta = −.30, p < .001 \)) and more MGRS (\( b = .29, SE = .04, \beta = .31, p < .001 \)). However, self-coldness was not a significant predictor of self-stigma when controlling for self-compassion. The model explained 21% of the variance in self-stigma. Next, interaction terms were added using the XWITH command in Mplus for the LMS procedure. Tests of simple slopes were also specified to identify whether the slope of the regression equation of MGRS predicting self-stigma was statistically significant (i.e., greater than 0) at high (+1 SD above the mean) and low (−1 SD below the mean) levels of self-compassion and self-coldness, respectively. Results indicated that self-
compassion \( (b = -0.13, SE = 0.05, \beta = -0.14, p = 0.03) \) and self-coldness \( (b = -0.19, SE = 0.045, \beta = -0.21, p < 0.001) \) emerged as significant moderators. Figure 1 provides a graphical representation of the moderation effect by plotting the relationships between MGRS and self-stigma at high and low levels of self-compassion and self-coldness. Simple slope tests indicated that the associations between MGRS and self-stigma were significant at all levels of self-compassion, with a general trend of the strongest associations emerging at low levels of self-compassion (see Figure 1A). By contrast, the association between MGRS and self-stigma was significant at low levels of self-coldness but was nonsignificant at high levels (see Figure 1B).

**Discussion**

Many men do not seek the psychological help they need in college, in part due to masculine gender role socialization that may promote self-stigma of seeking help. The present study examined the moderating roles of self-compassion and self-coldness in the associations between college men’s stressful experiences of their gender role (MGRS) and self-stigma. Our results partially supported each of our three hypotheses.

In support of Hypothesis 1, we found a positive association between MGRS and self-stigma. These findings are the first to address the gap in the literature with respect to direct evidence of a link between MGRS and self-stigma and suggest that men who are likely to appraise violating their gender roles as stressful are also likely to believe that seeking counseling would have a negative impact on their self-worth. Thus, it is possible that MGRS and self-stigma share similar threat appraisal processes for men. These findings also provide further support for well-established links between traditional, problematic expressions of masculinity and men’s self-stigma (Vogel & Heath, 2016).

In support of Hypothesis 2, self-compassion was also negatively associated with MGRS, and self-coldness was positively associated with MGRS, though the effects were small, sharing approximately 3% and 9% variance, respectively, at the bivariate level with MGRS (see Table 2 in the online supplemental materials). These results extend prior findings of no or little association between self-compassion and traditional masculinity variables (Heath et al., 2017; Reilly et al., 2014) by demonstrating a similar magnitude of effect for self-coldness. Still, the associations were statistically significant and in the expected directions. Thus, though the effects were small, the present findings still suggest that men with high levels of self-compassion may be somewhat more likely to report lower MGRS, possibly due to the self-accepting and forgiving aspects of self-compassion (Brenner et al., 2017). Likewise, men with higher self-coldness may express more MGRS, potentially due to their self-critical tendencies (Brenner et al., 2017).

Our findings also revealed that self-compassion (but not self-coldness) was a significant negative predictor of self-stigma. Although the present study’s finding of a negative association between self-compassion and self-stigma is consistent with prior studies (Heath et al., 2018, 2017), the present findings run counter to those in previous research suggesting that self-coldness is a more robust predictor of negative outcomes than is self-compassion (e.g., Brenner et al., 2018). Given that prior studies examined self-compassion and self-coldness with respect to mental health variables and that the present study is (to the best of our knowledge) the first investigation of the combined contributions of self-coldness and self-compassion in predicting self-stigma, our findings point to the possible uniqueness of self-stigma in these associations.

Consistent with Hypothesis 3, self-compassion and self-coldness each significantly moderated the associations between MGRS and self-stigma. The relationship between MGRS and self-stigma remained significant at all levels of self-compassion; however, the strength of this relationship weakened at high levels. This finding is consistent with those of Heath et al. (2017) and further supports the potential moderating role of self-compassion in the association between traditional masculinities and self-stigma. However, our findings extend those in previous research by suggesting that self-compassion may act as a protective factor against self-stigma associated with a stressful experience of traditional masculinity (i.e., MGRS). Thus, given that self-stigma and traditional masculinities appear to have coincided in some ways in previous research (Wasylkiw & Clairo, 2018), one possibility for future inquiry is to examine whether the desire for self-improvement and goal-pursuit qualities associated with higher levels of self-compassion (Breines & Chen, 2012; Hope, Koestner, & Milyavskaya, 2014; Neely, Schallert, Mohammed, Roberts, & Chen, 2009) may outweigh the perceived costs of therapy for traditional men (e.g., appearing weak or feminine). In other words, a man could still have a general tendency to experience MGRS, but he might not view therapy as an inherent threat to his self-worth.

