

Relationship help-seeking and the health belief model: how the perception of threats and expectations are associated with help-seeking behavior

by

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Abstract

Couples often wait until the very end to seek help for their relationship, with divorce being one of the primary concerns cited in couple's therapy (Doss, Simpson & Christensen, 2004). While couples appear to be reluctant to seek formal resources, we know that over 50% of individuals are confiding in friends and family about their relationship (Lind Seal, Doherty, & Harris, 2015). Currently, the literature is limited and unable to provide a comprehensive explanation for why individuals do or do not seek help for their relationship. Using an interdisciplinary approach, we adapted a medical model- the Health Belief Model (HBM)- to relationship help-seeking. Based on the success of this model at predicting help-seeking behaviors related to physical and mental health, we believe it could be applicable to relationship help-seeking. In addition to identify factors associated with relationship help-seeking behaviors, we hope to identify factors that mediate both formal and informal relationship help-seeking behaviors. To study this we collected data from 347 individuals in emotionally committed relationships. The results of the analysis showed that the perception of threats, such as greater relationship instability and greater negative social comparison, were linked to more online help-seeking; whereas expectations such as the greater endorsement of stigma of self and masculinity were linked to lower levels relationship help-seeking behaviors and worse attitudes toward help-seeking. Furthermore, greater stigma of self was found to be directly linked to having a worse attitude toward help-seeking, as well as indirectly linked to lower rates of formal and online relationship help-seeking behaviors via the prior effects of attitudes toward help-seeking. The results of this study suggest further areas for investigation in regard to relationship help-seeking, specifically around self-stigma.

Table of Contents

List of Figures	v
List of Tables	vi
Acknowledgements.....	vii
Chapter 1 - Introduction.....	1
Chapter 2 - Review of Literature	4
Chapter 3 - Methods.....	14
Chapter 4 - Results.....	24
Chapter 5 - Discussion	29
References.....	38
Appendix A - Figures.....	47
Appendix B - Tables	50

List of Figures

Figure 1- Adapted version of the Health Belief Model	48
Figure 2- Full Model.....	49

List of Tables

Table 1 Correlation table	51-47
Table 4 Indirect effects	54

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Chapter 1 - Introduction

Experiencing distress in an intimate relationship is common, though many couples are reluctant to seek help for their relationship from either informal or formal sources. For instance, nearly one-third (28%) of people going through a divorce did not confide in a family member or friend about the problem that led to their divorce (Lind Seal, Doherty, & Harris, 2015), and nearly two-thirds (63%) of those who filed for divorce did not attend any type of relationship counseling prior to divorcing (Johnson, Stanley, Clen, Amato, Nock, & Markman, 2001). Reluctance to seek help is so strong that couples wait an average of six years after a serious relationship problem before seeking formal help (Notarius & Buongiorno, 1992, as cited in Gottman & Gottman, 1999). Few people would reject professional help to treat a life-threatening illness, yet nearly one-third of people stay silent about their struggle and few seek professional services when their relationship is on the verge of collapse. The literature on relationship help-seeking cannot fully answer why so many stay silent. The field lacks a clear understanding of what facilitates and prevents couples from accessing informal and formal resources when their relationships are struggling. To attempt to remedy this, we recruited a sample of both distressed and non-distressed individuals in emotionally committed relationships to investigate what specific factors within the Health Belief Mode (Rosenstock, 1966) are related to informal and formal relationship help-seeking behaviors.

For the purposes of this study relationship help-seeking is considered to be any behavior that is performed with the intent of improving an individual's romantic relationship. When distressed couples seek help, they can benefit their own mental and physical health (Amato, 2000) and improve their relationship (Lebow, Chambers, Christensen & Johnson, 2012). Additionally, children of couples who stay married showed higher rates of academic success,

fewer conduct issues, better self-concept and social relations when compared to children of divorced parents (Amato, 2001). Understanding help-seeking is important as relationship satisfaction is associated with the couple's happiness and health, in addition to better outcomes for their children.

The challenge in understanding relationship help-seeking behaviors is that it is a dyadic process. The impact of this two-person process is clear in Wolcott's (1986) study of divorcing couples, where one spouse's unwillingness to participate in couples counseling was cited as the primary reason for not seeking help. The closest researchers have come to developing a model for understanding the couple help-seeking process was a model created by Doss, Atkins, and Christensen (2003), which focused on the decision-making process involved in help-seeking. The model showed that men and women within a couple conceptualized the help-seeking process differently, however it did not account for informal resources couples accessed outside of therapy (Doss et al., 2003). Informal resources are the resources couples and individuals seek that fall outside of traditional mental or physical healthcare, such as books, family/friends, and online resources (Doss et al., 2003). Additionally, Doss and his colleagues failed to account for barriers to treatment. Given that perceived barriers to treatment was cited as the most powerful single predictor across multiple studies to individual help-seeking for health issues (Champion & Skinner, 2008), it bears further investigation in couple help-seeking.

At this point in time the literature is limited in providing an explanation for why individuals do or do not seek help for their relationship. Using an interdisciplinary approach, we looked to the health care field and the Health Belief Model (HBM; Rosenstock, 1966), which originated in understanding health behaviors. The HBM focuses on the barriers and expectations individuals hold and how those, along with demographic factors, can influence help-seeking

(Champion & Skinner, 2008). Additionally, the HBM has been found to be predictive of physical and mental health help-seeking behaviors (Gillibrand & Stevenson, 2006; Kim & Zane, 2016; Ma et al., 2013; O'Connor et al., 2014). Based on the success of this model at predicting help-seeking behaviors, we believe it could be applicable to relationship help-seeking. In addition to understanding the factors associated with relationship help-seeking behaviors, we also hope to identify factors that and mediate both formal and informal relationship help-seeking behaviors.

Chapter 2 - Review of Literature

Theory

The Health Belief Model (HBM) has been used to explain physical and mental health help-seeking behavior and has the potential to inform relationship help-seeking behavior. The HBM was developed by Rosenstock (1966, 1974) to better understand patients responses to physical health symptoms, and explain why some people engaged in preventative health behaviors and complied with doctor recommendations. The HBM is one of the most widely used conceptual frameworks in health behavior research (Champion & Skinner, 2008). An additional goal in the creation of the HBM was to explain change and maintenance of health-related behavior and as a guide for health behavior interventions (Champion & Skinner, 2008). Given the success of the HBM at predicting health behavior, Henshaw and Freedman-Doan (2009) adapted Rosenstock's (1974) original model. Part of their adaptation was to alter the language to be specific to mental health to reflect the differences in the help-seeking process.

Based on the original HBM (Rosenstock, 1974) and Henshaw and Freedman-Doan's (2009) adaptation, we created a model for relationship help-seeking with four overarching factors: sociodemographic factors, threats, expectations, and relationship help-seeking behaviors. A visual representation of the adapted model can be seen in Figure 1.

Sociodemographic factors include age, income, gender, and ethnicity (Rosenstock, 1974), which have previously been associated with greater levels relationship help-seeking (Stewart, Bradford, Higginbotham, & Skograd, 2016; Sullivan & Bradbury, 1997). The perception of a *threat* when seeking help for your relationship is typically relationship distress or relationship instability, with greater instability being related to greater help-seeking (e.g., if an individual has frequently thought of divorce their relationship is likely less stable, which may prompt them to seek help).

Individuals can also perceive a threat and be more likely to seek help if they view their relationship to be less happy/stable than others, via negative social comparison (Mojtabai, 2008). *Expectations* include the perceptions of the benefits, such as their attitude toward help-seeking, with more positive attitudes being associated with greater help-seeking (Vogel, Wade, & Hackler, 2007; Yousaf, Popat, & Hunter, 2015). *Expectations* also includes barriers to seeking help, such as stigma and masculinity where greater endorsement would result in lower relationship help-seeking. One area of the HBM which was not included in the current model were cues to action, which are events/triggers that in combination influence actions taken (Rosenstock, 1974). Traditionally, a cue to action might be a public health campaign, but it could be anything in an individual's life which prompts them to take action/seek help. However, we chose not to include them in the study at this time as they have not been evaluated to the same extent as the rest of the model (Champion & Skinner, 2008).

