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"Boys Don't Cry": Examination of the Links Between Endorsement of Masculine Norms, Self-Stigma, and Help-Seeking Attitudes for Men From Diverse Backgrounds

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The role of conformity to dominant U.S. masculine norms as an antecedent to help-seeking attitudes in men has been established using convenience samples made up largely of college-age and European American males. However, the role of conformity to masculine norms on help-seeking attitudes for noncollege-age men or for men from diverse backgrounds is not well understood. To fill this gap in the literature, the present study examined the cross-cultural relevance of a mediational model of the relationships between conformity to dominant U.S. masculine norms and attitudes toward counseling through the mediator of self-stigma of seeking counseling for 4,773 men from both majority and nonmajority populations (race/ethnicity and sexual orientation). Structural equation modeling results showed that the model established using college males from majority groups (European American, heterosexual) may be applicable to a community sample of males from differing racial/ethnic groups and sexual orientations. However, some important differences in the presence and strengths of the relationships between conformity to dominant masculine norms and the other variables in the model were present across different racial/ethnic groups and sexual orientations. These findings suggest the need to pay specific theoretical and clinical attention to how conformity to dominant masculine norms and self-stigma are linked to unfavorable attitudes toward help seeking for these men, in order to encourage underserved men's help-seeking behavior.

Keywords: self-stigma, masculinity, help seeking, race/ethnicity, sexual orientation

Studies suggest that 26% of adults will experience a mental health disorder in their lifetime (Kessler, Chui, Demler, & Walters, 2005). However, despite this need for services, only a small number of people who experience mental health issues seek psychological help, with estimates ranging from 11% (Andrews, Issakidis, & Carter, 2001) to around 30% (Gonzalez, Tinsley, & Kreuder, 2002) in a given year. Researchers have also shown that for men, seeking psychological services is even less common than for women (Andrews et al., 2001). In fact, Kessler, Brown, and Broman (1981) found that men are less likely to seek treatment than women even when experiencing the same levels of distress. This is particularly troublesome given that men are at increased risk of developing substance abuse problems and committing suicide (Kessler et al., 1994). As such, the number of men experiencing psychological concerns but not seeking counseling represents a mandate for counselors to better understand the help-seeking process for men in order to target interventions that encourage men's help-seeking behavior.

Of particular concern is that men from many nonmajority backgrounds seek psychological help even less frequently than other men (Chandra et al., 2009). For example, researchers have found that Asian American, African American, and Latino American men are all less receptive to psychological help than European American men (Husaini, Moore, & Cain, 1994; Shin, 2002; Solberg, Ritsma, Davis, & Tata, 1994). Similarly, gay men tend to seek out treatment at higher rates than heterosexual men (Cochran, Sullivan, & Mays, 2003). Although extant research has adequately documented the presence of these treatment disparities, less is known about why these disparities are present. As such, gaining a clearer understanding of the factors that influence men from different backgrounds' attitudes toward counseling is imperative for facilitating psychologists' ability to reach out to underserved populations. To meet this imperative, this study will be the first of its kind to examine the relationship between conformity to dominant masculine gender role norms, self-stigma, and attitudes toward seeking counseling across a large sample of community men from diverse racial/ethnic and sexual orientation groups by examining the cross-cultural relevance of a meditational help-seeking model.

Masculinity and Help Seeking

One reason men may underutilize counseling services is that they have less favorable attitudes regarding seeking professional help than women (Gonzalez, Alegria, & Prihoda, 2005). Traditional masculine norms dictated by the dominant culture in U.S. society state that men should be stoic, controlled, and self-sufficient (Mahalik et al., 2003), behaviors generally inconsistent with seeking help. Although what is considered "traditionally masculine" differs across social and cultural contexts (Liu, 2005), scholars argue that all men living within the United States must

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"come to terms with the dominant culture's notions of masculinity" (Mahalik et al., 2003, p. 23). Thus, from an early age, all boys are exposed to messages such as "boys don't cry" (Newberger, 1999). These messages have the impact of decreasing the likelihood of boys and men showing mental health symptoms to others as they quickly learn that others will not respond in a positive manner. In fact, many boys are often cruelly teased if they show "weakness" by crying (Newberger, 1999). As a result, behaviors associated with vulnerability and weakness, such as help seeking, are often viewed in a negative light and avoided (Pederson & Vogel, 2007). Not surprisingly, adherence to dominant masculine gender roles and the conflict arising from that adherence have both been associated with decreased willingness to seek psychological help (Smith, Tran, & Thompson, 2008), and more negative attitudes toward seeking help (Berger, Levant, McMillan, Kelleher, & Sellers, 2005). For example, men experiencing greater gender role conflict report less favorable views of counseling and psychotherapy (Rochlen, Land, & Wong, 2004) and are less likely to show a willingness to seek counseling after watching a tape depicting an emotion-focused counseling session (Wisch, Mahalik, Hayes, & Nutt, 1995).

Despite the well-established influence of dominant gender roles on men's attitudes toward seeking help, less is known about the potential mediating factors between learned gender roles and attitudes toward seeking help. This is an important distinction as gender roles are often learned early in life, and as a result are difficult to change. Therefore, it may be easier to address mediating factors in interventions or prevention programs designed to enhance men's use of psychological services. One gender-salient variable that has recently been identified as a barrier to help seeking that is more proximal to attitudes toward counseling is stigma. Public stigma (i.e., the negative views society holds toward those who seek professional help) has been noted as an important barrier associated with seeking psychological help (Corrigan, 2004). Recently, researchers have suggested that men, in particular, may be more likely to internalize this public stigma (Vogel, Wade, & Hackler, 2007). This internalization has been called *self-stigma*. In other words, self-stigma is the internalization of negative views of society toward mental illness and seeking help (e.g., to believe oneself is "inferior" or "weak" for needing to seek counseling). In support of this internalization, researchers have found that self-stigma fully mediates the relationship between perceptions of public stigma and help-seeking attitudes (Vogel et al., 2007). Thus, higher levels of public stigma lead to higher levels of self-stigma, and then higher self-stigma is associated with less favorable attitudes toward counseling.

Self-stigma should be a particularly important predictor of help seeking for men living in U.S. society given that the dominant gender role expectations for men include being able to solve problems on one's own, being independent, and to be in control of one's emotions. As such, counseling may be seen as a threat to men's sense of their masculinity (Schaub & Williams, 2007). Seeking psychological services for many men may constitute an admission that they cannot solve a problem on their own and could be perceived as a personal failure (Addis & Mahalik, 2003). In other words, the act of seeking mental health services may be viewed as a sign of weakness (Vogel, Wade, & Haake, 2006). Consistent with the potential impact of the male role on how men view themselves if they were to need counseling, men have been found to self-stigmatize counseling to a greater degree than women (Judd et al., 2006), and the relationship between public and self-stigma is stronger for men than women (Vogel et al., 2007).