**Figure 1.** Panel A: Latent variable moderation effect of self-compassion on the association between masculine gender role stress (MGRS) and self-stigma of seeking psychological help. Panel B: Latent variable moderation effect of self-coldness on the association between MGRS and self-stigma of seeking psychological help.
because, due to high levels of self-compassion, therapy could be a way of ensuring personal or professional success.

Also consistent with Hypothesis 3, self-coldness moderated the association between MGRS and self-stigma; however, the nature of this interaction was surprising. Rather than high levels of self-coldness’s amplifying the association between MGRS and self-stigma, the opposite occurred, such that the association between MGRS and self-stigma was strongest at low levels of self-coldness. In other words, the perceived stress of violating restrictive masculine roles appeared to be irrelevant to self-stigma for men with high levels of self-coldness. Thus, a man who engages in the internalized and self-critical threat-based responses (Gilbert et al., 2011) presumably inherent in higher levels of self-coldness (Brenner et al., 2017) may be likely to internalize stigma and appraise himself negatively for seeking help regardless of his level of MGRS. Said another way, these men may view counseling as a threat for reasons unrelated to masculinity, a possibility that will need to be explored with further research. These findings also suggest that low levels of self-coldness do not necessarily mean that a person will engage in more self-compassion. Thus, our results provide further support for the distinctions between self-compassion and self-coldness (Brenner et al., 2017, 2018) and suggest that lower levels of self-coldness may not be beneficial for helping men overcome masculinity barriers to seeking help.

Limitations

The present findings should be interpreted with respect to some important limitations. For instance, the use of a correlational analysis precludes any firm conclusions regarding the temporal order or causal nature of associations in the model. For example, given the small (but significant) associations between MGRS and self-stigma, logical questions arise as to whether self-compassion and self-coldness are best conceptualized as moderating variables (i.e., relatively independent of traditional masculinities) or as causal factors creating less self-stigma by reducing MGRS, though the present findings point more toward the former. Additionally, the study was limited by the homogeneity of participants in age, education level, and sexual identification, and some racial groups were underrepresented, particularly Black and Hispanic–Latino men. Furthermore, our model examined the roles of self-compassion and self-coldness in a negative outcome (i.e., self-stigma of seeking psychological help). Future research should also test models with positive outcome variables.

Counseling Implications

Despite some limitations, our findings can help inform programming for college men. Specifically, our results do not support the potential utility of interventions reducing self-coldness in terms of disrupting the damaging effects of restrictive masculinities on men’s help seeking. However, given that self-coldness was positively associated with MGRS and self-stigma, it may still be important to work toward reducing self-critical views in college men, potentially replacing self-critical perspectives with more accepting and forgiving views. Given that self-compassion was negatively associated with MGRS and self-stigma and moderated the associations between MGRS and self-stigma, a logical place to start is to increase self-compassion among men. Mindfulness-based interventions, including some groups focused on self-compassion (e.g., Mindful Self-Compassion [MSC]; Neff & Germer, 2013), have shown promising outcomes related to increasing self-compassion among both college and general populations (see Barnard & Curry, 2011, for review). Additionally, a brief self-compassion “course” displayed a wide range of mental health benefits in one study among European students (Dundas, Binder, Hansen, & Stige, 2017). It should be noted that many of these programs (e.g., MSC) may not be easily identifiable as clinical interventions but rather as offerings intended for the general student body. This may be particularly important in reaching male college students high in self-stigma, who are likely to be averse to traditional therapy terminology (Hammer & Vogel, 2010).

It may also be more practical to reach high self-stigma men by including interventions and techniques in preexisting activities (Heath et al., 2017). Specific to college students, for example, outreach programs for male organizations or residence halls may include psychoeducation or mindfulness skills. Additionally, researchers and clinicians are encouraged to consider ways of helping men cultivate and harness their natural self-compassion abilities in ways that are consistent with traditional masculinities, such as emphasizing the importance of self-improvement and being at the top of one’s game (Wasylkiw & Clair, 2018). Additionally, Internet-based interventions may represent a less stigmatized avenue for building self-compassion for some men. Though studies examining the effects of online interventions on self-compassion are limited, a pilot study for a self-compassion training program displayed promising findings among graduate psychology students (Finlay-Jones, Kane, & Rees, 2017). In summary, clinicians and researchers are encouraged to keep examining self-compassion in relation to problematic masculinities and men’s help-seeking stigma. Future research is especially needed to understand how interventions for self-compassion may help more traditional college men seek help when needed, despite the stress associated with violating the traditional roles inherent in seeking help.

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