The Health Belief Model (HBM) has been empirically validated within the physical health field, helping explain and predict behaviors such as preventative screenings for cervical cancer (Ma et al., 2013), engaging in heart healthy habits to prevent heart disease (Ali, 2002), and engaging in diabetes self-care (Gillibrand & Stevenson, 2006). Recently, the HBM has been used to understand help-seeking in subgroups, including adolescents and Asian-Americans, that underutilize mental healthcare but have significant levels of depression or anxiety (Kim & Zane, 2016; O'Connor et al., 2014). Given that the HBM has been found to be a good fit for both the physical and mental health help-seeking process, it is plausible it could also be a good fit for understanding the relationship help-seeking process.

Sociodemographic Factors Linked to Help-Seeking

There are several specific demographic variables from the couple help-seeking literature that line up with the Health Belief Model (HBM). Age, income, ethnicity and gender are each linked with help-seeking behavior in couples (Doss et al., 2003; Stewart, 2016). Higher income tends to be associated with seeking formal resources, such a marital education (Eubanks Fleming & Cordova, 2012). Research has also shown age to be predictive of having a more positive attitude toward individual help-seeking, in that older adults are more likely to have more positive attitudes toward help-seeking than younger adults (Eubanks Fleming & Cordova, 2012). Given these results, it is unsurprising that these variables were selected to make up the demographic variables used in the HBM that was adapted for mental health (Henshaw & Freedman-Doan, 2009).

Gender is a significant factor in both individual and couple help-seeking, with women being more likely to seek help than men (Andrews et al., 2001; Doss et al., 2003; Faulkner, Davey, & Davey, 2005). Gender has also been found to impact what people feel is appropriate for couple's therapy, with men reporting that the only issues worth attending therapy for were divorce and abuse (Bringle & Bryer, 1997), thus being less likely to attend in general. The only other study that has addressed couples via the HBM found a significant relationship between the demographic variable they created and help seeking (Sullivan, Pasch, Cornelius, & Cirigliano, 2004). Given the previous literature, gender, ethnicity, age (relationship length), and income will be included as predictors of relationship help-seeking.

Perceived Threats and Help-Seeking

Within the Health Belief Model, the perception of a threat can be a powerful motivator to engage in help-seeking behaviors related to physical health (Ali, 2002; Ma et al., 2013). The literature on relationship help-seeking has identified relationship distress, a perceived threat in

the Health Belief Model vernacular, as a key motivator to relationship help-seeking in multiple studies (Doss et al., 2003; Doss, Rhoades, Stanley & Markman, 2009; Fritter, Hayter, Wylie, 2009). When relationship distress is high both partners are more likely to report more reasons for seeking therapy (Doss, Simpson, & Christensen, 2004). It is not surprising then that when either partner is greatly distressed that they both report separation or divorce as a primary concern (Doss et al., 2004). On the other hand, Sullivan and colleagues (2004) found that a couple's perceptions of future problems in their relationship were not significantly related to help-seeking behavior, though the measurement of "future problems" and the use of non-standard measures were significant limitations. Moving forward, it is important to gain further clarity around how perceived level of distress and stability relate to help-seeking behavior when multiple factors are considered.

Social comparison—the process where individuals compare themselves to others when they struggle to clearly evaluate themselves—plays a key role in the decision to seek help (Mojtabai, 2008). For example, students who considered themselves more worried or anxious than others were more likely to seek help (Mojtabai, 2008). Based on the individual literature it is possible that individuals in relationships similarly look to their friends to see how their relationship is doing and make relationship help-seeking decisions based on those comparisons. In the context of the HBM, social comparison would be part of an individual's threat assessment; they would perceive the severity of their relationship problems in comparison to peers, as well as perceiving if their relationship is vulnerable to problems based on what they see in their peer group. Although this theory has yet to be applied to couples, given that recent longitudinal data suggests that people are 75% more likely to become divorced if a friend divorces (McDermott, Fowler, & Christakis, 2013), it is an intuitive leap worth pursuing.

Understanding the role relationship distress plays in relationship help-seeking has been challenging. Researchers have cited subjects being only mildly distressed as a limitation of their study (Doss et al., 2004). To better understand the association between relationship distress and relationship help-seeking, other researchers have controlled for it by only including distressed couples in their study (Doss et al., 2003). However, we know that people in both stable-content relationships as well as those who are unhappy get divorced (Lavner, & Bradbury, 2010); therefore, it will be important to understand the help-seeking process for individuals who are in both distressed and non-distressed relationships.

Perceived Expectations linked to Help-Seeking

Perceived benefits.

Beyond threat perception, the Health Belief Model (HBM) also emphasizes the expectations involved in seeking help. Within the HBM the perception that therapy could be beneficial (or harmful) affects an individual's attitude toward therapy, which could impact their help-seeking behavior. Research has supported these assumptions, as attitudes toward help-seeking has been cited as one of the strongest factors predicting mental health care usage among individuals (Carlton & Deane, 2000; Codd & Cohen, 2003; Topkaya, 2014; Vogel & Wester, 2003). Related to relationship help-seeking however, Eubanks Fleming, and Cordova (2012) were unable to find a link between husbands' and wives' attitudes toward help-seeking and their relationship help-seeking behavior. However, given the strong link between attitudes toward help-seeking and help-seeking behavior in both the physical and mental health literature, it is an important variable to consider in any multi-factorial model investigating relationship help-seeking behavior.

Additionally, in contemplating attitudes toward help-seeking, it is important to consider that it might operate as a mediator for couple help-seeking behaviors. In the individual help-seeking literature, attitudes toward help-seeking have been found to mediate the relationship between psychological factors and help-seeking intent (Vogel, Wester, Wei, & Boysen, 2005). Additionally, recent research on couple help-seeking found attitudes toward help-seeking acted as a mediating variable in individual's intent to seek help for their relationship (Parnell & Hammer, 2017). Attitudes toward help-seeking has also been shown as a mediator in the HBM literature, with researchers showing that attitudes toward help-seeking mediated the relationship between the number of internalizing problems and willingness to seek help (Chen et al., 2014). These studies provide empirical support for modeling attitudes toward help-seeking as a mediator between predictors and relationship help-seeking behaviors.

Perceived barriers.

Stigma is one of the primary barriers to individual help-seeking behavior (Topkaya 2014; Vogel, Wade, & Haake, 2006; Vogel, Wade, & Hackler, 2007). Yet there is little research on this barrier in the help-seeking literature on couples. Rather, researchers have stated they believe couples are sensitive to stigma (Bringle & Byers, 1997). Additionally, researchers have suggested that there may be a perception that seeking couples therapy is dangerous to the relationship itself, as admitting to serious relationship concerns could cause the relationship to end (Eubanks Fleming & Cordova, 2012). Given the state of the literature it is anticipated that stigma will be negatively associated with relationship help-seeking behavior.

Individual help-seeking research has shown that men tend to have less favorable attitudes toward help-seeking (Yousaf, Popat, & Hunter, 2015). One possible explanation for this is that greater endorsement of masculine norms has been associated with less favorable attitudes toward

help-seeking (Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011). The work of Parnell and Hammer (2017) supports this hypothesis, showing that specific aspects of traditional masculinity, self-reliance and emotional control, have recently been found to negatively influence attitudes toward couple's therapy (Parnell & Hammer, 2017). Based on previous research, it is possible that greater endorsement of traditional masculine behaviors could be negatively associated with relationship help-seeking.

Perceived self-efficacy.

Perceived expectations include a person's attitudes toward seeking help, the barriers they may face (i.e., stigma), and how competent they feel in overcoming those perceived barriers. Within the Health Belief Model, the person's feeling of competence is operationalized as self-efficacy (Champion & Skinner, 2008). When the model was adapted for mental health, Henshaw and Freedman-Doan (2009) altered the definition of self-efficacy from the ability to influence outcomes to the perception that one can change through therapy. Within the HBM, self-efficacy has been one of the strongest predictors of engaging in some preventive health behaviors (Champion & Skinner, 2008), but it has yet to be extensively studied within mental health or at all within couples. To start with we will simply control for self-efficacy, as those that have higher levels of self-efficacy may be more likely to be self-motivated to action, needing less prompting, as shown in the HBM.

Types of Help-Seeking

Formal help-seeking for relationship problems is typically defined as seeking couples counseling or participating in couple relationship education (Stewart et al., 2016). In this study, we focused on couple's counseling and any relationship education that was led by a professional. Despite its efficacy (Stewart et al., 2016), only about a third of individuals who have gone

through a divorce seek therapy prior to separation (Johnson et al., 2001), which is consistent with rates from 30 years ago (Wolcott, 1986). To increase participation in formal resources, and ideally decrease relationship distress, it is critical that we better understand what role predictors have on relationship help seeking behaviors.

