WELFARE STATUS, GENDER, AND THE UTILIZATION OF MARITAL COUNSELING SERVICES

by

Courtney A. Wyatt

A thesis submitted in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

in

Family, Consumer, and Human Development

UTAH STATE UNIVERSITY
Logan, Utah

2006
ABSTRACT

Welfare Status, Gender, and the Utilization of Marital Counseling Services

by

Courtney A. Wyatt, Master of Science
Utah State University, 2006

Major Professor: Scot M. Allgood, Ph.D.
Department: Family, Consumer, and Human Development

The purpose of this study was to examine how welfare status, gender, and the interaction between welfare status and gender relate to the utilization of counseling services related to marriage (i.e., "marital help-seeking"). This study was a secondary analysis of the Utah Marriage Survey data set from 2003. Two samples were utilized in this study, and generated a total sample of 1,316 participants. The first sample was made up of 1,173 randomly selected Utah households, identified through a random-digit dialing sampling technique. The second sample was obtained from a random selection of current Temporary Assistance for Needy Families (TANF) recipients. This sample of 143 TANF recipients provided an over-sample of low-income households, thus permitting comparisons with the first sample. Participants were identified through the sampling techniques described and contacted by telephone to complete the survey. The data pertaining to participants' welfare status, gender, and attitudes and behavior related
to marital help-seeking were analyzed using chi-square analyses and t tests. The results indicated that welfare status is not significantly associated with marital help-seeking attitudes and behavior. In addition, no significant relationship was found between gender and marital help-seeking behavior. However, results indicated that males have less favorable attitudes than women toward marital help-seeking. Finally, welfare status and gender were not found to have a combined relationship effect on marital help-seeking attitudes and behavior.
ACKNOWLEDGMENTS

I would like to thank Dr. Scot Allgood for acting as my major professor and advisor on this project. I would also like to thank my committee members, Dr. Tom Lee and Dr. Brian Higginbotham, for their direction and support. Most of all, I would like to express my love and appreciation to my husband, Mike, and to my parents, F.D. and Shelley Robbins, for their constant love, support, and encouragement.

Courtney A. Wyatt
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CHAPTER I

INTRODUCTION

The majority of Americans rate having a successful, life-long marriage as one of their most highly valued goals. According to Waite and Gallagher (2000), 93% of Americans cite “having a happy marriage” as one of their most important life objectives, and more than 70% believe that “marriage is a lifelong commitment that should not be ended except under extreme circumstances” (p. 25). In addition, the marriage unit has been referred to as the most fundamental unit of society, and decades of research have found that marriage typically provides important and substantial benefits to both individuals and society (Waite, 1995). On average, “marriage seems to produce substantial benefits for men and women in the form of better health, longer life, more and better sex, greater earnings (at least for men), greater wealth, and better outcomes for children” (Waite, p. 486). Thus, a successful marriage not only provides great personal happiness, but can promote mental, physical, and family health, and create a safe place for children to thrive (Dawson, 1991; Lillard & Waite, 1995; Sotile, 1992; Waite).

However, the current rates of divorce and marital distress in the United States are troublesome. Clark (1995) reported that couples marrying for the first time have a 40-50% likelihood of divorcing during their lifetime, and approximately two thirds of these divorces will occur within the first 10 years of marriage. In addition, many distressed couples never divorce, but remain in nonsatisfying and/or conflictual relationships (Notarius & Markman, 1993). An increasing body of research shows that both divorce
and conflicted, unstable marriages undermine the well-being of children and adults, and incur large social and financial costs for society (Beach & O'Leary, 1986; Bloom, Asher, & White, 1978; Glenn & Kramer, 1987; Kiecolt-Glaser et al., 1987; Kline, Johnston, & Tschann, 1991; O'Leary & Curley, 1986; Waite & Gallagher, 2000).

Hence, the troublesome state of marriage and the family is being heavily debated by politicians, researchers, educators, religious leaders, and individuals, and many denounce what they see as a dangerous deterioration of the family, with serious consequences for individuals and society (Popenoe, 1993). Thus, scholars, educators, and public policy makers have campaigned for the development and implementation of preventive education programs, such as marriage preparation, marital enhancement, and divorce prevention programs, and for the utilization of marital counseling services, in an effort to strengthen marriages and prevent divorce and its resultant costs to individuals and society (Giblin, 1986; Hawley & Olson, 1995; Markman, Renick, Floyd, Stanley, & Clements, 1993; Mattson, Christensen, & England, 1990). This emphasis on the utilization of preventive education and marital counseling services is a step in the right direction, according to Smith, Glass, and Miller (1980), who assert that the utilization of appropriate psychotherapy services could bring about a significant reduction in personal and societal problems.

Other research has also indicated that preventive education programs and marital counseling aimed at improving communication skills reduce negative conflict behaviors and may prevent separation and divorce (Giblin, 1986; Markman et al., 1993; Wampler, 1982). A number of additional studies have found that participation in preventive
education programs is also related to higher levels of marital satisfaction, consensus, and overall marital adjustment, as well as an increase in empathy, self-disclosure, problem solving and conflict resolution skills, ability to identify a spouse's feelings, and positive feelings about the relationship (Hof & Miller, 1981; Nickols, Fournier, & Nickols, 1986; Ridley, Jorgensen, Morgan, & Avery, 1982; Teichner, 1992). Thus, outcome studies on preventive education programs and marital counseling have shown that couples benefit from participation in marital services designed to strengthen marriage and prevent divorce.

However, a substantial number of individuals and couples experiencing psychological and relational difficulties do not seek professional help (Kushner & Sher, 1991). In fact, those who most need mental health services may be the least likely to seek out and obtain such assistance (Ware, Manning, Duan, Wells, & Newhouse, 1984). In 2003, the Utah Marriage Commission sponsored a statewide survey to assess the state of marriage in Utah. As part of this survey, questions on help-seeking attitudes and behaviors were asked, providing data to explore the previously identified issues.

Nominal Definitions

For the purposes of this study, the following definitions will apply: (1) Marital counseling refers to assistance provided to couples to address relational problems and marital difficulties, and includes both marital counseling and therapy. (2) Welfare status is dichotomously classified as being a current recipient or a non-recipient of government assistance services, including Food Stamps, Medicaid, and/or TANF (Temporary

3
Assistance to Needy Families). (3) Gender is a dichotomous variable referring to an individual's biological sex (i.e., male or female).

Theoretical Framework

Help-seeking is "a process with some complexity, involving interactions between characteristics of the help-seeker, the type of help sought, the context, and the potential helper" (Wills & DePaulo, 1991, p. 350). Help-seeking is inherently an interpersonal, interactive behavior, and social and interpersonal dynamics affect an individual's decision of whether or not to seek help (DePaulo & Fisher, 1980; Lee, 2002). Thus, family ecology theory—a holistic and systems-oriented perspective on family development that is concerned with the interaction and interdependence of people in and with their environment—provides an appropriate framework for understanding help-seeking attitudes and behavior. According to Bubolz and Sontag (1993), "it is appropriate for use with families of diverse structures and national, ethnic, or racial backgrounds, in different life stages and life circumstances" (p. 424). Thus, this theory provides a useful framework for examining how welfare status may affect the decision of whether or not to seek help. Bronfenbrenner (1989) suggested that it is vital to study human development within its broader context. He explained that every human quality is inextricably embedded, and finds both its meaning and fullest expression, in particular environmental settings, of which the family is the prime example. As a result, there is always an interplay between the psychological characteristics of the person and of a specific environment; the one cannot be defined without reference to the other. (p. 225)
Although Bronfenbrenner’s theory is not one of family development or process, it provides a useful framework for understanding the extrafamilial environments and conditions that influence intrafamilial processes (Bubolz & Sontag).