Building on these findings, Pederson and Vogel (2007) found support for a help-seeking model in which the relationship between men's gender role conflict and attitudes toward seeking counseling was partially mediated by the self-stigma associated with seeking help. In other words, greater endorsement of and difficulties with the male gender role was related to increased self-stigma, which in turn led to less positive attitudes toward seeking help. This study was the first to examine empirically a model of the mediating factors between the male gender role and the help-seeking attitudes and as such provide important information that could inform interventions to encourage men's use of counseling services (i.e., changing the belief that seeking counseling is a sign of weakness to a sign of courage or strength). However, the present study was limited in two important ways. First, the authors' assessment included only four aspects of the dominant U.S. male gender role and the conflicts associated with them (success, power, and competition; restricted emotionality, restricted affectionate behavior between men; conflict between work and family). These four aspects have been consistently shown to be important resulting in negative consequences for self or others and being linked to depression and help-seeking attitudes (Good & Wood, 1995). However, there are more than four aspects prevalent in U.S. society (e.g., winning, pursuit of status, dominance, power over women, emotional control, disdain for homosexuality, primacy of work, self-reliance, risk taking, playboy, and violence; Mahalik et al., 2003). Therefore, using a measure that assesses a wider range of these dominant norms could provide a clearer assessment of the relationship between dominant gender role norms and help-seeking attitudes (Levant, Wimer, Williams, Smalley, & Noronha, 2009). Furthermore, and most importantly, Pederson and Vogel only tested their model with male undergraduate students from a single midwest university who were overwhelmingly heterosexual, college age, and European American. Therefore, it is unknown how applicable the results of this study are to individuals from different racial/ethnic groups or sexual orientations. This is a serious omission given the need to avoid assuming that research conclusions derived from one group automatically apply to others (Burlew, 2003), cross-validate theories via cross-cultural research (Ponterotto, Cassas, Suzuki, & Alexander, 2001), and develop best practices for reaching underserved populations (S. Sue, Zane, & Young, 1994).

The Importance of Testing Theory Across Diverse Populations

Counseling Psychology endorses diversity as one of its core values and is a leader in multicultural research and theory (Ponterotto et al., 2001). Yet, despite the progress that has been made, many counseling theories are still based on the assumption of universality, when in fact most theories are culture-bound (S. Sue et al., 1994). Furthermore, a recent content analysis of top counseling journals (from 1990 to 1999) indicates that only a small portion of the research empirically examines issues of diversity (Delgado-Romero, Galván, Maschino, & Rowland, 2005). Thus, although researchers usually note the limits to generalization that their mostly European American undergraduate student samples

necessitate, and call on future research to examine the cross-cultural relevance of the theory under question, this research is rarely done. To be able to increase this cultural relevance, researchers must be willing to test their theoretical models to determine which aspects have universal utility (Burlew, 2003).

Structural invariance analysis is one way to examine the equivalence of hypothesized relationships between variables across different groups, allowing new cultural data to facilitate theory revision or retention (Miller & Sheu, 2009). Within the help-seeking literature, invariance analyses have been used to investigate gender differences for different types of counseling. For example, differential paths have been found for women and men in regard to individual counseling (Vogel et al., 2007), but not career counseling (Ludwikowski, Vogel, & Armstrong, 2009) or group counseling (Vogel, Shechtman, & Wade, 2010). Yet, largely absent are theoretical comparisons across other cultural and demographic groups. The one exception we were able to find was a study by Liao, Rounds, and Klein (2005) in which they compared a model of the relationships between self-concealment, social support, psychological distress, and attitudes and willingness to seek help between a European American and an Asian and Asian American sample. Importantly, they found that although the model seemed to apply to both groups, different relationships were present between important attributes in the model (e.g., self-concealment and attitudes). They suggested that these differences were key to considering Asians' and Asian Americans' help-seeking decisions. As such, there is a clear need to examine the relevance of help-seeking models across race/ethnicity and sexual orientation. The majority of these models have not been examined in the extant literature, particularly in regard to men's help seeking. This lack of cross-cultural investigation may help explain some recent confusion in the literature as to whether certain barriers (e.g., stigma) are equally important in decisions to seek counseling for individuals from different cultural backgrounds (Brown et al., 2010; Shechtman, Vogel, & Maman, 2010). Without this knowledge, psychologists cannot be certain that interventions aimed at addressing help-seeking decisions within underserved groups of men are culturally sensitive.

Cultural and Demographic Differences

Conformity to dominant masculine norms and stigma have both been suggested as key factors in explaining gender (Blazina & Watkins, 1996) and racial/ethnic disparities (Bradford, Newkirk, & Holden, 2009) in mental health service use, yet their role as barriers to help seeking for men from different backgrounds has not been thoroughly examined. Dominant male gender roles based on self-reliance, avoidance of weakness, and stoicism may lead to greater self-stigmatizing perceptions and subsequently be linked with less positive attitudes toward counseling. However, although this pattern may be true for many men, the strength of the relationships between these factors may depend on cultural and demographic factors.

Race/Ethnicity

Researchers have shown that the degree to which men adhere to masculine norms dictated by the dominant culture in U.S. society varies on the basis of cultural factors (Levant, Majors, & Kelley, 1998). For example, across racial and ethnic groups, the emphasis on specific aspects of the male gender role differs (i.e., certain gender role expectations take on more or less importance). In other words, although many of the traditional values of how a man "should be" overlap across ethnic groups, they may vary in intensity and prominence (Wester, 2008). In general, for African American men, researchers have suggested that communication styles tend to be more expressive compared with other men (D. Sue & Sue, 2008), and so they may view themselves less negatively for disclosing information to another person such as a counselor. In turn, traditional gender role expectations for Asian men include showing emotional restraint, which could lead to more negative perceptions for seeking counseling (D. Sue & Sue, 2008). Liu and Iwamoto (2006) found that endorsement of Asian values was linked with greater adherence to the dominant gender role expectations of emotional restriction and avoidance of affect with other men. In turn, traditional role expectations for Hispanic men are to show high levels of self-sufficiency (Avila & Avila, 1995), which could increase feelings of shame associated with the need to ask for help. However, machismo (i.e., a standard of behavior exhibited by men in some Latin American countries) allows for Hispanic men's acceptance of emotional connectedness, which may make the idea of counseling more tenable (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008). As such, European American, African American, Asian American, and Hispanic American men may all experience both similarities and differences in their expression of the masculine gender role (Wester, 2008) and how this role is related to subsequent feelings of self-stigma and attitudes toward seeking counseling (Lane & Addis, 2005). However, these relationships have not been directly explored.

Similarly, the role of stigma in the help-seeking process can vary across cultural groups. Stigma is dependent on social and cultural contexts (Coker, 2005) and hence may vary as a result of different cultural norms (Pescosolido, Martin, Lang, & Olafsdottir, 2008). Consistent with this, stigma has been found to be an impediment to psychological help seeking differently for minority and nonminority populations (Brown et al., 2010; Nadeem et al., 2007; Shechtmen et al., 2010). For example, minority individuals have been found to view mental illness (Corrigan & Watson, 2007) and mental health services in a less positive light and with greater perceptions of stigma than European Americans (Snowden & Cheung, 1990). Stigma has also been shown to be an important concept in African American samples (Rusch, Kanter, Manos, & Weeks, 2008), international samples (e.g., Taiwan; Yen et al., 2005; Nigeria; Adewuya, Owoeye, Erinfolami, & Ola, 2010), and among recent immigrants to the United States (Nadeem et al., 2007).

Likewise, individuals from cultural groups who endorse more collective orientations may face greater self-stigma associated with seeking services such as counseling (Goldston et al., 2008). In this context, the importance of interdependence, social harmony, and saving face for one's family may all serve to magnify the influence of self-stigma around seeking help: One risks bringing not only shame on oneself but also disgrace on one's whole family (Shea & Yeh, 2008). As such, several researchers have discussed the central role of aspects of self-stigma, such as personal shame, in the help-seeking process of individuals from collectivist cultures (Gong, Gage, & Tacata, 2003; Wynaden et al., 2005). In addition, identification with Asian cultural values has been linked with

self-reports of self-stigma (Shea & Yeh, 2008). Soheilian and Inman (2009) also directly studied the self-stigma associated with seeking counseling among Middle Eastern Americans, finding a strong negative relationship between self-stigma and attitudes toward counseling. The authors made the point that self-stigma can occur among Arab individuals when they internalize the prejudices around seeking help present in larger society and their family unit. Consistent with this, in a study conducted in Israel (Shechtman et al., 2010), self-stigma was related to help-seeking attitudes. Furthermore, self-stigma was found to be highest among the collectivistic subsamples (e.g., Arabs, Orthodox Jews).