Informal help-seeking, on the other hand, has less of a consensus in how it is defined. A recent review of the literature defined it as the use of self-help books, internet resources, other media (magazines), religious leaders, and help from family and friends (Stewart, et al., 2016). Informal resources are thought to be utilized more frequently than formal resources, but there is a lack of empirical research in this area which makes this hypothesis difficult to substantiate. A recent study found that 63% of participants had confided in someone else about their own relationship, and that informal support could be helpful or harmful depending on the confidant (Lind Seal et al., 2015). While it appears that people use informal resources at a high rate, there is a limited literature on factors that predict informal relationship help-seeking.

Finally, online help-seeking is any help seeking that is done online, and is often considered part of informal help-seeking (Stewart et al., 2016). Given the rise in technology and the internet there are a growing number of questions about the utilization and value of informal online resources. Some of the most recent data show that over one year, 10 relationship help-seeking websites received 3.8 million unique visits (Doss, Benson, Georgia, & Christensen, 2013). However, we still are unsure as to the impact these visits have on couples or individuals. This is complicated by fact that while often online help-seeking is considered an informal resource (Stewart et al., 2016), there are also formal online resources such as ePREP which have been created by professionals and are empirically supported (Georgia & Doss, 2013). Due to these complications online resources will be viewed separately in this study. Our study hopes to

add to the literature by addressing how several factors are associated with these three types of relationship help-seeking.

Present Study

Through an adaption of the original Health Belief Model (Rosenstock, 1966, 1974), the present study seeks to identify specific factors that are associated with informal and formal help-seeking behaviors for individuals in relationships. Based on the Health Belief Model that we adapted for relationship help-seeking (see Figure 1), we believe the HBM will be a practical way to conceptualize and possibly predict relationship help-seeking behaviors. Given the distress caused by divorce and current divorce rates (Amato, 2000), an ability to possibility predict relationship help-seeking behaviors could help professionals design more effective interventions, and hopefully reduce distress.

Based on the current literature and HBM, we believe the greater an individual's perceptions of threats to their relationship the more likely they will be to seek informal, formal, or online help for their relationship. While, the greater an individual perceives barriers to seeking help for their relationship the less likely they will be to seek informal, formal, or online help for their relationship. However, the greater an individual perceives benefits to seeking help for their relationship the more likely they will be to seek informal, formal, or online help for their relationship. Additionally, we believe that perceived benefits, or attitudes toward help-seeking, will mediate the relationship between other predictors and our outcome of relationship help-seeking behavior.

Specifically, we hypothesized the following factors will be associated with greater formal, informal, and online help-seeking behavior: being female, being in a longer relationship/older, being Caucasian, having a higher income (sociodemographic variables),

greater relationship instability/distress, greater negative social comparison (perceived threats), a more positive attitudes about couple's counseling (perceived expectations), lower level of stigma related to relationship help-seeking, and lower endorsement of masculine behavior (perceived expectation). At its foundation, this study hoped to shed additional light on the association of various factors with relationship help-seeking behaviors. Building on that foundation, by applying the HBM to relationship help-seeking we hoped to create a system for conceptualizing why couples do and do not seek help. In doing so we hope to empower clinician's and researchers to consider variables associated with relationship help-seeking in the development of possible interventions. Furthermore, our study will add to the couple literature by exploring the role of stigma in relationship help-seeking, an area which has been researched in medical and individual help-seeking but received little attention in the couple help-seeking literature.

Chapter 3 - Method

This study was conducted using Amazon's Mechanical Turk platform (mTurk). The study was comprised of two surveys, a pre-screening, qualifying survey, and a full survey. The pre-screener and full survey were both advertised as Human Intelligence Tasks (HIT) within mTurk. The participants for the pre-screener and full survey self-selected to complete each survey through mTurk. The pre-screening survey was posted on mTurk's website as a "Qualify Survey- Relationships", while the full survey was titled "Relationship Help Seeking Survey". Each survey contained a brief description of the survey, informed consent, and debriefing information. Participants who took the pre-screen qualified for the full survey based on their responses (described in the *Participants* section). Participants were not informed what a qualifying response was to reduce fraud. Those who qualified were sent a message via mTurk, to protect their confidentiality, inviting them to participate in the full survey. The message informed participants of a bonus payment to the first 250 participants who responded. Both surveys were posted and completed in the spring of 2017. Consent was completed when participants first accessed each survey; they were presented with the consent form and indicated their consent by clicking next. The protocol was approved by an Institutional Review Board (IRB) prior to implementation.

A total of 996 participants completed the pre-screener and 376 participants completed the full survey. Pre-requisites for participating in either survey was a location in the United States and a 95% or higher approval rating on previous mTurk HITs. We decided to only sample from the United States as the measurements had not been validated for a non-English speaking, non-American population. The approval rating was selected to ensure participant completion of the HIT and to reduce issues of fraud. Additionally, to further reduce issues of fraud mTurk only

allows participants to enter the survey once, preventing participants from taking the survey multiple times.

Participants were required to be in an emotionally committed relationship, which was determined by an initial qualifying question asking participants “Which statement best describes your relationship?” with the following five options: single, dating non-exclusively, committed relationship, engaged, and married. Participants who selected the first two options were sent to the end of the survey. To obtain meaningful data on help-seeking the individual needs to have been in a relationship long-enough to experience relationship distress. Due to this, three years was used as the cut off based on research which shows relationship satisfaction drops significantly over the first four years for couples, with up to 36% of couples divorcing in the first 4 years (Lavner & Bradbury, 2010); to catch individuals while they were still in distressed relationships three years was chosen.

Only participants who were in a relationship for at least 3 years were invited to the full survey, which reduced the eligible pre-screening pool from 996 participants to 752 participants. From there we reduced our sample to 500, inviting all 241 individuals who were in distressed relationships based on their CSI-16 score. The remaining 259 individuals were selected based on demographics, oversampling from under-represented groups to create a more representative overall sample.

Participants

The pre-screening HIT was used to determine participant eligibility for the full survey. Participants were compensated \$0.20 for completing the pre-screening survey and told they might qualify for a higher paying survey later. This pre-screening HIT ensured as close to an equal sample of distressed and non-distressed individuals as possible. Relationship distress was

determined using the CSI-16, with anyone scoring below a 51.5 considered to be in a distressed relationship (Funk & Rogge, 2007).

Selection for the full survey was determined by participants score on the CSI-16, with every participant who had a distress score being invited. Men, people of color, and individuals from the LGB community, were oversampled from the non-distressed group in the hopes of gaining a more representative and diverse sample. A total of 500 participants were invited to the full survey from the initial pre-screening survey, 259 participants in non-distressed relationships and 241 in distressed relationships. Those who completed the HIT were compensated (\$2.50) for their time, with a bonus payment of \$0.50 to the first 250 people who responded.

The full survey had a total of 376 respondents with an almost even sample of distressed and non-distressed individuals, with 49.6% (n = 188) of participants having CSI-16 scores below 51.5 and 50.5% (n = 191) of participants having scores above 51.5. The median CSI-16 score was just above the cutoff at 52. In oversampling we were also able to obtain a more representative sample of participants. We had a total of 48.3% men and 51.7% women complete the full survey. We collected a fairly diverse sample, 8.7% African American participants, 6.9% Asian American participants, 6.1% Latino participants, 2.1% Biracial participants, 1.1% Multi-racial, 0.8% Native American participants, and 0.5% Middle Eastern participants. Due to smaller percentages, and to create greater power, all people of color (African American, Asian American, Bi-racial, Latino, Middle Eastern, Native American, and Multi-racial) were combined, representing a total of 26.1% of the sample, while Caucasians represented 73.9% of the sample. In our sample 1.6% of the participants identified as gay, 2.6% identified as lesbian, 9.5% identified as bisexual, while 86.3% identified as heterosexual.

Measures

Behavior/Action.