Bronfenbrenner (1979, 1989) proposed that there are multiple levels of systems (i.e., environments) that interact with and affect each other—namely, the microsystem, the mesosystem, the exosystem, and the macrosystem. The microsystem refers to the basic unit of the individual and the family, and includes the relationships and interactions an individual has with his or her immediate surroundings (Berk, 2000). The mesosystem is the connection between the parts of the individual’s microsystem (Berk). The exosystem includes the larger social system in which an individual does not function directly, but feels the impact of the interaction of this system with his or her own system (Berk). The macrosystem refers to the larger contexts that have a cascading influence throughout the interactions of all other systems (Berk). The chronosystem refers to the dimension of time as it relates to an individual’s environments (Berk). Bronfenbrenner also discussed bidirectional influences, that is, the relationships within and between systems that have an impact in two directions—both away from and toward the individual. Thus, the implication of Bronfenbrenner’s theory is that people develop and function within a framework that includes all of these interacting and interdependent systems (Bubolz & Sontag, 1993). An application of these “systems” to the current topic of help-seeking will follow, but, in general, patterns of help-seeking attitudes and behavior may be a direct reflection of the environmental contexts within which they are embedded. This study examines factors at different levels, including individual, familial, and contextual,
that influence help-seeking. More specifically, the present study accounts for gender (an individual factor; microsystem), welfare status (a familial factor; exosystem), and the bidirectional influence of and interaction between these two factors (or systems).

This framework of multiple levels of systems is a useful framework within which to understand the factors that moderate help-seeking. For example, gender (an individual factor; microsystem) has a bidirectional influence on help-seeking attitudes and behavior. That is, an individual’s biological sex (i.e., male or female) determines, in part, the behavioral expectations related to help-seeking imposed upon the individual by society, and these societal expectations, in turn, influence the individual’s help-seeking behavior within society. For example, Phillips and Segal (1969) have suggested that men’s reluctance to seek help is a result of the societal and cultural expectations of masculinity placed upon them. An examination of the mesosystem and exosystem levels can reveal the dynamics between an individual and the larger contexts in which he or she is embedded (e.g., work, extended family, social networks) and how they influence help-seeking attitudes and behavior. For example, socioeconomic status (an exosystem factor, of which welfare status and income level are significant components) has a particularly influential role in development and behavior (Butler, Stanfield, & Stenmark, 1984), and has been shown to influence help-seeking attitudes and behavior (Fischer & Turner, 1970; Keller & McDade, 2000; Lin, Goering, Offord, Campbell, & Boyle, 1996; Neighbors & Jackson, 1984; Redlich, Hollingshead, & Bellis, 1955; Wills & DePaulo, 1991).
The macrosystem level includes the cultural values and attitudes, societal expectations, and customs that influence help-seeking attitudes and behavior. For example, people often avoid seeking help because of the perceived societal stigma of mental health help-seeking (Outram, Murphy, & Cockburn, 2004). As an additional example, Pollack and Levant (1998) and Felton (1986) suggested that men often avoid therapy because participation in the therapeutic process presents men with a contradiction between issues of gender role socialization and cultural stereotypes and the “unmasculine” expectations of therapy. The chronosystem adds a layer of complexity in that it provides an opportunity to study welfare status and gender (i.e., in connection with help-seeking) in relation to the past, present, and future. For example, historically, it has been undesirable for men to seek help because help-seeking has been viewed as a “feminine” characteristic, but today, positive androgynous characteristics, such as help-seeking, are viewed as desirable in both sexes (Woodhill & Samuels, 2004). Similarly, over twenty-five years ago, words such as reasonable, assertive, and competitive were used synonymously to describe healthy men and healthy adults (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972), whereas now the words connected, intimate, and relational—words traditionally associated with femininity—are associated with healthy adults regardless of their biological sex (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991) and encourage help-seeking attitudes and behavior. Thus, the interaction between an individual’s gender, his or her immediate family/community environment, and the societal setting in which he or she lives may influence help-seeking attitudes and behavior.
Also, family ecology theory's view of family functioning and adjustment is based on three primary concepts, all of which are components of the decision to seek help and the process of help-seeking. The first is the concept of values, which permeate a family system and guide behavior and decision-making. Second is management, which includes goal setting, planning, and the evaluation of progress. The third concept is decision-making, which is the process of recognizing a need for a decision to be made, exploring and evaluating options and alternatives, and then choosing an acceptable option or solution (Bubolz & Sontag, 1993).

Management, the second basic concept in family ecology theory, is defined as “a comprehensive process involving the attainment, creation, coordination, and use of resources for meeting goals and realizing values” (Bubolz & Sontag, 1993, p. 436). An important aspect of studying help-seeking attitudes and behavior is examining the types of resources and coping skills people use in order to achieve relationship satisfaction and stability. Bubolz and Sontag suggested that without hope or a vision of what is desirable, there is little possibility for betterment. This has implications for welfare recipients and low-income individuals, couples, and families, and is consistent with research that suggests that low-income individuals, when faced with stressful relationship issues, are less likely to seek help from mental health professionals than their more affluent counterparts (Neighbors, 1984; Shore, 1992; Snowden & Cheung, 1990). For example, Antunes, Gordon, Gaitz, and Scott (1974) suggested that individuals of lower SES experience natural causes and effects of environmental stress (e.g., housing and unemployment problems, overcrowded residential areas) and are unable to deal with the
additional pressures and strain of economic distress and also lack sufficient resources to better their situation.

According to Bubolz and Sontag (1993), decision-making is a process that occurs in both day-to-day activities and in the context of problem solving and achieving goals. This decision-making process includes three basic steps: (a) recognizing that a decision needs to be made, (b) identifying, comparing, and assessing alternatives, and (c) selecting an appropriate alternative (Bubolz & Sontag). This decision-making process is consistent with the help-seeking process identified by Padgett and Brodsky (1992) and Wills and DePaulo (1991), in which people seek help in stages, progressing from the recognition and acknowledgment of a problem (stage one), to the decision to seek help (stage two), to choosing a helper (stage three). By examining the process by which people become aware of the fact that they need help, and then identify, compare, assess, and implement solutions, one can better identify the factors that influence the decision to seek or not seek help.

This theoretical framework is also consistent with Rogler and Cortes' (1993) description of the help-seeking pathways to mental health services. They explain that from the onset of a concern, psycho-social and cultural factors “impinge upon the severity and type of mental health problem; these factors interactively shape the pathways’ direction and duration” (p. 556). Then, the interaction of and among social networks, institutions, and culture influences the accessibility of the help-seeking pathways (Rogler & Cortes). Similarly, the help-seeking literature emphasizes the interaction of personal (e.g., gender) and situational (e.g., SES) variables on attitudes and
behaviors of help-seeking, and cultural factors are increasingly being investigated in relation to help-seeking (Nickerson, Helms, & Terell, 1994; Tata & Leong, 1994).