These cross-cultural studies support the idea that stigma, and in particular self-stigma, is a relevant factor and that self-stigma can vary between cultural groups, as it does across other demographic groups. Thus, the role of stigma in the help-seeking process for men from different racial and ethnic groups needs to be explored further (Wester, 2008). Examining the relationships among masculine norms, self-stigma, and attitudes across men from different racial/ethnic backgrounds should help clarify how these factors operate for men.

Sexual Orientation

Considerations around the male gender role and self-stigma may also be more or less salient for men of differing sexual orientations. On the one hand, researchers have suggested that the gay community values appearing masculine (Sánchez, Bocklandt, & Vilain, 2009). As such, it is not surprising that conformity to dominant masculine norms have been found to be associated with less favorable attitudes toward help seeking among gay men (Simonsen, Blazina, & Watkins, 2000). On the other hand, gay men's experiences reflect both being gay and being men (Kimmel & Mahalik, 2005), and some gay men believe that their sexual orientation is inconsistent with some of the requirements of dominant masculine expression (e.g., avoidance of emotional expression to other men; Wester, 2008), which could lead to decreased endorsement of certain aspects of the dominant male role. Furthermore, sexual minority individuals, like other minority individuals, experience discrimination and stigma because of their minority identity (Meyer, 2003). Experiences with this discrimination and stigma may influence how men's adoption of dominant gender role norms is linked with the stigma associated with seeking counseling. Experience with resisting discrimination and stigma based on their sexual minority status may promote resilience, independence, and an ability to handle the stigma associated with seeking help (Huang et al., 2010). However, exposure to multiple stigmas could also compound the effects of stigma (Zamboni & Crawford, 2007) and lead to greater endorsement of dominant masculine roles. In other words, gay males' negative experiences and stress from society's reaction to them, such as increased isolation, decreased support, and discrimination, can alter how they interface with aspects of the dominant male role and how they respond to stigmatization that results from that role (Simonsen et al., 2000). Therefore, although the socialized gender-specific ways of behaving, thinking, and feeling have been found to be important for understanding gay male clients (Sánchez et al., 2009), their experiences with discrimination may allow more freedom in choice between living in their assigned gender role or living authentically (Wester, 2008). In turn, though, their experiences may lead to increased fear and mistrust of the dominant culture, which could lead to a heightened desire to avoid signs of weakness (Meyer, 2003) and increased devaluing of himself (i.e., internalized homophobia; LaSala, 2006). These possibilities, although discussed in the literature, have not been explored in regard to help seeking. Therefore, research is required to examine the relationships among conformity to dominant masculine norms, self-stigma, and help-seeking attitudes for gay and heterosexual men.

The Present Study

The goal of the present study was to expand previous research by providing a more complete picture of the relationships between conformity to dominant masculine gender roles, self-stigma, and attitudes toward seeking counseling for men from diverse racial/ethnic and sexual orientation backgrounds. To do so, we used structural equation modeling (SEM) on a large sample of diverse men to examine the cross-cultural relevance of a meditational help-seeking model. The main paths of interests were the connections among conformity to masculinity norms, self-stigma, and attitudes toward counseling. However, level of depressive symptoms was also controlled for in the model, because level of depressive symptoms has been shown to relate to both endorsement of the masculine gender roles and attitudes toward counseling (Good & Wood, 1995). Furthermore, participants experiencing higher levels of depression report greater self-stigma than those reporting lower levels of depression (Yen et al., 2005), possibly due to experiencing greater stigmatization from others due to their condition (Pyne et al., 2004). Extending previous research, we hypothesized that conformity to dominant masculine gender roles will be positively linked with self-stigma and negatively linked with attitudes toward counseling. In addition, the results are expected to show a direct positive link between self-stigma and attitudes. We also hypothesized that self-stigma will partially mediate the relationships between conformity to masculine gender roles and attitudes toward counseling.

Most importantly, given the need for researchers to directly examine potential differences between the presence and strength of the relationships of conformity to dominant masculine norms, self-stigma, and help-seeking attitudes across different groups of men, the present study is the first to examine the invariance of the model across men from different racial/ethnic backgrounds (European American, African American, Asian American, and Latino American) and sexual orientations (gay and heterosexual). As noted above, this work is needed to address the cross-cultural relevance and utility of theories (Burlew, 2003), particularly in regards to help seeking (Liao et al., 2005). Furthermore, research in which invariance across different groups is examined is needed because the extant literature provides conflicting perspectives on whether aspects of the proposed model (e.g., self-stigma) may be more or less important in predicting attitudes toward seeking professional psychological help among men from diverse backgrounds. For example, men from more collectivist minority cultures are more likely to value the needs and desires of others, such as the family (e.g., Gong et al., 2003). On the one hand, we might expect the relationship between self-stigma and attitudes to be stronger for these men, as they might feel increased shame if they were to not only "let down" themselves but also lose face for their family, by seeking counseling. On the other hand, if increased

focus on others is tantamount to less focus on the self, we might expect the relationship between self-stigma and attitudes to be weaker. Therefore, examination of the differential paths across racial/ethnic groups and sexual orientations can provide useful data regarding the model's cross-cultural relevance and offer clearer guidance on promising targets for intervention for men from underserved groups.

Method

Participants. Participants (N = 4,773) ranged in age from age 18 to 79, with an average age of 32.9 years and a standard deviation of 12.2 years. Although the majority of participants (72.7%, n = 3,471) identified as European American, a sizable number of participants identified as Asian American (10.0%; n = 479), Latino American (7.3%; n = 348), and African American (4.7%; n = 226), with other participants also identifying as multiracial (4.0%; n = 192) and Native American (0.6%; n = 27). Thirty participants (0.7%) did not indicate their ethnicity. Sample participants also identified as heterosexual (84.2%; n = 4,022), gay (6.8%; n = 323), bisexual (2.7%; n = 128), or "other" (2.7%; n = 130). One hundred and seventy participants (3.6%) did not indicate their sexual orientation. Just over half the sample (54.2%; n = 2,431) indicated they are not depressed; 45.8% indicated they currently are depressed (n = 2,051).

Measures.

Conformity to dominant masculine gender role norms. To assess endorsement of dominant masculine gender role norms, the 22-item version of the Conformity to Masculinity Norms Inventory (CMNI-22; Mahalik et al., 2003) was used. Item responses are on a 4-point scale ranging from 0 (*strongly disagree*) to 3 (*strongly agree*). Higher scores reflect greater endorsement of dominant masculine norms. The CMNI-22 has demonstrated evidence of validity through correlations with three other masculinity scales, increased health risk behaviors, alcohol use, and homophobia (Hamilton & Mahalik, 2009; Mahalik et al., 2003). It has been used with diverse samples (e.g., gay men [Hamilton & Mahalik, 2009]; Asian American men [Liu & Iwamoto, 2007]; and Kenyan men [Mahalik, Lagan, & Morrison, 2006]). Furthermore, the CMNI-22 correlates at .92 with the original 94-item CMNI scale (Hamiltion & Mahalik, 2009). In turn, the longer version has demonstrated good reliability in samples of African American men (α = .88; Mahalik, Pierre, & Wan, 2006), Kenyan men (α = .84; Mahalik, Lagan, & Morrison, 2006), and Asian men (α = .94; Liu & Iwamoto, 2006). The CMNI-22 has reported internal consistency ranging from .70 to .75 (Burns & Mahalik, 2008; Hamilton & Mahalik, 2009). In the present sample, Cronbach's alpha was .77.