Relationship Help Seeking Measure (RHSM; Cordova & Gee, 2001). The RHSM consists of 13 questions designed to assess relationship help-seeking behaviors. It asks participants to state if they have ever participated in various relationship help-seeking behaviors. The original measure is focused on behavior within the past two weeks, but, for this study, we asked if participants had *ever* engaged in any of these 13 relationship help-seeking behaviors. Participants stated if they had ever participated in the listed activity with, 0 = *no* and 1 = *yes*. Of the 13 items, 4-items focused on online help-seeking (“I sought information from social media (e.g., Instagram, Snapchat, Facebook, Reddit, etc.) for my relationship?”), 5-items focused on informal help-seeking (“I have bought or borrowed a book relevant to an issue in my relationship”), and 4-items focused on formal help-seeking (“I have participated in couple’s counseling”). Participant scores were summed in each subcategory of online, informal, and formal help-seeking; a higher score indicates a greater participation in help-seeking activities in that category. The possible range for participation was 0 to 4 or 0 to 5 depending on the sub-scale. A total of 52% of participants had sought help online at least once, 76.3% of participants sought informal help at least once, and 30.9% of participants had sought formal help at least once.

Sociodemographic Factors.

Demographic variables. The survey obtained information related to gender, income, sexual orientation, ethnicity, relationship status, relationship length, and level of education. Participants were given three options to select for gender: male, female, transgender. Only two participants selected transgender, therefore, due to these small numbers they were dropped from the full survey. Income was measured using eleven income ranges (below \$10,000; \$10,001-

\$20,000; \$20,001-\$30,000; \$30,001-\$40,000; \$40,001-\$50,000; \$50,001-\$60,000; \$60,001-\$70,000; \$70,001-\$80,000; \$80,001-\$90,000; \$90,001-\$100,000; over \$100,000), with the lowest range coded as 1 and the highest as 11. Participants were asked to select the option that best represents their household income for the past year. Participants were also asked to select the option that best describes their sexual orientation (0=*bisexual*, 1 = *lesbian*, 2 = *gay*, or 3 = *heterosexual*), race/ethnicity (1 = *African American*, 1 = *Asian American or Pacific Islander*, 1 = *Native American*, 1 = *Latino*, 1 = *Middle Eastern*, or 1 = *Multi-racial*, 2 = *White/Caucasian*), relationship status (0 = *dating in a committed relationship*, 1 = *dating and living together, engaged*, or 2 = *married*), and highest level of education obtained (some high school, high school, GED, some college, college graduate, some post graduate, post graduate), coded from 1 for “some high school” to 9 for “post graduate”. Age and relationship duration were continuous variables, participants filled in their age (in years) and relationship duration (in years and months).

Perceived Threat.

Relationship Satisfaction (Couple Satisfaction Index, CSI-16; Funk & Rogge, 2007).

Relationship satisfaction was measured using the 16-item version of the Couple Satisfaction Index. The CSI-16 has been shown to have a high reliability ($\alpha = 0.92$) and was designed as a measure of individual relationship satisfaction (Funk & Rogge, 2007). The first question on the CSI-16 asks participants to “Please indicate the degree of happiness, all things considered, of your relationship”, which is assessed on a 7-point Liked scale (0 = *extremely unhappy* and 6 = *perfect*). Following that the rest of the questions are on a 7-point Liked scale (0 = *not at all* and 5 = *completely true*). An example question is “Our relationship is strong...” The individual items on the CSI-16 were summed to obtain a total score, with a higher score indicating greater

relationship satisfaction. The cutoff score for this measurement is 51.5, meaning anyone scoring below 51.5 was experiencing relationship distress. The measure also showed strong reliability in this sample, ($\alpha = 0.92$).

Relationship Instability. Three items from the Revised Dyadic Adjustment Scale (RDAS; Busby, Christensen, Crane, & Larson, 1995) were used to measure relationship instability. The items in the measure asked: How often have you discussed or considered divorce or separation from your partner; do you ever regret marrying/choosing your partner; how often have you thought that your relationship may be in trouble. Participants rated their responses on a scale from 0 (*never*) to 5 (*all the time*). Participant scores across the three items were averaged with higher scores indicating greater relationship instability. The measure showed strong reliability, ($\alpha = 0.96$).

Negative social comparison. The theory of Social Comparison states that when people are unable to evaluate themselves they do so by comparing themselves to others (Mojabai, 2008). To evaluate social comparison Mojabai (2008) created a two-question assessment that we have adapted, adding an additional question. The first question is: “People vary a lot in regards to their overall relationship satisfaction. In general, would you say that you are more, about the same, or less satisfied than most people in regards to your own relationship?” The second question: “In general would you say that your relationship is as stable, more stable, or less stable than most?” The third question: “In general would you say that you are more than, about the same, or less satisfied than most people in regards to your sex life?” Responses were coded, from 1 (*much less satisfied than others*) to 5 (*much more satisfied than others*). Scores were averaged, and then reversed coded so that higher scores showed greater levels of dissatisfaction with your relationship when compared to others. The measure showed good reliability ($\alpha = .81$).

Perceived Expectations.

Attitudes Toward Seeking Professional Psychological Help- Marital Therapy

Questionnaire (ASPPH-MT; Cordova, 2007). The original ASPPH-MT is a 28-item measure that was adapted from the Attitudes Toward Professional Psychological Help Measure (Fischer & Turner, 1970). It is designed to elicit an individual's positive or negative attitudes toward marital help-seeking. Given that the participants in our study were not all married the wording was adapted to reflect relationship help-seeking, rather than marital help-seeking. An example of an ADPPH-MT question is, "I would be uneasy going to a marriage counselor because of what people would think." In our survey, it stated "I would be uneasy going to a couple's counselor because of what people would think." Participants responded to these items on a four-point scale, where 1 (*disagree*) to 4 (*agree*). Five items within the attitudes toward help-seeking measure were part of a stigma subscale, items 3, 13, 19, 26, and 27. To prevent multicollinearity with the Stigma of Self measure the stigma sub-scale was dropped. Item 12 was also dropped due to a low loading in the CFA, and it became a 22-item measure. Scores on the three remaining sub-scales (recognition of need for help, interpersonal openness, and confidence in couple's therapy) were summed and averaged, with higher scores indicating a greater endorsement of that sub-scale. The measure has been shown to have a high internal reliability ($\alpha = 0.81$; Eubanks Fleming & Cordova, 2012); our adapted measure without the stigma subscale and item 12 also had good reliability in all three sub-scales (recognition of need for help: $\alpha = .83$; interpersonal openness: $\alpha = .78$; and confidence in couple's therapy: $\alpha = .88$). The three subscales were used to create a latent variable of attitude toward help-seeking.

Masculine Behavior Scale (MBS; Snell, 2013). The MBS is a 20 item measure used to assess endorsement of four Western cultural stereotypes of masculine behavior. The MBS is

comprised of four subscales which were run as independent variables in our analysis. One subscale is career success, which relates to individual's dedication to becoming successful in the workplace, a question on this scale asks, "I work hard at trying to insure myself of a successful career". Another is restrictive emotionality, which is related to individuals limiting their display of private emotions when out in public, an example of an item from this scale states "I don't often admit that I have emotional feelings". Then there is inhibited affection, which focuses on individuals having constrained feelings of love for family and friends, an example of an item for this subscale is "I don't devote much time to intimate relationships". Finally, there is exaggerated self-reliance and control, which looks at an individual's desire to be independent, to be in control of their life; an example of an item from this subscale is "I try and be in control of everything in my life". When it was created the MBS found the subscales of career success and exaggerated self-reliance were positively correlated with personality traits such as assertiveness, independence or ambition. The subscales of restrictive emotionality and inhibited affection were negatively correlated with personality traits that focused on sensitivity or warmth. Participants rated their response in each sub-scale from 0 (*Disagree*) to 5 (*Agree*). The scores for each sub-scale were summed, with higher scores indicating greater endorsement of that sub-scale. Each sub-scale showed good to acceptable reliability (career success: $\alpha = .90$; restrictive emotionality: $\alpha = .92$; inhibited affection: $\alpha = .88$). However, due to weak factor loadings and lower reliability, the exaggerated self-reliance sub-scale was dropped from this measure.