Finally, given that relationships are developed and maintained at many levels, including the individual, couple, and contextual levels (Wilson, Larson, McCulloch, & Stone, 1997), family ecology theory provides the necessary flexibility to consider the multileveled influences of the many different contexts in which individuals and couples function, and to address the interactions among the multiple influences on the decision to seek or not seek help. With regard to welfare status and gender, it is important to examine the multiple contexts of interaction and interdependence that influence how these variables moderate help-seeking. In addition, it is important to understand the help-seeking experience of individuals of differing income levels and genders from a perspective that includes elements of the macrosystem, such as cultural and societal values and expectations, and the influence of formal institutions such as the government (e.g., government assistance programs such as TANF). This theory also provides valuable assumptions for examining the meanings that men and women, and low and higher income individuals, attribute to relationship stress and help-seeking behavior. Melson (1983) explained that relationship stress, accessing (or not accessing) resources, developing coping skills, and increasing relationship satisfaction and stability do not occur in a vacuum, but in interaction with one’s environment and with others in that environment. Thus, family ecology theory’s holistic perspective is a useful framework for this study because it allows the topic of help-seeking to be studied from multiple levels, from the micro to the macro.
Problem Statement

If preventive education and marital counseling have an overall positive effect on the quality and stability of the marital relationship, then why aren’t more people taking advantage of the services that are available? Who is most likely to utilize preventive education and marital counseling resources? Does an individual’s welfare status and/or gender influence the decision to utilize these services? The current knowledge of help-seeking attitudes and behavior is incomplete. Additional research is needed to identify and clarify the primary factors that are associated with the decision to seek or not seek help from mental health professionals. More specifically, the research is lacking with regard to how welfare status and gender moderate whether or not individuals utilize counseling services related to marriage. One of the purposes of the present study is to fill the voids in the literature regarding the relationship of welfare status and gender to the utilization of counseling services related to marriage. This study also seeks to understand the compound effects that welfare status and gender may have on the utilization of marital counseling services, as few studies have investigated the combined effects of these variables on marital help-seeking attitudes and behavior. Using the Utah Marriage Survey data set from 2003 will allow an exploration of these issues. This research is important because it may assist researchers, family life educators, and mental health professionals in identifying methods of helping a “less-likely” population have greater access to and utilization of marital counseling resources. Thus, the primary areas of interest that guide this study are as follows:
1. Is there a relationship between welfare status and marital help-seeking attitudes and behavior?

2. Is there a relationship between gender and marital help-seeking attitudes and behavior?

3. Do welfare status and gender have an interactive relationship with marital help-seeking attitudes and behavior?
CHAPTER II
REVIEW OF LITERATURE

Research on preventive education and counseling services related to marriage has focused primarily on outcomes with some attention to demographics, but there is minimal information on the characteristics of the individuals and couples who utilize these services. Some common factors among individuals who utilize preventive marital services have been identified through years of research, but Sullivan and Bradbury (1997) suggested that there is a great need for further investigation into the characteristics of individuals and couples participating and not participating in preventive education programs. The limited number of studies on the demographics of those who utilize counseling services related to marriage also highlights the need for further research on the characteristics of those who participate in marital counseling services.

Help-seeking is a multifaceted subject, and research has shown that help-seeking is related to a number of personal characteristics, including welfare status (Lin et al., 1996), income level (Keller & McDade, 2000; Neighbors & Jackson, 1984; Wills & DePaulo, 1991), and gender (Albizu-Garcia, Alegría, Freeman, & Vera, 2001; Edwards, Nazroo, & Brown, 1998; Fischer & Farina, 1995; Lin et al.; Neighbors & Jackson; Wills & DePaulo). This chapter will review the literature pertaining to help-seeking, with a particular focus on the help-seeker characteristics of welfare status, income level, and gender, and how they are related to seeking help. The links between these variables will be explored and the chapter will conclude with the hypotheses to be tested in this study.
However, before presenting a review of the relevant literature, a brief explanation regarding the rationale for the inclusion of specific topics in the literature review will provide a framework for understanding the relationship between the variables that will be discussed. The current study’s specific interest in and focus on receiving welfare as a variable that may be associated with marital help-seeking attitudes and behavior is based on a number of pertinent factors. First, the U. S. Department of Health and Human Services has reported that strong marriages are linked to being off welfare (Ooms & Wilson, 2004). Second, public policymakers are particularly interested in strengthening marriage in low-income populations, and in 2004 it was proposed that the TANF welfare program include several types of federally funded marriage activities, programs, and services. Because the current study was funded with welfare (TANF) dollars, there is a particular interest in how receiving welfare is related to the current topic of marital help-seeking. In addition, the current study was designed specifically to survey an oversample of TANF recipients so that the experiences and beliefs of welfare recipients would be well-represented in the findings. Third, the literature is lacking with respect to how welfare status, in particular, is associated with marital help-seeking. However, the literature pertaining to income level and help-seeking has important implications for the relationship between receiving welfare and help-seeking because, although not all low-income individuals are welfare recipients, all welfare recipients are characterized as “low-income.” Thus, a review of the literature pertaining to the association between income level and help-seeking provides an appropriate and useful framework for better understanding how welfare status may also be related to help-seeking. The limited body
of research on welfare status and help-seeking will be supplemented with a review of the literature examining the association between income level and help-seeking.

In addition, the dependent variable for this study is the utilization of counseling services related to marriage. The review of literature that follows, however, also includes a consideration of preventive marital education and how welfare status, income level, and gender are related to the utilization of these types of marital services. Although there is a clear distinction between preventive marital education and marital counseling services, a consideration of both topics will provide a greater conception of and more complete framework for understanding couples' utilization of marital counseling services. There are many elements of preventive marital education that have application to the utilization of marital counseling services and, thus, it was deemed important to also review some of the literature pertaining to preventive education because it provides additional support for the current research. For example, the literature suggests that the challenges of offering relationship and marriage education to low-income populations are similar to those of facilitating the utilization of marital counseling and therapy services among low-income populations (Ooms & Wilson, 2004). In addition, the survey questions utilized in the current study also contain elements of preventive marital education, thus a review of some preventive education literature was deemed both necessary and valuable.

Help-Seeking

The issue of help-seeking is complex, and is currently the subject of much research. Researchers have examined the process of seeking help (Padgett & Brodsky,
1992; Wills & DePaulo, 1991), the help-seeker’s choice of a helper (Edwards et al., 1998; Faria, Barrett, & Goodman, 1985; Fischer & Farina, 1995; Kushner & Sher, 1991; Lin et al., 1996; Neighbors & Jackson, 1984; Neuberger, Dohrenwend, & Dohrenwend, 1980; Wills & DePaulo), and the potential barriers to help-seeking (Lee, 2002; Outram et al., 2004). In addition, researchers have discovered that help-seeking is influenced by a number of factors, including the context (e.g., prolonged dysfunction, crisis, or negative life event) in which the individual becomes motivated to seek help and the characteristics of the help-seeker (e.g., welfare status and gender; Wills & DePaulo).