Self-stigma. Self-stigma was assessed using the Self-Stigma of Seeking Help scale (SSOSH; Vogel et al., 2006). The SSOSH is a 10-item scale measuring how much participants feel their self-esteem is being threatened by seeking mental health treatment. Responses are on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Five items are reverse scored so that higher scores indicate greater self-stigma. The SSOSH demonstrated validity evidence through moderate relations with public stigma, attitudes toward and willingness to seek counseling, tendency to disclose distressing information, and lack of relationship with global self-esteem and psychological distress. Internal consistency and concurrent validity of this measure have been established across various populations of men (e.g., α = .89 in a sample of 102 Middle Eastern Americans [Soheilian & Inman, 2009], α = .80 in a sample of 307 Israeli Jews and Arabs [Shechtman et al., 2010]), ranging from .80 to .92 (Pederson & Vogel, 2007; Vogel et al., 2006). In the present sample, Cronbach's alpha was .90.

Attitudes towards counseling. Attitudes were assessed using the short form of the Attitudes Towards Seeking Professional Psychological Help Scale (ATSPPHS-SF; Fischer & Farina, 1995). This scale has 10 items that are answered on a 4-point scale with responses ranging from 0 (*disagree*) to 3 (*agree*). Five items are reverse scored so that higher scores indicate more positive attitudes. Internal consistency of this scale has ranged from .79 to .82 (Fischer & Farina, 1995; Pederson & Vogel, 2007). Concurrent validity and internal consistency have been found across diverse populations (e.g., α = .85 in a sample of Asian Americans [Kim & Omizo, 2003]; α = .81 in a sample of African, Asian, and Latin American international students [Moore & Constantine, 2005]). In the present study, Cronbach's alpha was .87.

Depression. The level of depressive symptoms experienced was assessed using the Center for Epidemiological Studies Depression scale (CES-D; Radloff, 1977). This scale consists of 20 items measuring cognitive, affective, and vegetative symptoms of depression on a 4-point scale ranging from 0 (*rarely or none of the time*) to 3 (*most or all of the time*). Scores on this scale are summed, and higher scores indicate more depressive symptoms. The CES-D has demonstrated convergent validity (r = .86–.87) with the Beck Depression Inventory (Santor, Zuroff, Ramsay, Cervantes, & Palacios, 1995) in both college and community samples. The CES-D has a reported internal consistency value of .85 (Radloff, 1977); internal consistency estimates have been found to be similar across African American, European American, and Latino American samples (Roberts, 1980). In the present sample, Cronbach's alpha was .92.

Procedure. Men were recruited via Internet websites as part of a larger study on men's health (Hammer & Vogel, 2010). To increase the diversity of the sample, specific group listservs (e.g., Prostate Cancer and Gay Men) and websites (e.g., BlackMenInAmerica.com) were targeted. A recent analysis concluded that results from Internet data are consistent with results from paper-and-pencil measures (Gosling, Vazire, Srivastava, & John, 2004). Before data collection began, the University's Institutional Review Board approved the procedures. Participants gave their accent (by clicking the *continue* button on the web page after reading the consent script) and completed the measures and demographic questions. Following completion of the study, participants were debriefed and provided phone numbers and Web addresses of resources providing information on depression and treatment options.

Results

Preliminary analysis.

Outliers. To check for univariate outliers, we examined the z-scores for each of the overall scales (Tabachnick & Fidell, 2001). No outliers were found for the ATSPPHS or SSOSH scales. In 11 cases on the CMNI and in six cases on the CES-D, there were outliers at $p < .001$ (i.e., z-scores above 3.29). Thus, we removed these cases from subsequent analyses. To check for multivariate

outliers, we examined Mahalanobis distances among the variables (Tabachnick & Fidell, 2001). Eight additional cases were found to be outliers at $p < .001$ (Mahalanobis distance > 18.46), and so were dropped from subsequent analyses ($n = 4{,}748$).

Descriptive statistics and mean comparisons. Table 1 shows means, standard deviations, and internal consistency of measures by demographic group tested in this study. Examination of the zero-order correlations between variables showed that masculinity norms were positively associated with self-stigma ($r = .41$, $p < .001$) and negatively associated with attitudes ($r = -.41$, $p < .001$). In addition, self-stigma was negatively associated with the attitudes ($r = -.63$, $p < .001$).

We conducted an analysis of variance (ANOVA) to first compare the means for each scale by demographic group. Conformity to masculine norms differences were found for race/ethnicity, $F(3, 4337) = 6.41$, $p < .001$, and sexual orientation, $F(1, 4175) = 121.49$, $p < .001$. Follow-up Tukey's comparisons across race/ethnicity showed differences between European American and Latino American men ($p = .018$), and between European American and Asian American men ($p = .007$). Similarly, self-stigma differences were found for race/ethnicity, $F(3, 4414) = 2.69$, $p = .044$, and sexual orientation, $F(1, 4247) = 26.13$, $p < .001$. Follow-up Tukey comparisons across race/ethnicity showed differences between European American and African American participants ($p = .026$). Attitude differences were not found for race/ethnicity, $F(3, 4436) = 1.90$, $p = .127$, but were found for sexual orientation, $F(1, 4268) = 79.47$, $p < .001$.

Preliminary analyses: Extension of prior Pederson and Vogel (2007) model.

Item parceling. Next, we first created three observed indicators (parcels) for each latent variable (masculine norms, self-stigma, attitudes, and depression) to extend a prior help-seeking model with men and then examine invariance across groups. Parceling generally improves model fit because of the limited number and better distribution of indicators. We created parcels by factor analyzing each scale separately and then assigning items to parcels in pairs, consisting of the highest and lowest loading items (see Russell, Kahn, Spoth, & Altmaier, 1998). This procedure results in parcels that represent the construct to an equal degree.

Fit indices. We used the full information maximum likelihood (FIML) estimation in LISREL 8.8 (Jöreskog & Sörbom, 2006) for all model analyses. Results showed that the data were not normally distributed, $\chi^2(2, N = 4{,}748) = 1730.43$, $p < .001$. Therefore, we used Satorra and Bentler's (2001) adjusted chi-square in this and all subsequent analyses. We used four additional fit indices (Martens, 2005): comparative fit index (CFI; $> .95$), incremental fit index (IFI; $> .95$), root-mean-square error of approximation (RMSEA; $< .06$), and standardized root-mean-square residual (SRMR; $< .08$).

Measurement model. Before testing the structural model, we first used confirmatory factor analysis to ensure the data fit the measurement model (see Anderson & Gerbing, 1988). The measurement model appeared to show an acceptable fit to the data, scaled $\chi^2(48, N = 4{,}748) = 1085.18$, $p < .001$; RMSEA = .067, 90% CI [.064, .071]; CFI = .98; IFI = .98; SRMR = .040. The observed variables loadings' on the latent variables were all significant at $p < .001$.[1]

Structural model. The hypothesized structural model provided an acceptable fit of the data, scaled $\chi^2(48, N = 4{,}748) = 1085.18$, $p < .001$; RMSEA = .067, 90% CI [.064, .071]; CFI = .98; IFI = .98; SRMR = .040. As would be expected with a large sample size, all paths were significant (see Figure 1). Most importantly, however, the strongest paths were from conformity to masculine norms to self-stigma ($b = .50$) and from self-stigma to attitudes ($b = -.63$). Together, depression and masculine norms explained 29% of the variance in self-stigma, and with self-stigma explaining 56% of the variance in attitudes toward counseling.[2]

Next, we compared our hypothesized partially mediated model with the fully mediated model. For the fully mediated model, the direct path between masculine norms and attitudes was constrained to zero. Results showed the fully mediated model also provides an adequate fit for the data, scaled $\chi^2(49, N = 4{,}748) = 1253.35$, $p < .001$; RMSEA = .072, 90% CI [.069, .075]; CFI = .97; IFI = .97; SRMR = .047. However, the scaled chi-square difference test showed significant differences in the models ($p < .001$), indicating that the direct path between masculine norms and attitudes added to the model.