Self-Stigma of Seeking Help (SSOSH; Vogel et al., 2006). The SSOSH is a 10-item scale that measures how much participants feel their self-esteem would be threatened by seeking counseling. For the purposes of this study the scale was adapted to be more relational, similarly to how the Attitudes Toward Professional Psychological Help Measure (Fischer & Turner, 1970)

was used to create the ASPPH-MT (Cordova, 2007). An example item from the SSOSH scale is: “I would feel inadequate if I went to a therapist for psychological help.” The adapted version, asked: “I would feel inadequate if we went to couple’s counseling.” Even after adaptations, the scale had a high reliability ($\alpha=0.93$) in our sample. Responses were on a five-point scale from 1 (*strongly disagree*) to 5 (*strongly agree*). The items were averaged, with a higher score indicating a greater perception of self-stigma related to relationship help-seeking.

General Self Efficacy Scale (GSE; Schwarzer & Jerusalem, 1997). The GSE is a 10-item measure that is used to assess for general level of self-efficacy. The scale has been used in various research projects and typically has alpha values between .75 and .91 (Schwarzer, Mueller & Greenglass, 1999). The GSE has been previously used as a measure of self-efficacy for the Health Belief Model (O’Connor et al., 2014). Examples of items in this measure are: I can always manage to solve difficult problems if I try hard enough; I can solve most problems if I invest the necessary effort. Participants rated their response to these prompts on a scale from 1 (*not at all true*) and 4 (*exactly true*). Scores were then totaled, ranging from 10 to 40, with a higher score indicating greater levels of self-efficacy. In this sample it was found to have a high reliability ($\alpha = .92$).

Analytic Plan

A structural equation model was run in Mplus 7.0 (Muthén & Muthén, 2012) to answer the research questions. Structural equation modeling allowed us to test the relationships between our predictors and outcome variables. The predictors in this model were gender, income, ethnicity, relationship length, relationship instability, relationship satisfaction, stigma of self, negative social comparison, and three of the four sub-scales of the Masculine Behavior Scale (MBS). We modeled attitudes toward help-seeking as a mediator between the predictors and the

relationship help-seeking behaviors. Our outcome variables were the three types of relationship help-seeking: online, informal, and formal relationship help-seeking.

The data were first explored with descriptive statistics and correlations. Model fit was then evaluated via model Chi-square (χ^2), comparative fit index (CFI), Tucker-Lewis Index (TLI), root mean square error approximation (RMSEA), and the standardized root mean square residual (SRMR). The results showed a significant Chi-square, values $>.95$ for CFI and TLI, and values smaller than $.06$ and $.08$ for RMSEA and SRMR, even with a significant Chi-square these suggest an adequate fit (Hu & Bentler, 1999). Missing data were minimal, from no missing data for relationship length to 6.3% missing data for the couple satisfaction index. Full-information maximum likelihood estimation (FIML) was used to account for missing data since it provides a less biased parameter estimate than listwise deletion or pairwise deletion (Johnson & Young, 2011). The indirect paths were tested with bootstrapping procedures (Preacher & Hayes, 2008).

Chapter 4 - Results

Confirmatory Factor Analysis

To assess the structure of the ten predictors in this model CFA's were run on the predictor variables. However, we did not run them on relationship help-seeking behaviors or demographic variables, as a CFA assumes that variables are measured continuously (Kline, 1998), as these variables did not meet this criterion. The variables tested were: relationship stability, the Masculine Behavior sub-scales (MBS; career success, restrictive emotionality, inhibited affection, and exaggerated self-reliance and control), stigma-of-self scale, negative social comparison, the attitudes toward help-seeking measure sub-scales, and attitudes toward help-seeking as a latent variable.

Good fit was evaluated via model Chi-square (χ^2), comparative fit index (CFI), Tucker-Lewis Index (TLI), root mean square error approximation (RMSEA), and the standardized root mean square residual (SRMR). Based on having a sample of over 350 we used a cutoff of .30 for our standardized loadings (Hair, Tatham, Anderson & Black, 1998). Three of the sub-scales of the MBS had non-significant Chi-squares, CFI's $>.95$ and TLI's were $>.90$, with RMSEA and SRMR values smaller than .06 and .08, all of which suggest good fit (Hu & Bentler, 1999), as well as having standardized factor loadings of .60 or higher. However, the sub-scale of exaggerated self-reliance and control while having good fit had poor factor loadings, that combined with a low alpha led to this sub-scale being dropped from analysis.

All three sub-scales that were used to create the latent variable for attitudes toward help-seeking had non-significant Chi-squares, CFI's $>.95$ and TLI's were $>.90$, with RMSEA and SRMR values smaller than .06 and .08, suggesting good fit (Hu & Bentler, 1999), as well as standardized factor loadings of .40 or higher. When these sub-scales were used to create a latent

variable, the model was just identified and had factor loadings that were .70 or higher. Based on the CFA results it was determined that it would be possible to use this latent variable in our analysis.

The other variables of negative social comparison, stigma of self, and relationship stability all had significant Chi-squares, CFI's $>.95$ and TLI's were $>.90$, with RMSEA and SRMR values smaller than .06 and .08. However, X^2 is sensitive to sample size as well as to multivariate normality assumption, given that we have included in the model fit indices (i.e., RMSEA and CFI), which are both sensitive to model misspecification and do not depend on sample size as heavily as X^2 these models can still be considered to have adequate fit. (Schermelleh-Engel, Moosbrugger, & Müller, 2003). The standardized loadings for each item of these variables was also acceptable for a sample size of over 350, with negative social comparison items loading at .60 or higher, relationship instability items loaded at .70 or higher, and the items from the stigma-of-self measure loading at .40 or higher. Given the results of our CFA's we moved forward with our analysis.

Correlation Analysis

The bivariate correlation results (see Table 1) show important relationships between the variables in this model. Men were found to more be more likely to endorse the career success sub-scale ($r = -.22, p < .01$), as well as the restricted emotionality sub-scale ($r = -.16, p < .01$) of the Masculine Behavior Scale (MBS). Interestingly the MBS sub-scale of career success was positively related to informal help-seeking ($r = .13, p < .05$), whereas the sub-scale of restricted emotionality was negatively related to informal help-seeking ($r = -.17, p < .01$).

Individuals who saw themselves as unhappier than others were more likely to seek help formally ($r = .12, p < .05$) and informally ($r = .17, p < .01$). Individuals who reported greater

levels of stigma of self were less likely to seek help formally ($r = -.14, p < .01$) and informally ($r = -.23, p < .01$). These individuals also were less likely to have positive attitudes toward help-seeking on all three sub-scales, not recognizing a need for help ($r = -.63, p < .01$), less interpersonal openness ($r = -.61, p < .01$), and less confidence in couple's therapy ($r = -.63, p < .01$).

Relationship instability was found to be strongly associated with help-seeking, with individuals who were in less stable relationships being more likely to seek help online, informally, and formally ($r = .20, p < .01$; $r = .24, p < .01$; $r = .15., p < .01$). Individuals in longer relationships were less likely to seek help online ($r = -.18, p < .01$) or informally ($r = -.11, p < .05$). Two variables were not included in the analysis based on their correlations, self-efficacy and relationship satisfaction. Self-efficacy was found to have no relationship with the outcome variables and only a weak one with one of the sub-scales of the attitudes toward help-seeking; based on the results of the correlations it was dropped from further analysis. Relationship satisfaction and relationship instability were highly correlated ($r = -.80, p < .01$), due to such a high correlation relationship satisfaction was dropped to avoid multicollinearity. Relationship instability was chosen as it can be predictive of divorce (Amato & Hohmann-Marriott, 2007), indicating it may be a greater threat to the relationship.

Path Model Results

The final structural equation model can be found in Figure 1. The model showed adequate fit to the data: $\chi^2(24) = 56.80, p < .001$; RMSEA = .060 (CI .040, .081); CFI = 0.97; TLI = 0.92; SRMR = .018. Beginning with the exogenous variables, as expected greater endorsement of stigma of self was associated with worse attitudes toward help-seeking ($\beta = -.69, p < .001$). Viewing your relationship to be worse in comparison with others was found to

have a positive relationship with online help-seeking ($\beta = .18, p < .05$), but a negative one with attitudes toward help-seeking ($\beta = -.16, p < .05$). Individuals with higher levels of relationship instability were found to engage in more informal help-seeking ($\beta = .28, p < .001$), and more online help-seeking ($\beta = .27, p < .001$).