*The Process of Seeking Help and the Choice of a Helper*

Padgett and Brodsky (1992) and Wills and DePaulo (1991) suggested that help-seeking involves stages. These stages of help-seeking were derived through a review of empirical research on help-seeking and (a) the utilization of medical services, (b) treatment rates, (c) help-seeking preferences, (d) social support, (e) SES, and (f) gender differences. Based on their review, Padgett and Brodsky and Wills and DePaulo explained that people seek help in stages, progressing from the recognition and acknowledgment of a problem (stage one), to the decision to seek help (stage two), to choosing a helper (stage three). Wills and DePaulo identified three additional sub-stages within stage three of this help-seeking process. Initially, people seek help from informal help sources (e.g., spouse, family members, friends). Then, if the problem is not resolved through informal help sources, people will seek help from clergy or general medical practitioners. If the problem is still not resolved, then, lastly, they will seek help from
mental health professionals (Wills & DePaulo). Research shows that the vast majority of help-seekers turn to family, friends, and/or clergy (Edwards et al., 1998; Neighbors & Jackson, 1984; Wills & DePaulo), with few help-seeking individuals actually seeking help from trained mental health professionals (Norcross & Prochaska, 1986; Veroff, Kulka, & Douvan, 1981; Wills & DePaulo). Thus, research suggests that people seek help in a pyramid fashion in which most do not seek help at all (approximately 73%), fewer go to family and friends, even fewer go to medical professionals and clergy, and the fewest go to mental health professionals (Kushner & Sher, 1991; Neighbors & Jackson; Neuberger et al., 1980; Wills & DePaulo). Thus, only about 27% of people seek help from someone, with the largest number of help-seekers turning to family and friends, and the smallest number of help-seekers turning to mental health professionals (Wills & DePaulo).

One possible reason, suggested by current research, for the relatively small number of people who seek help from mental health professionals is that people fear the stigma of "mental illness" that is associated with seeking mental health treatment (Csordas, 1990; Fischer & Turner, 1970; Lyles, 1992; Narramore, 1994; Wills & DePaulo, 1991). Wills and DePaulo offer another possible explanation for the pyramid pattern of help-seeking. First, people seek help from family and friends for relatively minor problems (which are most abundant). Second, people seek help from medical professionals and clergy for persistent problems (which are less abundant). Third, people seek help from mental health professionals for serious psychological problems (which are least abundant). However, Wills and DePaulo’s model of a help-seeking pyramid, while
logical and plausible, is largely inferential because it is based on a review of empirical research in which their conclusions are based on unweighted comparisons between different studies (i.e., regardless of sample size or analytical method, the results of each study were compared as though they had equal value, rather than standardizing the values of each study before comparing them). Since Wills and DePaulo did not use empirical techniques in their review, their conclusions are empirically weak, and there is little direct evidence for their pyramidal model of help-seeking. Thus, there is a need to cite other studies that more directly and empirically measure the types of helpers from whom people seek help.

Sorgaard, Sorenson, Sandanger, Ingebrigtsen, and Dalgard (1996) conducted a study in Norway with a sample of 2,478 participants—a sample size large enough to be representative of and draw conclusions about the population of Norway. They found that people who sought help from medical professionals and clergy had more psychological symptoms than the general population, but fewer psychological symptoms than people who sought help from mental health professionals. These results support the pyramid explanation, and are likely to generalize to the United States because they support the work done by Wills and DePaulo (1991) in America.

Faria et al. (1985) surveyed 517 women seeking help from an abortion clinic and found that 72% of the participants had previously sought help from someone, with 41% of those seeking help from family, 29% seeking help from friends, and 21% seeking help from a medical professional. These results, however, may be skewed in that all the participants surveyed were in the act of seeking help from a clinic and, thus, may have a
help-seeking bias. In addition, the use of a sample of women seeking help from an abortion clinic limits the study’s ability to generalize the results to the help-seeking patterns of men and help-seeking in general. However, a strength of this study is that it measured past help-seeking behavior (which is more concrete) instead of current estimated preferences or attitudes, which are more abstract and can vary from behavior (Veroff et al., 1981). The results of this study also lend support to Wills and DePaulo’s (1991) pyramid theory in that the percentage of those seeking help from family members and friends is higher than those seeking help from medical professionals.

With a sample of 389 college students enrolled in an introductory psychology course, Fischer and Farina (1995) found that only 37% of females and 15% of males sought help from mental health professionals. Although this study did not measure help-seeking from other sources (participants were asked a single dichotomous question of whether or not they sought help from mental health professionals), the implication of the above percentages, though not supported by actual data, is that 63% of the female participants and 85% of the male participants either sought help from a different source or did not seek help at all. The use of a college psychology student sample limits the ability to generalize to all adults, and the use of a dichotomous question limits information on help-seeking preferences, because participants did not have the option to choose from any other potential helpers. However, the low number of participants seeking help from mental health professionals supports Wills and DePaulo’s (1991) suggestion that relatively few people seek help from mental health professionals when compared with those who seek help from other sources or not at all.
Lin et al. (1996), with a sample of 8,116 Ontario residents between the ages of 15 and 64, found that only 7.8% of participants sought professional help for mental health concerns. Of those participants who did seek professional help for mental health concerns, 49.9% sought help from medical doctors, 24.1% sought help from psychiatrists, 22% sought help from social workers, and 10% sought help from either psychologists or clergy. However, this study offers no information on participants’ help-seeking from non-professionals, such as family members or friends. Similar to the other researchers (Faria et al., 1985; Fischer & Farina, 1995), Lin et al. only measured past behavior, not current estimated preferences. Consistent with the assertions of Wills and DePaulo’s (1991) pyramid theory, the results of Lin et al. suggest that most people avoid seeking any help at all. The findings of Lin et al. also support Wills and DePaulo’s statement that people seeking professional help go to medical doctors more often than mental health professionals.

With a sample of 2,107 adult (i.e., 18 or older) African-Americans who were selected to closely represent all African-Americans in the United States, Neighbors and Jackson (1984) found that 87% of the participants sought help from family members and/or friends, and 48.6% of the participants sought help from a professional source. Among those who sought help, 43% used only family members and/or friends, 44% used a combination of nonprofessional and professional helpers, and 4.3% used professional sources only. They also found that 8.7% of the participants did not seek help from any source. Neighbors and Jackson did, however, use an unvalidated measure of help-seeking, which limits the ability of this study to draw definitive conclusions. This study,
like the studies of Faria et al. (1985), Fischer and Farina (1995), and Lin et al. (1996), measured past behavior as opposed to current attitudes or preferences. In contrast to Wills and DePaulo’s (1991) assertion that 73% of all people avoid seeking help, Neighbors and Jackson found that a minority (only 8.7%) of African-Americans avoid seeking help. Consistent with Wills and DePaulo, Neighbors and Jackson did find that African-Americans seek help from family members and friends significantly more than professional sources. This study also suggests that sometimes people seek help from both non-professional and professional helpers simultaneously.

In support of Neighbors and Jackson’s (1984) study, Neighbors and LaVeist (1989), with a sample of 258 adult (i.e., 18 or older) African-Americans who were selected to closely represent all African-Americans in the United States who had experienced a serious economic crisis, found that 89.3% of the participants sought help from family members and/or friends, and 45.7% sought help from a professional. Further, 41% of the participants sought help from a combination of professional and non-professional helpers, 48.2% sought help from only family members and/or friends, 4.4% sought help from only professional sources, and 6.4% did not seek any help. Because of the sample’s deliberate SES and gender diversity, these results are generalizable to African-Americans in the United States who have suffered economic crises. Like Faria et al. (1985), Fischer and Farina (1995), Lin et al. (1996), and Neighbors and Jackson, this study measured past behavior, not attitudes or preferences. As with Neighbors and Jackson, and in contrast to Wills and DePaulo’s (1991) assertion that 73% of all people avoid seeking help, Neighbors and LaVeist suggested that a minority (only 6.4%) of
African-Americans experiencing economic distress avoid seeking help. The findings of Neighbors and Jackson and Neighbors and LaVeist suggested a possible interaction between race and help-seeking. However, like Neighbors and Jackson, and consistent with Wills and DePaulo, Neighbors and LaVeist found that African-Americans seek help from family members and/or friends significantly more than professional sources. The results of Neighbors and LaVeist are similar to those of Neighbors and Jackson, which suggests that experiencing economic distress may not influence if, and from whom, African-Americans seek help. This study also adds further support to Neighbors and Jackson’s finding that sometimes people seek help from both non-professional and professional helpers simultaneously.