Following recommendations by Martens (2005) to examine alternative structural models, we first examined a model in which masculinity could fully mediate the relationship of self-stigma and attitudes (i.e., instead of self-stigma mediating masculinity and attitudes). In other words, this alternative model provided straight paths from self-stigma to masculine norms and then masculinity to attitudes (Self-Stigma $\rightarrow$ Masculinity $\rightarrow$Attitudes), while still controlling for depression. This alternative model could be present if self-stigmatizing thoughts were to prime more general masculine views. However, the results showed that this model did not provide a close fit to the data, scaled $\chi^2(49, N = 4{,}748) = 2109.01$, $p < .001$; RMSEA = .094, 90% CI [.091, .098]; CFI = .96; IFI = .96; SRMR = .092. This finding along with the previous result (i.e., that the self-stigma mediation model did fit the data) provides, for the first time, evidence to suggest that self-stigma mediates masculinity and not the reverse.

We also calculated a theoretically plausible alternative model that moved depression before self-stigma. In other words, this model provided straight paths from masculine norms to depression to self-stigma and then to attitudes (Masculinity $\rightarrow$ Depression $\rightarrow$ Self-Stigma $\rightarrow$ Attitudes), while still including the direct path from masculine norms to attitudes. This alternative model made some theoretical sense as past research has shown that endorsement of dominant masculine norms is linked to depression, and those who are depressed may experience greater self-stigma. However, the results showed that this model also did not fit the data, scaled $\chi^2(50, N = 4{,}748) = 1966.06$, $p < .001$; RMSEA = .09, 90% CI [.086, .093]; CFI = .96; IFI = .96; SRMR = .13. Given these results, we selected the hypothesized partially mediated model as

[1] Due to space limitations, the full correlation tables and factor loadings data for the observed variables are not presented. This information can be requested from the authors.

[2] We also examined the overall fit of the model for those who had previously sought help and those who had not. The model for both groups showed an acceptable fit to the data. Previously used counseling: scaled $\chi^2(48, N = 2{,}286) = 589.43$, $p < .001$; RMSEA = .070, 90% CI [.065, .075]; CFI = .97; IFI = .97, SRMR = .043. Previously not used counseling: scaled $\chi^2(48, N = 2{,}315) = 476.06$, $p < .001$; RMSEA = .062, 90% CI [.057, .067]; CFI = .98; IFI = .978, SRMR = .039.

Table 1
Means, Standard Deviations, and Internal Consistencies for Variables by Demographic Groups

		Masculinity			Self-stigma			Attitudes		
Variable	Group	*M*	*SD*	α	*M*	*SD*	α	*M*	*SD*	α
Race/ethnicity	European American	31.09	8.67	.78	25.26	9.26	.91	14.70	7.20	.89
	African American	32.22	9.27	.78	23.49	8.37	.84	14.00	7.28	.86
	Asian American	32.46	7.39	.75	25.18	8.04	.85	14.03	7.39	.79
	Latino American	32.52	8.41	.73	24.91	9.32	.89	14.33	7.13	.85
Sexual orientation	Heterosexual men	31.91	8.53	.77	25.33	9.22	.90	14.26	7.05	.87
	Gay men	26.36	7.63	.70	22.58	7.89	.85	17.96	6.81	.87

the best fit and used it in the bootstrapping procedures and invariance testing.

Bootstrapping. We used a bootstrapping procedure (Shrout & Bolger, 2002) to examine the significance of the indirect effects. To conduct the bootstrap procedure, we created 10,000 bootstrap samples from the original data set and saved 10,000 estimates of the path coefficients. We then calculated the indirect effects by multiplying the direct path coefficients. The 95% confidence interval for all direct and indirect paths did not include zero, indicating significant effects at $p < .05$.

Primary analyses: Invariance testing. An important question, unanswered in the literature, is how the relationships among masculine norms, self-stigma, and attitudes are similar or different across groups of men (i.e., cultural relevance; Burlew, 2003). To examine this, we examined the overall model fit for and conducted invariance tests across race/ethnicity and sexual orientation.[3]

Race/ethnicity. Overall, the model showed acceptable fit to the data for European Americans, scaled $\chi^2(48, N = 3{,}454) = 895.84$, $p < .001$; RMSEA = .070, 90% CI [.066, .074]; CFI = .98; IFI = .98; SRMR = .040; African Americans, scaled $\chi^2(48, N = 224) = 121.44$, $p < .001$; RMSEA = .079, 90% CI [.060, .097]; CFI = .97; IFI = .97; SRMR = .066; Latino Americans, scaled $\chi^2(48, N = 347) = 138.39$, $p < .001$; RMSEA = .067 90% CI [.052, .081]; CFI = .99; IFI = .98; SRMR = .051; and Asian Americans, scaled $\chi^2(50, N = 4{,}748) = 1966.06$, $p < .01$; RMSEA = .09 90% CI [.086, .093]; CFI = .96; IFI = .96; SRMR = .13.

We compared an invariant model in which each model path was set to be equal with a model in which all the paths were allowed to freely estimate across the different ethnic groups in order to examine whether the model paths were invariant across groups. There was a significant difference in the models, $\chi^2(15) = 28.75$, $p = .02$, suggesting that there were differences in the model paths across groups. We conducted follow-up analyses in which we compared the three specific paths of interest (i.e., masculine norms to self-stigma, masculine norms to attitudes, and self-stigma to attitudes) for each group comparison (e.g., European American compared to African American) to examine where the differences were located. In these comparisons, a model was compared in which each path was separately set to be equal with a model in which each path was freely estimated (see Table 2 for standardized *b*s for each group). Results showed significant differences in the relationships of masculine norms and self-stigma for European American men compared with African American men, $\Delta\chi^2(1) = 4.26$, $p = .04$, but not between other groups of men ($p > .10$). The relationship between masculine norms and stigma was weaker for African American men than European American men. In addition, results showed significant differences in the relationships of masculine norms and attitudes for European American men and African American men, $\Delta\chi^2(1) = 13.32$, $p < .001$; for European American men and Asian American men, $\Delta\chi^2(1) = 12.08$, $p = .001$; but not for European American men and Latino American men, $\Delta\chi^2(1) = .09$, $p = .76$. There were also significant differ-

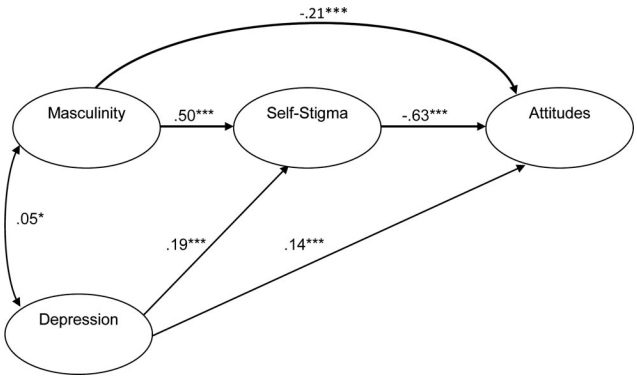

Figure 1. The mediated model. $N = 4{,}748$. * $p < .05$. *** $p < .001$.

[3] One concern when examining the relationships between measures is potential overlap in item content that could artificially inflate the relationships between measures (e.g., items on scales sharing the same wording). Examining the correlations between the individual items is one straightforward way to empirically examine this. In this study, no item correlated with another item from a different scale greater than .49, indicating that no single pair of items shared more than 25% of their variance. These correlations, therefore, provide some evidence for the overall uniqueness of the items. Furthermore, to examine potential conceptual overlap, we conducted an exploratory factor analysis with an oblique rotation with all of the items from the attitudes, self-stigma, masculinity, and depressions scales. Only one item from any of the scales (only one out of 62 items) cross-loaded greater than .4 on a factor with the items from another scale. Overall, this seems to support the uniqueness of the scale items. To assess the potential impact of this one item on the correlations between variables, we compared the strength of the relationships (standardized βs) between masculinity and self-stigma and between self-stigma and attitudes with this item included and not included in the model. We found no statistically significant differences in the strength of the relationships with or without this item included. Given these nonsignificant differences, the data in text and the figures are based on the intact scales.