All the Masculine Behavior sub-scale were significant. Career success was positively found to be related to informal help-seeking ($\beta = .16, p < .01$), although the restrictive emotionality sub-scale was negatively related to informal help seeking ($\beta = -.15, p < .05$). Restrictive emotionality was also found to be negatively associated with attitudes toward help-seeking ($\beta = -.15, p < .01$), while inhibited affection was found to be positively linked to online help-seeking ($\beta = .15, p < .05$). Two of the four demographic predictors, income and relationship length, had significant pathways. Individuals with higher incomes were more likely to have more positive attitudes toward help-seeking ($\beta = .15, p < .001$). Individuals who had been in a relationship for a longer period were less likely to be engaging in online help-seeking ($\beta = -.12, p < .01$).

The mediating variable, attitudes toward help-seeking, had a positive direct association with formal help-seeking ($\beta = .27, p < .01$), and online help-seeking ($\beta = .25, p < .05$). We found the predictors in this model explained 12.6% of the variance in online relationship help-seeking, 15.1% of the variance in informal help-seeking, and 10.9% of the variance in formal help-seeking. In total, the model explained 38.6% of the variance in all relationship help-seeking behaviors. The model also explained 64.1% of the variance in attitudes toward help-seeking.

Test of Indirect Path

The model's indirect effect was tested using 2,000 bootstraps and a 95% confidence interval (Preacher & Hayes, 2008). There was an indirect path from stigma to formal help-

seeking: stigma → attitudes toward help-seeking → formal help-seeking ($\beta = -.19, p < .05, CI -.38 -.06$), as well as an indirect pathway from stigma to online help-seeking: stigma → attitudes toward help-seeking → online help-seeking ($\beta = -.17, p < .05, CI -.29 -.03$). The path can be interpreted as one standard deviation increases in stigma is associated with a .17 decrease in formal help-seeking via the prior effects of attitudes toward help-seeking.

Chapter 5 - Discussion

The present study adds to the literature on the couple help-seeking process in four significant ways (a) it shows that aspects of the Health Belief Model fit for couple help-seeking (b) it shows the significant role stigma and masculinity play in couple help-seeking (c) it identifies factors associated with informal and formal help-seeking for couples, and (d) it suggests a mediating role for attitudes toward help-seeking for both formal and informal relationship help-seeking. While this study supports the existing literature that relationship distress/instability is related to couple help-seeking (Doss et al., 2003; Doss et al., 2009; Fritter et al., 2009), it also prompts further questions, as relationship instability was associated with online and informal help-seeking for relationships, but not formal help-seeking.

Two core pieces of the HBM were found to be predictive of relationship help-seeking behavior, threats (relationship instability) and expectations (stigma and masculinity). Previous research on individual help-seeking has found both threats and expectations to be significant predictors of help-seeking intention (Kim & Zane, 2016). Similarly, the only couple research to include the HBM found that barriers, which are a part of expectations, were the greatest predictor of participation in pre-marital counseling (Sullivan et al., 2004). Our study uniquely contributes to the literature finding threats and expectations to be related to relationship help-seeking behaviors—especially informal and online help-seeking. Previous research on the HBM has focused on individual help-seeking or preventive relationship maintenance (pre-marital counseling), and has also not addressed how the HBM might be applied to different types of help-seeking.

Another piece of our study that fits within the HBM was the role of demographic variables. The results of our analysis show a significant link between income and attitudes

toward help-seeking; specifically that the higher an individual's income the more positive their attitudes toward help-seeking. This path is significant as the inverse of this relationship is low-income individuals having worse attitudes toward help-seeking. The relationship of income to attitudes toward help-seeking could be significant, as it may have an indirect relationship with formal help-seeking. The indirect path from income to formal help-seeking was just shy of significance, with a p -value of 0.065. The relationship between income and help-seeking has been found in areas of the relationship help-seeking literature; with low-income women who experience intimate partner violence being less likely to call the police or reach out to family or friends (Kim & Lee, 2011). It is possible that income is a common barrier to relationship help-seeking, especially for formal resources, and researchers and clinicians should continue to consider this variable in future research.

The individual help-seeking literature has repeatedly shown stigma to have a significant impact on help-seeking (Topkaya 2014; Vogel et al., 2006; Vogel et al., 2007). However, this is one of the first research studies to look at relationship help-seeking and the role that self-stigma plays on both attitudes and actual help-seeking behaviors, not just intention. While self-stigma did not have a direct link to help-seeking behaviors it did have an indirect association with both formal and online help-seeking, via its prior effects on attitudes toward help-seeking.

Previous literature has shown gender differences in relationship help-seeking behaviors (Doss et al., 2003), with men typically seeking help at a lower rate than women (Addis & Mahalik, 2003). However, our results showed that in a mixed sample, endorsement of the MBS sub-scale career success was associated with higher rates of help seeking. The measure of career success focuses on success related to an individual's career, which may translate to a drive to seek help to maintain a successful relationship. However, additional research is needed to further

understand this connection. It also makes intuitive sense that greater endorsement of masculine behaviors, such as restrictive emotionality, was negatively associated with both attitudes toward help-seeking and relationship help-seeking behavior. Furthermore, these results are consistent with recent research showing that men who more strongly endorsed self-reliance and emotional control also reported more negative attitudes around couple's therapy (Parnell & Hammer, 2017).

Up to this point much of the literature on the relationship help-seeking process has focused on formal help-seeking (Doss et al., 2003; Doss et al., 2009; Eubanks Fleming & Cordova, 2012). Researchers have shown that the use of informal resources such as self-help books and use of friends and family to be relatively common (Doss et al., 2009; Lind Seal et al., 2015), yet there has been limited research on the factors that may be predictive of relationship help-seeking around informal resources. Our analysis showed relationship instability had a significant positive association with informal help-seeking. We also found masculinity to be associated with informal help-seeking; with career success having a positive link to informal help-seeking, and restrictive emotionality having a negative link. Conceptualizing this through the HBM, we would see relationship instability as the perceived threat prompting an individual toward help. Career success would be an example of when something positively influences our expectations; where an individual would be more likely to seek help because their expectations that seeking help could help them to achieve personal success. Conversely, an individual with restrictive emotionality may be less likely to seek help due negative expectation; they may expect seeking help to force them into an emotional space that is uncomfortable, which may make them less likely to do so.

Online help-seeking for relationships is a relatively new area with limited research. At this point researchers have found that individuals are using the internet more often and that users will usually rate their visit to a relationship based website as “very useful” (Stewart et al., 2016). However, currently we are unable to find any literature about factors involved in prompting individuals to seek help for their relationship online. Our study adds to the scant literature by showing that like informal help-seeking, relationship distress/instability is a key factor in seeking help for a relationship online. Additionally, when an individual believes they are less happy than their peers they are more likely to seek help. It appears that the perception of a threat, in both relationship instability and negative social comparison, could be strong motivators towards online help-seeking. Finally, we found that individuals who have been in a longer relationship are less likely to use online help-seeking. The mean age of the individuals in this study was 37.3, and epidemiology work on individual help seeking found that individuals who were middle aged were most likely to seek help (Vessey & Howard, 1993). Further research is needed to better understand if this difference is due to the relational aspect of this topic or due to the nature of seeking help online.

Finally, previous research on attitudes toward help-seeking for couples has been mixed, some researchers found no relationship (Eubanks Fleming & Cordova, 2012), while others found attitudes mediated intent to seek help (Parnell & Hammer, 2017). The results of this study lend additional support to the idea that attitudes toward help-seeking play a role in relationship help-seeking, in particular that they have a mediating role. The results of our survey showed a positive relationship between attitudes toward help seeking and formal and online help seeking. Additionally, we found that the relationship between stigma and both online and formal help-seeking was mediated by attitudes toward help-seeking; with greater levels of stigma being

related to lower help-seeking due the prior effect of attitudes toward help-seeking. Parnell & Hammer (2017) similarly found attitudes toward help-seeking mediated the relationship between predictors and intent to seek help. Additionally, this model is a good fit for attitudes toward help-seeking with an r^2 of 65%, meaning that the model explains over half the variance in attitudes toward help-seeking for couples. Moving forward, understanding factors that help improve attitudes toward help-seeking may help clinicians to facilitate increase help-seeking behavior.