Even though the above studies fall short of demonstrating unified support for the help-seeking pyramid theory (Wills & DePaulo, 1991), this theory is compelling and offers a framework for better understanding help-seeking with regard to the process of how, and from whom, an individual seeks help. In general, help-seeking from formal, professional sources is relatively low, while help-seeking from informal, non-professional sources seems to be “the mechanism most frequently used for coping with psychological distress” (Wills & DePaulo, p. 351). Thus, a majority of help-seekers rely on informal helpers.

*The Context in Which Help Is Sought*

The issue of help-seeking, however, is not limited to how, and from whom, an individual seeks help. Researchers have also examined the context (e.g., prolonged dysfunction, crisis, or negative life event) in which the individual becomes motivated to
seek help (Wills & DePaulo, 1991), and how it is related to an individual’s perception of need (e.g., duration of the problem or level of distress; Padgett & Brodsky, 1992). For example, Veroff et al. (1981) used a community sample to obtain data on participants’ rankings of preferred potential help sources, given different types of problems. The majority of participants indicated a preference for informal help (from spouse or friends) for dealing with general worries or unhappiness. For help with persistent problems, 46% of participants responded that they would seek some type of professional help, with 28% indicating they would seek help from a doctor, 27% would seek help from clergy, 22% would seek help from a psychiatrist/psychologist, and 17% would seek help from a mental health professional. However, there was a discrepancy between the above hypothetical help-seeking data and the actual help-seeking data provided by the participants. Actual help-seeking data showed that 26% of the participants had ever sought help, which is somewhat discrepant from the hypothetical utilization estimate of 46%. Among participants who had sought professional help, 39% sought help from clergy, 29% sought help from a psychiatrist/psychologist, 21% sought help from a doctor, and 20% sought help from a mental health professional. Participants with less severe problems tended to seek help from clergy, whereas participants who had ever sought help for “an impending nervous breakdown” preferred the help of a doctor (52%), then a psychiatrist or psychologist (18%), followed by a mental health professional (10%). Thus, these findings suggest that the preferred source of help depends on the severity of the problem, and that there is a relative shift from clergy to psychiatrists/psychologists to doctors as the problem increases in severity. In addition,
recent studies have shown that help-seeking increases with the severity of the problem (Bebbington et al., 2000; Constantine & Gainor, 2004; Henderson, Gibson, Pollard, Jacobi, & Merkel, 1992).

Similarly, psychological distress is associated with adverse life events (Lewinsohn, Hoberman, Teri, & Hautzinger, 1985), and research indicates that negative life events act as a trigger for help-seeking behavior. For example, Norcross and Prochaska (1986), in a study on help-seeking decisions among laypersons and professionals, found that in most cases a help-seeking episode was triggered by a severe negative life event. With regard to marriage help-seeking, research has shown that many couples seek therapy in response to the occurrence of severe, negative marital stressors (e.g., infidelity, threats of marital dissolution; Cano, Christian-Herman, & O’Leary, 2002). Thus, the psychological and relational distress associated with negative life events can influence an individual’s perception of need for help (which is based on the duration of the problem or level of distress) and actual help-seeking behavior (Cano et al.; Norcross & Prochaska; Padgett & Brodsky, 1992).

Potential Barriers to Seeking Help

Researchers have also identified a number of potential barriers to help-seeking. First, “the act of seeking help can be an admission of inferiority, inadequacy, or dependency” (Wills & DePaulo, 1991, p. 356). It may be for this reason that an individual’s willingness to ask for help increases as the visibility of the act of seeking help decreases and becomes more private (Shapiro, 1978). These findings are consistent with the work of Lee (2002) which suggests that help-seeking is fundamentally
interpersonal in nature, and, as such, involves certain "social costs." According to Lee (1997), there are three specific social costs associated with help-seeking. First, seeking help is an acknowledgment of one’s incompetence (Druian & DePaulo, 1977); a help seeker needs help because of an inability to solve problems and find solutions on his or her own, and seeking help involves admitting a knowledge or skill deficiency. Second, by seeking help, one acknowledges inferiority to others (Ames & Lau, 1982); in soliciting the help of others, a help seeker acknowledges the potential helpers’ relative superiority in knowledge, skill, and resources. Third, a help seeker acknowledges his or her dependence on others (Tyre & Ellis, 1993); help-seeking is an admission that one needs others’ input and contributions in order to complete a task or solve a problem. Lee (2002) explained further that “admitting incompetence, inferiority, and dependence is costly to a help seeker. . .[because this poses] threats to self-esteem and public impressions” (pp. 18-19). Understanding these social costs of seeking help further explains why individuals may refrain from seeking help even when help is needed, available, and highly beneficial. For example, Lee (1997) found that less than one-third of study participants who needed help to solve a problem actually asked other people for help, even though help was always available to them. Thus, Lee (2002) suggested that “in conditions in which competence, superiority, and independence are important to one’s self-esteem and impression management concerns, the social costs of help-seeking become highly prohibitive, and individuals are less likely to seek help when problems arise” (p. 19).
Other key barriers to mental health help-seeking include a belief in coping alone, shame and embarrassment, fears of painful self-discovery, beliefs that no one can help, costs of mental health services, and a lack of information about services (Belle, 1982; Meltzer et al., 2000; Small, Brown, Lumley, & Astbury, 1994; Wells, Robins, Bushnell, Jarosz, & Oakley-Brown, 1994). Outram et al. (2004) used a random community sample of 400 midlife Australian women to identify attitudes and beliefs that act as barriers to mental health help-seeking. Results indicated that barriers to seeking help from a mental health professional include a belief in coping alone (64%), a belief that the problem will get better by itself (43%), feelings of shame and embarrassment (35%), inability to access needed help (34%), lack of knowledge about where to go for help (31%), concerns about judgment from others (28%), cost of services (22%), concerns about privacy and confidentiality (12%), fears of painful self-discovery (10%), and a belief that no one can help (9%). A strength of this study lies in the use of a combination of quantitative and qualitative methods of data collection, which provides a more complete picture of help-seeking attitudes and beliefs than a single method alone. However, the use of an all-women, all-Australian sample limits the generalizability of the study findings. These exploratory findings, however, do offer some valuable insights into help-seeking inhibiting beliefs, and point to the need for additional studies related to the barriers to mental health help-seeking for both men and women in the United States. Outram et al. suggested that attitudinal and sociodemographic factors interact to influence help-seeking from mental health professionals. According to Outram and colleagues, the perceived stigma of mental illness, and the associated embarrassment and fears of judgment, appear to be more salient in the decision to seek help from a
mental health professional rather than a general medical practitioner. Seeing a general medical practitioner rather than a mental health professional can potentially make it easier... to access help and avoid stigma. (p. 193)