Table 2
Model Paths by Groups

Group	Masculinity → Stigma	Stigma → Attitudes	Masculinity → Attitudes
Racial/ethnic			
European American	.52***	−.64***	−.22***
African American	.41***	−.42***	−.41***
Asian American	.37***	−.73***	.00
Latino American	.52***	−.64***	−.22***
Sexual orientation			
Heterosexual men	.49***	−.64***	−.21***
Gay men	.39***	−.65***	−.09

*** $p < .001$.

ences in the relationships between masculine norms and attitudes for Asian American men compared with Latino American men, $\Delta\chi^2(1) = 9.55$, $p = .002$; and between African American men compared with Latino American men, $\Delta\chi^2(1) = 8.67$, $p = .003$; and African American men compared with Asian American men, $\Delta\chi^2(1) = 5.46$, $p = .019$. African American men showed the strongest relationship between masculine norms and attitudes, and Asian American men showed the weakest relationship. In fact, although the link between masculine norms and attitudes was significant for African American, Latino American, and European American men, it was not for Asian American men. Thus, for Asian Americans, unlike the other groups, self-stigma seems to fully mediate the effects of masculine norms on attitudes. However, for African American men, other factors in addition to self-stigma may be important to investigate. Finally, the relationship between self-stigma and attitudes was different for African American men compared with Latino American men, $\Delta\chi^2(1) = 4.08$, $p = .04$, and between African American men compared with Asian American men, $\Delta\chi^2(1) = 17.40$, $p < .001$, but not between other groups ($p > .10$). The relationship between self-stigma and attitudes was weaker for African American men than for other minority men.

Sexual orientation. The model showed acceptable fit to the data for participants who identified as heterosexual, scaled $\chi^2(48, N = 4{,}006) = 910.71$, $p < .001$; RMSEA = .067, 90% CI [.063, .071]; CFI = .98; IFI = .98; SRMR = .040, and participants who identified as gay, scaled $\chi^2(48, N = 323) = 82.13$, $p = .001$; RMSEA = .047, 90% CI [.029, .064]; CFI = .99; IFI = .99; SRMR = .043. Next, we conducted an invariance test across the two groups. Men who identified as bisexual or "other" were not included due to smaller sample sizes of these groups. Results showed significant differences in model paths between the groups, $\Delta\chi^2(5) = 15.49$, $p = .008$. We again conducted follow-up analyses in which we compared the three specific paths of interest across heterosexual men and gay men to examine where the differences were located. Similar to the above results, in these comparisons, an invariance model in which each path was separately set to be equal was compared with a model in which each path was freely estimated (see Table 2 for standardized *b*s for each group). Results showed significant differences in the relationships of masculine norms and self-stigma for heterosexual men compared with gay men, $\Delta\chi^2(1) = 4.19$, $p = .04$. Heterosexual men showed a stronger association between masculine norms and self-stigma than gay men. Furthermore, there was a significant difference in the relationships of masculine norms and attitudes for heterosexual men compared with gay men, $\Delta\chi^2(1) = 4.57$, $p = .03$. Again, heterosexual men showed a stronger association between masculine norms and attitudes than gay men. In fact, although the link between masculine norms and attitudes was significant for heterosexual men, it was not for gay men. Thus, for gay men, unlike heterosexual men, self-stigma seems to fully mediate the effect of masculine norms on attitudes. Finally, no differences in the relationships of self-stigma and attitudes were present for heterosexual men compared with gay men, $\Delta\chi^2(1) = 0.42$, $p = .52$.

Discussion

One of the main contributions of this article was its examination of the cross-cultural relevance of a help-seeking mediation model. Counseling psychologists have repeatedly asserted the crucial importance of not assuming that a theoretical model developed and validated on one population will retain applicability to other groups (Burlew, 2003). As such, researchers should examine the cross-cultural relevance of their findings by sampling across diverse populations (Deglado-Romero et al., 2005). The present contribution addressed this need by directly testing the relevance of a help-seeking model across a large sample of almost 5,000 men from different racial/ethnic groups and sexual orientations. Overall, the invariance analyses indicate that the proposed help-seeking mediation model continues to have cultural relevance for men across diverse demographic groups. Although the strength of relationships among the three variables of interest varies, the relationship between masculine norms and attitudes remains mediated by self-stigma across all groups. Consistent with previous research, results showed that men with higher endorsement of dominant masculine beliefs have less favorable attitudes toward seeking psychological help. Furthermore, consistent with hypotheses and with the related model proposed by Pederson and Vogel (2007), results also showed that this relationship is partially mediated by the degree to which men experience self-stigmatization. This highlights the importance of internal judgment and cognition in relation to help seeking for men. Men who have internalized messages regarding dominant masculine behavior may evaluate help seeking as a failure to live up to internalized standards of masculinity.

The finding that self-stigma was an important mediator between masculine norms and attitudes toward seeking help supports several recent studies in which self-stigma was a significant mediator in the help-seeking process (Ludwikowski et al., 2009; Vogel et al., 2010, 2007). Furthermore, the present model accounted for 56% of the variance in help-seeking attitudes. Self-stigma, therefore, seems to be a central predictor of help-seeking attitudes and may be a more proximal indicator than masculine gender role norms. However, it is also important to note that for most men, self-stigma was a partial mediator, and endorsement of dominant masculine ideals still had a significant direct effect on attitudes. This means there are likely other mediators present. This is consistent with Pederson and Vogel's (2007) original help-seeking model in which they discussed the role of other factors related to masculine gender roles such as willingness to self-disclose. In addition, several other authors have suggested considering the willingness to relinquish control to a helper and willingness to

confess vulnerability and admit need as important factors affecting men's attitudes (Mansfield, Addis, & Courtenay, 2005). These behaviors are often in direct contradiction to dominant masculine norms of emotional control, self-reliance, and resilient constitution (Addis & Mahalik, 2003), and researchers may want to examine models that include all of these factors in future work.

Specificity and Differences Across Diverse Groups

The present results shed new light on previous research showing differences in attitudes of men from different backgrounds by examining the invariance of the relationships among conformity to dominant masculine gender role norms, self-stigma, and attitudes toward help seeking for males across diverse groups of men.

Race/ethnicity. First, there were differences found among the racial/ethnic groups of men. For one, the conformity to dominant masculine norms–stigma relationship was clearly weaker for African American men than for European American men. As a crude and approximate way to understand the magnitude of the difference, we could treat the standardized betas as if they were correlation coefficients (D. Bonet, personal communication, October 11, 2010) and subsequently note that around 27% of the variance of self-stigma was accounted for by conformity to masculine norms for European American men compared with only 17% of the variance for African American men. This difference seems clinically relevant for our understanding of African American men's help-seeking process. Interestingly, this difference in the strength of the relationship was present even though African American men expressed greater overall endorsement of dominant masculine norms (i.e., means on the CMNI were higher for African American men than for European American men). One explanation for this finding is that cultural roles for African American men encourage them to live up to certain aspects of the male gender role (e.g., dominance) while allowing them more freedom in regard to other aspects (e.g., emotional expressivity; D. Sue & Sue, 2008), which may be more directly related to the self-stigma associated with seeking help. As a result, although African American men may endorse some dominant masculine norms to a greater degree, they might not internalize feelings of shame around talking to others about emotions to the same degree as European American men.

The above explanation may also fit some of the recent discussions in the literature on masculinity. Men of color are often marginalized from the hegemonic European American culture, and this creates tension between dominant and culture-of-origin gender roles (Wester, 2008). For many men of color, this process may lead them to build resiliency and to identify less with certain dominant cultural views of masculinity and instead define their masculinity by their own cultural values (Wester, 2008). It follows that African American men's view of masculinity may be different—in some aspects more strongly identified, and in other aspects less strongly identified—from the dominant culture's view and, based on the present findings, one less likely to lead to stigmatizing perceptions associated with seeking help.