Clinical Implications

There are several key implications when considering the findings from this model (a) the role of stigma in relationship help-seeking, (b) the role masculinity play in relationship help-seeking, and (c) the possible use of the Health Belief Model as a conceptualization for relationship help-seeking. First, stigma had both direct and indirect associations with relationship help seeking in this model highlighting the important role it plays. While a cultural shift toward mental health and relationship help-seeking is likely to take significant time, there are steps that clinicians and researchers can take to help reduce individuals self-stigmatizing beliefs, and increase individual's relationship help-seeking. One area of possible intervention is the internet. In our model, self-stigma did not have a significant relationship with online help-seeking, which could be due to the anonymous nature of the internet, making it a safer space in which to seek help for topics which might otherwise be considered taboo. Additionally, previous research has found that targeted information, such as brochures have been helpful at improving attitudes toward help-seeking and reducing self-stigma (Hammer & Vogel, 2010). Hammer and Vogel's (2010) brochure addressed misconceptions about depression and discussed how early intervention could be more cost-effective, among other messages. Clinicians could likely adapt these type of messages as a part of their online marketing and outreach to couples. The

adaptation of these messages by clinicians in their online marketing could potentially help reduce an individual's self-stigma and possibly make it easier for them to seek help for their relationship.

Masculinity has been shown to influence both the individual and couple help-seeking process (Parnell & Hammer, 2017; Yousaf, Popat, & Hunter, 2015). The results of this study show that certain aspects of masculinity, such as restrictive emotionality, can have a negative association with both attitudes and actual help-seeking behavior. It is important to recognize that not all aspects of masculine behaviors were negative, those who highly endorsed career success were more likely to seek out help. Interestingly, we found that inhibited affection was related to an increase in help-seeking online. Future research may want to further explore these paths, and what is it about these aspects of masculinity that increase relationship help-seeking behaviors. Overall, the results from our data suggests it might be helpful for clinicians to consider the role masculinity may play in the help-seeking process. Owen and colleagues (2010), evaluated the role of masculinity on the therapeutic relationship, finding that contrary to what they predicted, individuals who highly endorsed masculinity also valued insight and the therapeutic relationship (warmth and alliance). These authors suggest that individuals who highly endorse masculine norms and yet choose to attend therapy might have unique needs (Owen, Wong, and Rodolfa, 2010). As the literature continues to explore the role of masculinity, it will be helpful to continue to gain a better understand of how masculinity is linked to relationship help-seeking and the therapeutic relationship.

Finally, there is currently no model to understand relationship help-seeking behavior. The ability to conceptualize relationship help-seeking via the health belief model could be helpful to both researchers and practitioners. Conceptualizing relationship help-seeking via the HBM

allows clinicians to consider what messages are going to connect with their clients; the results of this model suggests that perceived severity of the problem, perceived barriers (stigma and masculinity), as well as the attitudes people hold toward seeking help are areas where clinicians could target their messaging. Psychoeducation and community engagement that focuses on addressing barriers and attitudes toward help-seeking could be employed, which may in turn help increase couple's likelihood of seeking help for their relationship. Having a framework and theory from which to work could also benefit researchers, giving them the context in which to explore interventions or variables that might facilitate relationship help-seeking.

Limitations

The results of the study should be considered within the context of a number of limitations. First, this was a study with a single time point. Due to the nature of the study design we are unable to say definitively if attitudes toward help-seeking was predictive of relationship help-seeking behaviors, or rather if individuals sought help which altered their attitudes toward help-seeking. Future research would ideally be done before an individual has sought help. If possible, it would be interesting to see if future researchers could not only determine an individual's attitudes toward help-seeking prior to receiving help, but tracking them longitudinally determine how it changes over time.

Second, we were attempting to study a dyadic process using individual data. Ideally, we would have collected data from both partners. The use of an online survey allowed us access to a broader sample, but it also limited our ability to reliably collect dyadic data. Future researchers should attempt to duplicate these results in a dyadic process. Third, as mentioned in the discussion, gender was significantly correlated with eight of the 12 variables at the bi-variate level but gender was not related to any of the variables in our model. Future studies may wish to

consider a multiple group analysis to determine possible gender differences in the relationship help-seeking process. Furthermore, the measures that currently exist today to assess help-seeking attitudes are geared toward formal help-seeking. The items included tend to ask about attitudes toward helping professionals and as such they may not fully comprehend the attitudes that individuals may hold toward seeking help for less formal services. Moving forward, the development of a more comprehensive measure would allow research to ensure that these areas of help-seeking behaviors are not being overlooked.

Finally, while mTurk allowed us to efficiently collect a more representative sample than would have been possible given our geographic location it is not without its own limitations. Participants are self-selecting into mTurk, and then into the study, that level of self-selection can raise concerns about internal validity and generalizability. Additionally, there is always a concern when using a platform like mTurk that participants may be dishonest and lie just for reimbursement.

Conclusion

Relationship help-seeking was found to fit within the framework of the Health Belief Model. We found that threats (perceived instability, negative social comparison) and expectations (attitudes toward help-seeking, stigma, and masculinity), were all predictive of relationship help-seeking behaviors. Additionally, attitudes toward help-seeking mediated the pathway from stigma to formal and online help-seeking. The addition of this information to the literature will allow clinicians to consider more targeted interventions and approaches to engaging with clients and the community. Furthermore, this data will help researchers see areas of possible intervention, as well as where we can start to evaluate the effectiveness of interventions. We can now comprehend a broader understanding of the factors involved in

relationship help-seeking, and based on this information we hope to be to increase couples access to resources so that they are able to access the help they want when they need it.

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Appendix A - Figures

Figure 1

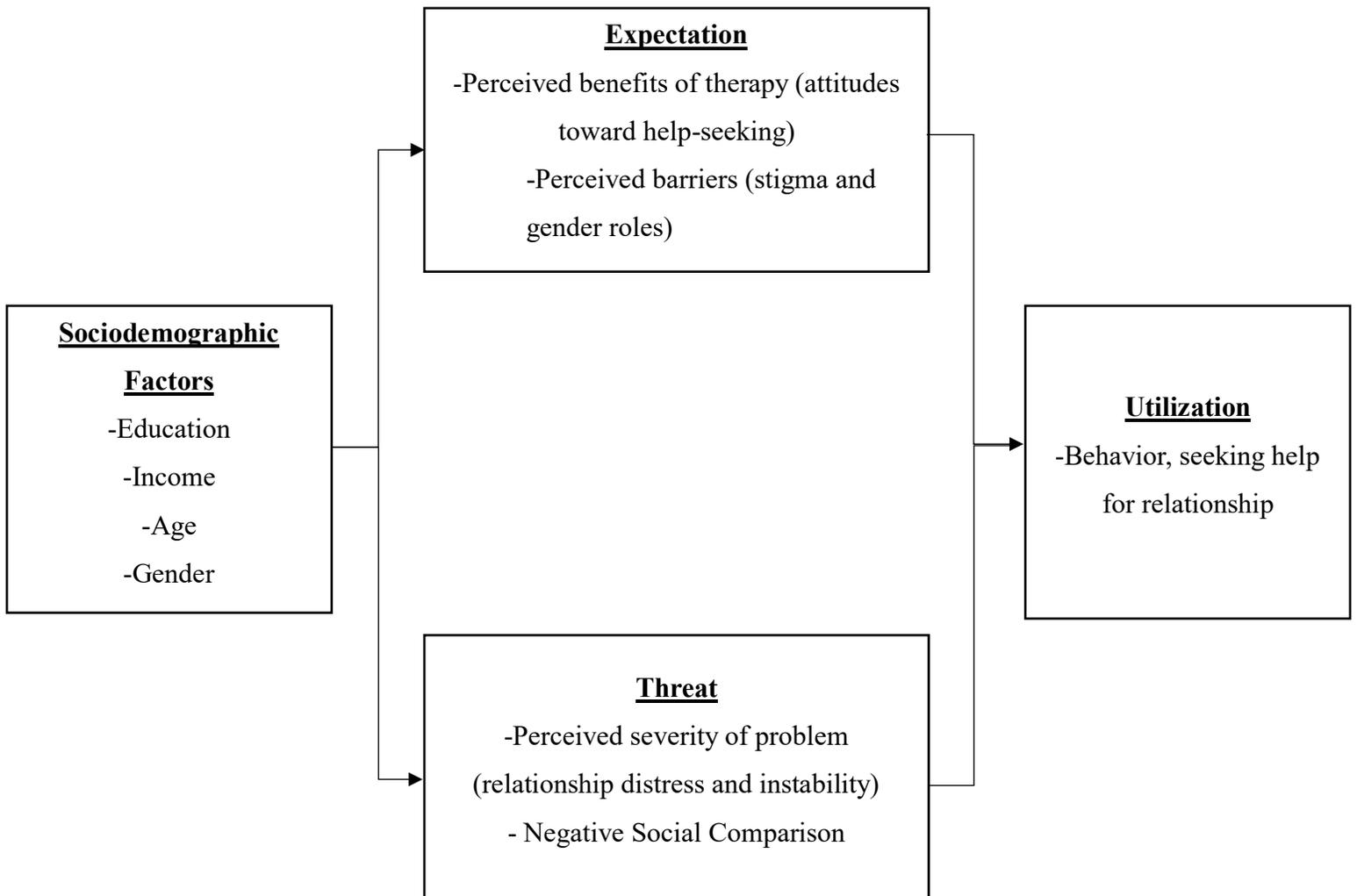


Figure 1. Conceptualization of help-seeking for relationships using the Health Belief Model (adapted from Henshaw & Freedman-Doan, 2009 and Rosenstock, 1974)