Culture and gender also influence help-seeking attitudes and behavior and may present certain barriers to mental health help-seeking. Chiu (2004) explained that cultural and gender factors are important in problem definition and in the interpretation and undertaking of help-seeking. Chiu also suggested that the social and cultural stigma of help-seeking is sufficiently powerful to deter people from seeking help, and that the stigma of help-seeking often arises from rigid, culturally prescribed gender roles. Many studies have highlighted the profound impact of culture and gender on attitudes and behavior related to help-seeking. For example, Asian women must overcome many obstacles created by culturally prescribed gender roles in order to seek help. According to Kim (1998), “the Asian woman has been either socialized or forced to be subservient and obedient” (p. 310), and cultural and traditional values of harmony, along with the expectation for women to be self-sacrificing, docile, and eager to please, present barriers to help-seeking among Asian women. Chinese women are also hesitant to seek help for their parenting or marital concerns because doing so is a reflection of failure in relation to their gendered family role prescribed by their culture (Chiu). In addition, Shek (1998) found that approximately 20% of Chinese study participants believed family problems were ‘personal’ matters and that seeking external help was shameful. Chinese individuals also viewed help-seeking as an admission of personal inadequacy and failure, as well as a violation of self-reliance, which is highly valued in Chinese culture (Chiu). Similarly, culture and gender factors have been found to influence the help-seeking
attitudes and behavior of men in the United States. For example, Phillips and Segal (1969) suggested that men’s reluctance to seek help is a result of the societal and cultural expectations of masculinity placed upon them. Pollack and Levant (1998) suggested that men generally avoid therapy because socialization has caused them to view therapy as unmasculine. Felton (1986) explained further that men, in order to participate in couples therapy, must engage in activities that are contrary to society’s traditional view of masculinity. In therapy, they are expected to express feelings, admit weaknesses, give up control, self-disclose, and engage in nonsexual intimacy. Thus, participation in the therapeutic process presents men with a contradiction between issues of gender role socialization and cultural stereotypes and the “unmasculine” expectations of therapy. As a result, Felton suggested that men, aware of these contradictions and expectations, often avoid the therapeutic process. Thus, issues related to dominant culture and gender inequality and/or differences may also present specific barriers to seeking help.

Characteristics of the Help-Seeker

There are a number of additional factors that may enter into an individual’s decision of whether or not to seek help. For example, an increased likelihood of seeking help from a mental health professional has been linked with low religious commitment (Csordas, 1990; Lyles, 1992; Propst, Ostrom, Watkins, Dean, & Mashburn, 1992; Reisner & Lawson, 1992), higher socioeconomic status (Fischer & Turner, 1970; Keller & McDade, 2000), higher education (Bebbington et al., 2000; Wills & DePaulo, 1991), being female (Bebbington et al.; Edwards et al., 1998; Fischer & Farina, 1995; Wills & DePaulo), being non-African-American (Griffith & Young, 1988; Lyles; Neighbors &
Jackson, 1984; Neighbors & LaVeist, 1989; Padgett & Brodsky, 1992), and being out of paid employment (Bebbington et al.; Outram et al., 2004). Thus, research has shown that help-seeking attitudes and behavior are related to a number of personal characteristics of the help-seeker, including welfare status (Lin et al., 1996), income level (Keller & McDade; Neighbors & Jackson; Wills & DePaulo), and gender (Albizu-Garcia et al., 2001; Edwards et al., 1998; Fischer & Farina; Lin et al.; Neighbors & Jackson; Wills & DePaulo). These latter two help-seeker characteristics (i.e., welfare status/income level and gender), and how they are related to help-seeking attitudes and behavior, will now be discussed in turn.

**Welfare Status and Income Level**

Welfare status and income level have been identified, through decades of research, as variables that influence help-seeking attitudes and behavior (Fischer & Turner, 1970; Keller & McDade, 2000; Lin et al., 1996; Neighbors & Jackson, 1984; Redlich et al., 1955; Wills & DePaulo, 1991). However, research findings on the relationship between welfare status/income level and the use of mental health services have been inconsistent, and the amount of information and detail regarding the differences between various income levels and help-seeking behavior is minimal (Lin et al.; Neighbors & Jackson; Wills & DePaulo). For the most part, research on the relationship between income level and mental health services utilization has shown that low-income individuals are less likely than their more affluent counterparts to utilize professional mental health services (Neighbors, 1984; Shore, 1992; Snowden & Cheung,
According to Fischer and Turner, people of low socioeconomic status are less "psychologically minded" (p. 79) than people of higher socioeconomic status and, as a result, are less inclined to seek the help of mental health professionals. Similarly, Wills and DePaulo suggest a positive relationship between higher education and seeking help from mental health professionals. Antunes et al. (1974) suggested that individuals of lower SES experience natural causes and effects of environmental stress (e.g., housing and unemployment problems, overcrowded residential areas) and are unable to deal with the additional pressures and strain and also lack sufficient resources to better their situation. Keller and McDade conducted a qualitative survey with 52 low-income parents to determine attitudes toward parenting and help-seeking and found that "low-income parents were less likely to believe in or seek out help than those with higher incomes" (p. 285). This finding seems consistent with Fischer and Turner's (1970) characterization of low-income people as less "psychologically minded." It is also consistent with the work of Banks (1988), which suggests that the desire and motivation to seek mental health services is influenced by an individual's locus of control (i.e., how an individual perceives the relationship between his action and its consequences), which is primarily a social class variable. That is, "whether [individuals] believe that they can exert control over their environment appears to be related . . . to their socioeconomic status" (p. 462). According to Banks, "individuals who believe that consequences are a direct result of their actions are said to have internal locus of control or internality. Persons who believe that there is little or no relationship between their behavior and its consequences are said to have an external locus of control" (p. 460). Banks stated that
internality is positively related to motivation and achievement, and that those of higher SES tend to be more internal in their orientations than are those of lower SES (as lower-class individuals have difficulty seeing the relationship between their effort and their performance). Thus, locus of control—which is primarily a social class variable—produces differences among individuals’ perceptions of mental health and mental health services, and the desire and motivation to seek such services.

In order to study predictors of the use of mental health services in Ontario, Canada, Lin et al. (1996) gathered data from a sample of 8,116 adult men and women through a mail survey. SES was measured dichotomously and operationalized by the use of public assistance versus the non-use of public assistance. Lin et al. found that recipients of public assistance in urban areas were more likely than rural recipients and non-recipients to have used mental health services. Thus, among the strongest predictors of mental health service use was receiving public assistance. This finding is contrary to findings of previous studies which found that low levels of income were associated with low levels of mental health service use.

Neighbors and Jackson (1984) collected data through in-person interviews with a sample of 2,107 African-American adult men and women in order to examine the use of informal (family and friends) and formal (professionals) helpers. They found that help-seeking patterns differed among low and higher SES participants. Low SES individuals were less likely than higher SES individuals to use only family and friends as helpers. When compared to their higher SES counterparts, low SES participants were more likely to use only professional help, to combine the use of family, friends, and professional
help, and to not seek help at all. SES was measured dichotomously and operationalized by an annual income of under $10,000 versus $10,000 and above. Neighbors and Jackson also analyzed the data for possible SES and gender interactions, but none were found.