Previous research has shown that African Americans underutilize mental health services (Cooper-Patrick et al., 1999). If this underutilization is linked to, but not fully accounted for by, self-stigma, then there are likely other culturally relevant barriers that predict attitudes for African American men requiring investigation. Consistent with this, we found that the direct relationship between masculine norms and attitudes for African American men was stronger than for any other group of men, whereas the relationship between self-stigma and attitudes was weaker for African American men than for other minority men. Again, these differences seem to reflect important cultural variations. For example, using the same strategy as above, the variance in attitudes accounted for by masculine norms would be around .17 for African American men, whereas being .05 or less for the other groups. Understanding the effects in these terms suggests that the relationship is important for African American men and largely trivial for other men. Similarly, the variance in attitudes accounted for by self-stigma for African American men would be around .17, whereas being between .41 and .53 for other men. These results again suggest some clear cultural variations across groups: Masculine norms are associated with attitudes for African American men through somewhat different and potentially unique pathways (i.e., other mediators). Thus, although the strong overall predictive strength of masculine norms suggests that considering the gendered context remains an important priority when accounting for attitudinal disparities toward seeking help among all men, for African American men, additional pathways need to be explored. In particular, these results suggest that self-stigma may be a less influential factor in determining African American men's attitudes toward counseling, and thus interventions designed to target self-stigma may represent a less efficient method of improving attitudes among African American men. Future research may account for other factors such as lack of trust in mental health providers or lack of information regarding psychological services that may be important in African American men's help seeking (Wallace & Constantine, 2005).

Asian American men also showed some findings that reflected noteworthy cultural variations in the proposed help-seeking model. As with African American men, Asian American men, although endorsing masculine norms to a greater degree than European American men (i.e., higher mean scores), also showed a weaker link between masculine norms and self-stigma. In this case, the variance in self-stigma accounted for by masculine norms could roughly be considered around 14% for Asian American men and 27% for European American men. Although this difference aligns with research highlighting the value of emotional control among Asian American men (D. Sue & Sue, 2008), the finding that the masculinity–stigma relationship is weaker than for European American men suggests (as it does for African American men) that cultural roles for Asian American men may encourage only certain aspects of the male gender role (i.e., emotional restriction) while allowing them more freedom in regard to other aspects (i.e., self-reliance). Consistent with this, Chen (1999) suggested that Asian American men, although feeling pressure to live up to the unrealistic expectations of the dominant male gender role, also often exhibit increased resiliency as a result of their experiences. This allows them to move away from certain aspects of the European American ideals of masculinity and instead exhibit a unique set of behaviors that mesh with their own values. The present findings suggest this may be occurring when it comes to help-seeking decisions. Asian American men may adopt their own set of unique masculine ideals and, therefore, feel less pressure to conform to traditional Western-defined gender roles than European American men.

Another unique finding for Asian American men was the relationship between masculine norms and attitudes. This relationship is of particular clinical and cultural relevance for our understanding of factors that play a role in the help-seeking attitudes of Asian American men, as it showed the weakest association across all groups. In fact, although the link between masculine norms and attitudes was significant for other men, it was not for Asian Americans. Thus, for Asian Americans, unlike the other groups, self-stigma fully mediated the effects of masculine norms on attitudes. Therefore, although the Asian American men in this study may have internalized the dominant masculine role as self-stigma to a lesser degree than European American men, the degree to which they did internalize it *fully accounted* for the association between masculine norms and help-seeking attitudes. This highlights the central importance of studying the impact of self-stigma in the lives of Asian American men in the context of their negotiation of gendered expectations for their behavior. Said another way, research on the impact of gender role expectations on help seeking within this population would be incomplete without considering the central role of self-stigma. One reason for the differential role of self-stigma may be the understanding of self-stigma within a more collective worldview. Many Asian and Asian American men place greater importance on ensuring social harmony and not shaming one's family (Yang, Phelan, & Link, 2008); this motivation may serve as a powerful source of shame or loss of face (i.e., self-stigma) around the decision to seek help (Soheilian & Inman, 2009). For example, one study by Gong et al. (2003) found that concerns about losing face were negatively correlated with seeking help for Asian Americans. Similarly, shame and face have been linked to attitudes and stigma (Shea & Yeh, 2008), and thus these concepts may be linked to perceptions of self-stigma for individuals endorsing a collectivistic worldview. Future research could examine the interconnectedness of these concepts and their impact on help-seeking attitudes for men with different levels of collective orientation.

The results for Latino American men showed the fewest path model differences across groups. Specifically, there was a difference in the relationship between masculine norms and attitudes for Latino American men compared with both Asian American and African American men, and the relationship between self-stigma and attitudes was different for Latino American men compared with African American men. The crude and approximate estimates of the variance accounted for between masculine norms and attitudes for Latino and Asian American (5% vs. 0%, respectively) was significant, but both paths represented largely trivial effects. In contrast, the estimate of variance accounted for by the relationships between masculine norms and attitudes (5% vs. 17%) and self-stigma and attitudes (41% vs. 17%) for Latino and African American men suggest that Latino American men, although endorsing similar mean levels of each variable as other men of color, may more readily internalize these norms as cognitive barriers associated with the need to ask for professional help than African American men. This may be because the specific aspects of the cultural roles endorsed by Latino American men (e.g., high levels of self-sufficiency; Avila & Avila, 1995) are linked to these barriers. Furthermore, the finding that there were no significant differences in the model paths for Latino American men and European American men suggest that any underutilization of services by Latino American men compared with European American men may have less to do with differences in perceptions of counseling and more to do with structural factors such as lack of access to services (e.g., money, time, transportation; Cabassa, 2007). However, few studies have examined both structural and psychological factors involved in help-seeking behavior of different minority groups, and so research is needed to examine this assertion.

Sexual orientation. Comparing the relationships within the model for men who identified as heterosexual versus men who identified as gay, it appears gay men's conformity to masculine norms demonstrates a weaker relationship with both their self-stigma and help-seeking attitudes than heterosexual men. Treating the standardized betas as correlation coefficients results in a crude estimate of around 24% of the variance of self-stigma being accounted for by conformity to masculine norms for heterosexual men compared with only 15% of the variance for gay men. As such, the variance accounted for heterosexual men is about 1.5 times greater, suggesting some differences worthy of clinical and research attention. As noted above for African American and Asian American men, gay men's experiences with stigma and discrimination due to their minority status may engender the development of resilience and independence that allows them to be less dependent on certain aspects of the dominant culture's standards for men (Huang et al., 2010). In other words, these attributes may allow gay men more freedom in how they interface with certain masculine norms (Wester, 2008) that may then demonstrate an attenuated relationship with their self-stigma and attitudes.

Interestingly, though, although the link between conformity to dominant masculine norms and attitudes was significant for heterosexual men, it was not for gay men. Thus, for gay men, self-stigma fully mediated the effect of masculine norms on attitudes. As such, although the overall relationship between masculine norms and other variables may be somewhat weaker than for heterosexual men, the internalization process appears very real and important for gay men. The facets of masculinity related to help-seeking attitudes that gay men *do* struggle with are directly linked to self-stigmatizing views. This finding is consistent with prior correlational research demonstrating a relationship between gay men's masculine gender role conflict and less favorable attitudes toward help seeking (Simonsen et al., 2000).