Figure 2

Path Analysis of Factors Associated with Relationship Help-seeking Behavior via Attitudes toward Help-seeking (Standardized Solution, N = 376)

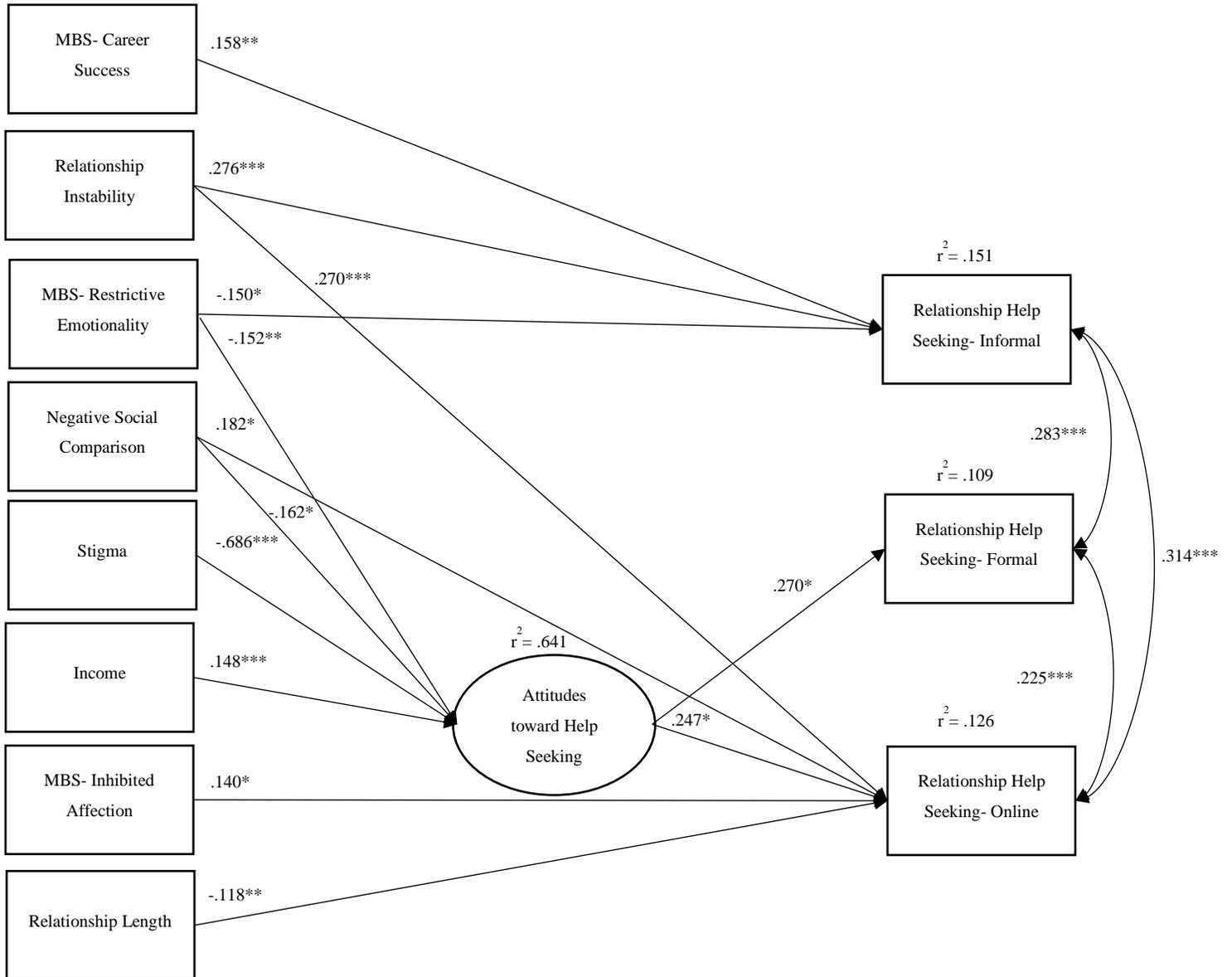


Figure 2. Mediated path analysis of predictors on relationship help-seeking via attitudes toward help-seeking ($n = 376$). Solid lines represent significant pathways. Significant paths are not shown. Model fit indices: $\chi^2(24) = 56.80, p < .001$; RMSEA = .060 (CI .040, .081); CFI = 0.97; TLI = 0.92; SRMR = .018; * $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed).

Appendix B - Tables

Table 1

Predictors relationships with Attitudes toward Help-seeking and Help-seeking Behavior: Correlations and Descriptive Statistics (N = 379)

Variables	1	2	3	4	5	6	7	8	9	10
1. MBS- Career success	–									
2. MBS-Restrictive Emotionality	.01	–								
3. MBS-Inhibited Affection	-.04	.64**	–							
4. MBS-Exaggerated Self-Reliance & Control	.38**	.23**	.23**	–						
5. Negative Social Comparison	.17**	-.10*	-.26**	.08	–					
6. Stigma of Self	.09	.30**	.21**	.07	-.07	–				
7. Relationship Instability	-.14**	.07	.23**	-.01	.71**	-.03	–			
8. Attitudes toward Help-seeking- Recognition of need for help	-.12**	-.30**	.20**	.24**	.15**	.63**	.06	–		
9. Attitudes toward Help-seeking- Interpersonal openness	-.03	-.35**	-.26**	.14**	.09	.61**	0.01	.68**	–	
10. Attitudes toward Help-seeking- Confidence in couple's therapy	-.04	-.34**	-.26**	-.14**	.02	-.63**	-.08	.83**	.68**	–
11. Relationship Help-seeking- Online	-.03	-.09	.05	0	.07	-.04	.20**	.12**	.10	.09
12. Relationship Help-seeking- Informal	.13*	-.17**	-.03	-.01	.17**	-.14	.24**	.19**	.13**	.16**
13. Relationship Help-seeking- Formal	.02	-.08	.03	-.03	.12**	-.23**	.15**	.31**	.18**	.27**

Table 2*Continued*

Variables	1	2	3	4	5	6	7	8	9	10
<i>M</i>	.92	.63	-2.35	1.21	3.42	2.63	2.58	21.18	18.91	21.80
<i>SD</i>	4.83	5.18	4.39	3.13	1.02	.89	1.07	5.22	3.82	5.42
Range	20	20	20	15	4	4	5	24	19	23
α	.90	.92	.88	.64	.81	.92	.96	.83	.78	.88

Table 3*Continued*

Variables	11	12	13
11. Relationship Help-seeking- Online	–		
12. Relationship Help-seeking- Informal	.37**	–	
13. Relationship Help-seeking- Formal	.27**	.37**	–
<i>M</i>	.74	1.50	.54
<i>SD</i>	.82	1.16	.93
Range	5	4	4

Table 4*Indirect Effects (Standardized Solution, N = 376)*

Predictors	Mediator(s)	Outcomes	β	CI	p value	
Stigma→	Attitudes toward Help-seeking→	Formal Relationship Help-seeking	-.185	-.379	-.059	.034
Stigma→	Attitudes toward Help-seeking→	Online Relationship Help-seeking	-.170	-.291	-.029	.026

Indirect paths tested with 2000 bootstraps. CI = 95 % confidence interval.