Thus, research results are equivocal regarding which income level has more association with help-seeking. Fischer and Turner (1970) and Wills and DePaulo (1991) affirmed that higher SES must be associated with an inclination toward seeking help from a mental health professional; however, their assertions were based on a literature review and not empirical assessment. Keller and McDade (2000) found that “low-income parents were less likely to believe in or seek out help than those with higher incomes” (p. 285); however, they made comparisons with higher-income parents without having any sample of parents with higher incomes. Therefore, they could not empirically support a comparative conclusion about the difference in help-seeking between people of different income levels. Both Lin et al. (1996) and Neighbors and Jackson (1984) found empirically that lower SES was correlated with professional help-seeking. In comparison with other studies that used only college student samples, Lin et al. and Neighbors and Jackson used robust samples of non-college student participants, which improves the ability of these studies to generalize their findings to the larger population of adults which they represent; however, a limitation of Neighbors and Jackson is the use of an unvalidated questionnaire that was designed for the study, which may limit the study’s ability to draw definitive conclusions.
Some possible explanations exist for the variability in results between studies of income level and help-seeking. First, sampling, methodological, and measurement limitations of the above studies may account for some of the variability in the results of the studies. The use of a college student sample may limit the ability of Fischer and Turner (1970) to generalize their findings to all adults in the American population. In addition, a methodological limitation of Fischer and Turner and Wills and DePaulo (1991) is the use of information from previous studies in a literature review fashion, which lacks empirical proof to substantiate their assertions. A methodological limitation of Keller and McDade (2000) is the exclusion of a sample of higher income parents, which precludes the ability of the study to draw any comparative conclusion about the difference between low and higher income parents with regard to help-seeking. Also, a limitation of Neighbors and Jackson (1984) is the use of an unvalidated measure of help-seeking, which limits the ability of this study to draw definitive conclusions. Second, income level differences in mental health help-seeking may be relatively small, and so may not have been detected reliably across studies. Thus, collectively, the research on the relationship between income level and help-seeking attitudes and behavior appears presently inconclusive, and additional empirical research is needed in order to address the limitations of current studies and substantiate current findings regarding income level and help-seeking attitudes and behavior, as there are presently few studies of this nature.

Several possible explanations have been offered as to why low-income individuals are less likely to seek out and utilize mental health services than those with higher incomes. According to Lott (2002) and Katz (1985), the discipline of psychology
in the United States has marginalized both non-White populations and those of low SES, and has also helped to maintain classism. As an example of this, Lott explained the concept of cognitive distancing, in which mental health professionals distance themselves from the poor by ignoring SES as a significant variable in theory, research, and practice. In addition, she states that cognitive distancing more commonly occurs through stereotyping. For instance, Lott explained that “the dominant images of poor people in the United States include negative beliefs about their characteristics, negative expectations about their behavior, and the attribution that their poverty is caused by their own failings” (p. 102). Those of low SES may be aware of this stereotypically negative view of them, have experienced it first hand, or can sense this negativity from health professionals or the higher class, which in turn discourages them from seeking help from those who hold these negative attitudes toward them. Lott also pointed out that those from a low-income or working class background experience and must combat the social exclusion and stigma associated with poverty.

Mueller and Patton (1995) suggested that when poor families are involved in programs that reduce social isolation and connect them to services, the result is improved parenting skills, improved family relations, increased knowledge and understanding of child development, and children’s improved school performance. Thus, programs aimed at providing support, skills, and information and improving the social support networks for low-income parents can have an overall positive effect on individual family members and overall family functioning (Tracy, 1990). Researchers have offered a number of possible explanations as to why these positive outcomes occur (Hashima & Amato, 1994;
According to Unger and Nelson, social support networks may help to reduce the number of stressful events experienced by parents through providing actual assistance, may mediate the stress parents experience, and may help them to better cope with the demands of parenting. Additionally, Tracy suggested that support networks provide role models for parents as well as links to additional sources of parenting information. Also, in general, the more help parents receive, the less likely they are to exhibit negative parental behavior (Hashima & Amato). In other words, the more social support low-income parents receive, the greater their ability to parent effectively (Horejsi, Craig, & Pablo, 1992). However, according to Bloch and Seitz (1989), even though low-income families experiencing difficulties may benefit from support, information, or counseling, many do not seek help from mental health/social service agencies. Horejsi et al. suggest that this may be a result of a number of factors, such as lacking trust in, or feeling hostility toward, those who may be better off economically or may be in a position of authority. Further, Gladow and Ray (1986) suggest that low-income families may perceive the support provided by mental health/social service agencies as impersonal and ego deflating.

Utilization, or nonutilization, of nonprofit social service organizations by the poor is an area of research that may provide some additional insight into low-income individuals’ use or nonuse of marital counseling services. Research on utilization of nonprofit social service organizations by the poor has found that, overall, the use of these organizations is rather limited, and that poor individuals are likely to seek help from family and friends over nonprofit social service organizations. For example, in the early
1980s, Stagner and Richman (1986) examined help-seeking behavior among poor, largely AFDC (Aid to Families with Dependent Children)-dependent, Chicago household heads. Study participants were asked to identify the top three problems they were faced with during the past year and how they tried to resolve these problems. Half (49%) of the participants indicated that they did not seek help for any of their reported problems from a social service provider (i.e., government social service programs, private social service agencies, and churches). Twenty-eight percent sought help from churches or government services, while only 23% of the participants turned to a private social service agency for help. When asked about nonuse of known provider services, participants’ reasons for nonuse included the procedures of the provider (43% of cases), the participant’s attitude about receiving help (29% of cases), the personnel at the provider (17% of cases), and location (9% of cases).

Other studies have also examined the reasons why low-income individuals do not use nonprofit social service organizations. Brabson and Himle (1987) surveyed rural poor and unemployed Michigan residents and found that the majority of the respondents would not use the services of “social welfare agencies” for a number of reasons, including (1) the agencies were not open when needed (25%), (2) their location was unknown (24%), (3) they feared what others might think (14%), and/or (4) the agencies were too far away (13%). In addition, Chen and Marks (1998) surveyed parents of youth in Akron, Ohio and found that they did not know where to go for help. Also, Kissane (2003), in a study regarding the barriers to the use of nonprofit social services, conducted in-depth interviews with twenty poor women in Philadelphia. She found that decisions to
use nonprofit organizations are contingent upon stigma (e.g., level of shame or embarrassment), information (i.e., knowledge of available services), and practical impediments (e.g., location and agency hours of operation). She also explained that one cannot assume that individuals with needs will use nonprofit services to meet those needs.

Several studies specific to Hispanic underutilization of mental health services (Russo, Amaro, & Winter, 1987; Stefl & Prosperi, 1985; Wells, Hough, Golding, Burnam, & Kano, 1987) may have implications for the relationship between income level and help-seeking behavior, as the Hispanic population is on its way to becoming the largest and most economically disadvantaged minority group in the United States (Goldberg, 1997). For example, in 1993, Euro-Americans’ mean income was $43,285, whereas Hispanic-Americans’ mean income was $30,291 (U.S. Bureau of the Census, 1996). Although there are certainly factors other than low income level that contribute to Hispanics’ underutilization of mental health services (e.g., cultural values, language barriers), factors such as stigmatization, lack of acceptability, affordability, accessibility and availability (awareness and location), and more frequent use of traditional medicine and services may be factors common to low-income individuals independent of race or ethnicity that affect help-seeking behavior.

According to Sue (1981), low SES individuals may have confidence in their own capabilities to achieve happiness and personal success, but may have also experienced genuine environmental barriers to their success (e.g., poverty, sexism). Therefore, they may attribute their problems to situational rather than “intrapsychic” causes. This view
of the source of their problems as situational may serve as a deterrent to seeking mental health services, since mental health professionals, in their view, address intrapersonal and interpersonal issues rather than situational or environmental concerns.