Implications

Several important clinical implications arise from the findings of this study. First, this work supports the growing body of research noting the importance of self-stigma in the decision to seek help by extending it to understand how masculine norms play a role in help-seeking attitudes for men from diverse backgrounds. Although it has been noted that gender roles are important inhibiting factors in men's help-seeking decisions, early and pervasive socialization means gender roles can be difficult and slow to change. Although gender role flexibility may be a desirable long-term goal, other interventions may prove more useful in helping men to seeking counseling. Self-stigma is one mediating factor, particularly salient for men, which can be addressed with larger scale interventions and also in work with clients at the individual and group level. As such, counseling programs may want to assist graduate students in developing skills and confidence in working with potential male clients to reduce self-stigmatizing beliefs.

Future research may also want to focus on specific male-focused interventions designed to reduce the stigma of seeking help. For example, Hammer and Vogel (2010) found that a male-focused brochure about counseling reduced men's self-reported self-stigmatizing beliefs. Focusing on similar types of interventions and strategies to reduce self-stigma can be a practical and efficient way to encourage men to enter counseling. Given the large number of men willing to take the current survey online, another approach may be to add information to websites discussing counseling that acknowledges the presence of stigma and provides information designed to counteract the negative messages associated with counseling. For example, the belief that "seeking counseling is a sign of weakness" could be reframed as evidence of strength, as it takes courage to acknowledge a problem and discuss it in a group setting. Similarly, self-stigma may decline when symptoms are normalized (Schreiber & Hartrick, 2002) and problems are presented as resolvable (Mann & Himelein, 2004). Some efforts to provide these types of messages over the Internet have begun. For example, Griffiths, Christensen, Jorm, Evans, and Groves (2004) tested a website for those experiencing depression to help reduce stigma. However, interventions specific to men's help seeking are needed.

Small-scale efforts may also be effective. Clinicians could develop informational outreach programs and "single-session groups" in which men can experience what it is like to be in counseling, thereby dispelling myths about counseling and attenuating the potential anxiety that these men may experience if they were to need services in the future. In all, helping different groups of men to understand stigma and its implications, and providing options for addressing it, might help to promote the use of psychological services for underserved populations of men.

Finally, one of the biggest implications of the present findings is that "one size may not fit all." Although similar patterns were shown for men from different backgrounds, there were also important differences, not only in mean levels of the variables but also in the strengths of the relationships between these variables. By examining relationship invariance, we were able to test the equivalence of this mediation model of help seeking across diverse groups of men. We found that although the overall model paths largely retain their cross-cultural utility, cultural factors do indeed influence and shape specific aspects of the model for men from difference backgrounds in important ways. As such, clinicians may want to be flexible in their approach to working with men from different backgrounds and to take into account potential differences across groups of men. They may also need to tailor brochures, outreach, and the ways that counseling is described in ads and online to specific groups of men. For example, when considering the potential impact of gender role conformity on a client's attitudes toward counseling, counselors working with Asian male clients may want to pay special attention to the influence of internalized thoughts of stigma and culturally related factors such as shame and anxiety about saving face, whereas therapists working with African American male clients may want to prioritize other factors such as the clients' perceptions regarding the trustworthiness of counselors and the nature of the counseling process. Similarly, counselors should pay special attention to the role of self-stigma when working with gay clients. In addition, counselors and researchers may want to consider how other cultural factors related to masculinity and help seeking, such as acculturation, mental health literacy, self-concealment, emotional expressivity, multiple stigmas, and collective versus individual orientations, play a role. Future research is needed to directly examine how these factors influence the model tested in the present study and to subsequently test how targeted interventions focusing on these factors can change disparities in help-seeking behaviors. Furthermore, researchers can examine the unique contributions of these factors across different cultural groups of men.

Limitations and Future Directions

We recruited one of the largest samples of diverse men used in a study examining a help-seeking model among men. To do so, we specifically targeted individuals from a number of backgrounds. However, even with this targeting, a large portion of the sample still identified with the majority population, and not all groups of individuals could be examined due to sample size issues (e.g., bisexual men), and within-group differences were not examined (e.g., difference between Latino men who identified as Mexican American vs. Puerto Rican). Researchers may want to target these unexamined groups. However, whereas previous studies have largely only used college students, a clear strength of our study was the large number of nonstudents in our sample. In addition, despite imbalances in the sample, we were able to examine a number of previously discussed but largely unexamined theoretical relationships across diverse groups of men, providing the field with more concrete information about how conformity to masculine norms and stigma predict attitudes.

Another potential limitation was the use of participants who were not all currently experiencing an issue or seeking counseling. Although the sample had a large number of depressed individuals, with just under half reporting symptoms of depression, different factors might be at work for those who have experienced a significant problem and considered seeking out a counselor versus those who have not. However, studies have shown that those who are not distressed report a similar decision-making process in regard to help seeking as those currently distressed (Vogel et al., 2007), suggesting that the present model would apply. Still, this was one of only a few studies to explore the mediating effect of self-stigma for counseling on the relationship between conformity to dominant masculine norms and help-seeking attitudes, and thus researchers may want to validate this model with a clinically distressed sample. Future research might also examine whether the model changes on the basis of presenting issue(s). Men may experience greater stigma for some emotional issues (e.g., depression, anxiety) and decreased stigma for other issues (e.g., career indecision). Future studies could include symptom measures and examine the invariance of the model paths for men experiencing different issues.

Related to this, future research should also examine models that include the relationships among these variables and other potential mediating factors related to masculine norms (i.e., self-disclosure) and cultural variables (i.e., individual vs. collective orientations, acculturation, and therapist trust vs. mistrust). For example, because we did not collect information on socioeconomic status (SES), we were not able to control for it when comparing across race/ethnicity. Future research should collect and control for SES when comparing across these groups. In addition, future research should consider the impact of generational status, which has pre-

viously been found to relate to attitudes and stigma around seeking help (Ta, Holck, & Gee, 2010). Furthermore, the potential role of resiliency and independence brought about by experiencing discrimination in this process deserves special attention. These investigations could help to focus interventions and would be important in efforts to understand the service use of men.

It should also be noted that although we used structural equation modeling techniques in the present study, the results are still based on correlational data and, therefore, do not indicate causation. Therefore, as is the case with all studies using SEM analyses, there may be alternative models that would fit the data (MacCallum, Wegener, Uchino, & Fabrigar, 1993). As such, it is important to test models based on theoretical grounds. In the present case, it was hypothesized that conformity to masculine norms would predict self-stigma, and then self-stigma would predict attitudes, as predominant theories of masculinity (e.g., O'Neil, 1982) assert that masculine gender roles are learned very early in life (as early as age 2–3) and have pronounced effects on a large number of interpersonal and psychological aspects of the person's life as a child and into adulthood. In turn, self-stigma for seeking counseling is a more specific feeling that is based on life experiences and messages about what is appropriate that then affect subsequent attitudes and behaviors (Pederson & Vogel, 2007). Future longitudinal studies or experimental designs (e.g., manipulation of self-stigma through differing presentations of how therapy is described) are needed to confirm the hypothesized directional nature. Furthermore, although attitudes have been shown to be an important indicator of intentions and future behavior, determining the role of conformity to dominant masculine norms and self-stigma on actual help-seeking behavior is an important next step.

The online data collection may have also had some influence on the results. Although online studies can reach large audiences and have been shown to produce similar results to paper-and-pencil measures in terms of psychometric properties (Birnbaum, 2004), there may be some biases in the sample, as not all men have access to a computer, belong to the listservs, or visit the websites where the study was advertised. As such, researchers may examine other ways to reach men from diverse backgrounds, including in-person contact and larger national mail surveys.

Conclusion

In summary, there is evidence that endorsement of dominant masculine ideals is related to higher levels of self-stigma and less favorable attitudes toward seeking help. These variables are important for men from diverse backgrounds. However, results also demonstrated that the relative strength of the relationships between the factors vary across racial/ethnic and sexual orientation lines. Thus, more research is needed to examine the factors influencing different men's experience of conformity to dominant masculine norms and its relationship with help-seeking attitudes. Overall, the results show the prominent role of self-stigma in exacerbating the underutilization of counseling services by men.

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