Keller and McDade (2000) asked low-income parents what prevents them from seeking help from available sources. Responses from Head Start parents included fears of being misunderstood and/or criticized by family and friends, and of being judged unfavorably by and/or appearing stupid to teachers, doctors, and religious leaders. In addition to the same concerns mentioned above, practical problems such as lack of time, lack of child care, lack of transportation, and lack of funds to pay for services were reasons given by parents as to why they do not seek help from mental health professionals. Thus, Head Start parents do not trust mental health professionals to help them without being critical, judgmental, or contacting Child Protective Services—which could result in losing their children. Keller and McDade have suggested that, to be effective, sources of help for low-income parents and families should be offered in less traditional ways (e.g., through videos, telephone helplines, TV commercials, radio, pamphlets, and billboards). These sources of help, they argue, are less intrusive, easier to access, lack the stigma of other sources of help, are anonymous, and can be accessed on the parent’s time schedule. However, these sources, they acknowledge, may not address those issues of support that only come through contact with other people. And so, these findings suggest that low-income parents feel “there are few, if any, sources of help and advice that are accessible, reliable, and nonthreatening” (Keller & McDade, p. 307).
These studies help us understand how low-income individuals think about and use, or resist using, mental health services. The research reviewed above reveals the complex relationship between income level and help-seeking attitudes and behavior. Low-income individuals may be less likely to seek out and utilize mental health services from mental health professionals than their more affluent counterparts. That is, low-income individuals may be more inclined to avoid mental health professionals, whereas those with higher incomes may be more likely to utilize mental health professionals. In addition, low-income individuals tend to use a combination of helpers, whereas those with higher incomes are more likely to seek help from family and friends only. However, the empirical evidence to support these types of descriptions of low and higher income individuals is scarce. The current study will seek to expand the empirical data on the link between income level (and, more specifically, welfare status) and the utilization of counseling services. More specifically, since it is currently unknown how welfare status is associated with marital help-seeking, this study seeks to identify the association between welfare status and help-seeking of counseling services related to marriage.

Gender

Since its inception, psychotherapy has been more widely utilized by women than by men. In fact, the field of psychotherapy has been devised and conducted predominantly by men, but directed primarily toward women. Felton (1986) identified the prototypical therapy dyad as a male therapist and a female client. Research has also
shown that men are less likely to utilize mental health services than their female counterparts (Bebbington et al., 2000; Lin et al., 1996; Vessey & Howard, 1993), are, in general, hesitant to seek counseling services (Cheatham, Shelton, & Ray, 1987), and have less positive attitudes toward seeking help (Tata & Leong, 1994). For example, in a sample of 389 college students enrolled in an introductory psychology course, 37% of females and 15% of males reported having sought help from mental health professionals (Fischer & Farina, 1995). In addition, according to Collier (1982), two thirds of all clients seeking psychological help are female, and one in three women, compared to one in seven men, seek mental health services during their lifetime. And, in relation to marital therapy, women typically propose the idea of going to therapy and make the initial contact with the therapist (McHenry, 1983).

Regardless, given the troublesome state of marriage in the United States today, as indicated by the near 51% of married couples who will eventually divorce (Kessler, Werner-Wilson, & Berger, 2000), it is essential for couples to know about and take advantage of the marital counseling services that are available. However, the process of involving men in marital counseling and therapy (e.g., premarital, marital, and family therapy), and of facilitating their growth and progress in these settings, presents special issues and difficulties. Most often, it is the wife who initiates marital and/or family therapy, and getting the husband to actually come to therapy is a major problem (Johnson & Lebow, 2000). According to Johnson and Lebow, this is a natural extension of the traditional marital relationship in which “expressive” functions are assigned to the wife, and “instrumental” functions are assigned to the husband. Similarly, men may be
reluctant to become involved in marital counseling or therapy because they may feel like they are starting off in a “one-down” position (at a disadvantage), having been brought to, rather than having sought, therapy. In addition, men may be intimidated by, and apprehensive about, the “expressive” therapeutic arena and the verbal tools required by the therapeutic process. Thus, men may choose not to utilize marital counseling or therapy because they have reservations about being in a situation (i.e., an “expressive” situation) in which they feel inexperienced and inadequate (Johnson & Lebow).

Another assertion made by researchers who study marital satisfaction and the psychological adjustment of married individuals as to why men are less likely to seek professional mental health services is that men experience a more positive psychological adjustment to marriage, and a greater sense of well-being within the marriage, than do women (Bernard, 1972; Broverman, 1970; Kaplan, 1979). In fact, there is impressive empirical support for the finding that marriage is notably beneficial for men. Brooks (1990) suggested that marriage provides a necessary source of emotional security for men and serves as a reparation for emotional deficits. Some men may view marriage as a means of abating deficiencies in emotional skills. According to Chodorow (1978), men in traditional male-female relationships “experience their emotions vicariously through women” (p. 45). In addition, marriage provides men with a sense of acceptance, emotional security, and social companionship (Brooks). These marital benefits may offer some insight into why men, generally, are more satisfied with their marriages and less likely to seek divorces than their female counterparts (Brooks). In a similar vein, men
may not utilize marital counseling services because they simply feel more satisfied with their marital relationships than do their wives.

Still, other researchers suggest that fearfulness may be a barrier men face in utilizing mental health services. According to Kushner and Sher (1991), treatment fearfulness is “a subjective state of apprehension that arises from aversive expectations about the seeking and consumption of mental health services” (p. 197). Fears related to the utilization of mental health services may include fear about negative stigma, fear of embarrassment, fear of changing behavior, fear stemming from past experiences with the mental health system, and fear pertaining to mental health treatment stereotypes (Kushner & Sher). These possible fears influence an individual’s expectations for psychological services and, thus, may affect the decision to seek or not seek help for a distressing problem or situation (Tinsley, Brown, de St. Aubin, & Lucek, 1984).

In addition, researchers and therapists now recognize that men and women have different issues and concerns in relation to the therapeutic process, and they have proposed several reasons for why it is so different for men and women. They suggest that a majority of men are reluctant or unwilling to utilize marital counseling services because of their internalized ideas of masculinity, and many men are also socialized to suppress emotional distress. Phillips and Segal (1969) suggested that men’s reluctance to seek such services is a result of the societal and cultural expectations of masculinity placed upon them. Brooks (1990) also stated that married men today will find a way to develop and sustain their masculinity within the marital relationship. Historically, a married man’s masculinity has been measured by three basic elements: being the father
of his wife’s children, providing for his wife and children, and protecting his family (Brooks). And, Brannon (1976) explained that, in marriage, men do those things that are accepted by society as the basic elements of adult masculinity. Pollack and Levant (1998) suggested that men generally avoid therapy because socialization has caused them to view therapy as unmasculine. Felton (1986) explained further that men, in order to participate in couples therapy, must engage in activities that are contrary to society’s traditional view of masculinity. In therapy, they are expected to express feelings, admit weaknesses, give up control, self-disclose, and engage in nonsexual intimacy. Thus, participation in the therapeutic process presents men with a contradiction between issues of gender role socialization and cultural stereotypes and the “unmasculine” expectations of therapy. As a result, Felton suggested that men, aware of these contradictions and expectations, often avoid the therapeutic process.

In essence, there are many aspects of the therapeutic process that conflict with the traditional societal notions of masculinity that discourage emotionality in men and view self-reliance as mandatory. Thus, men—aware of both society’s expectations of masculinity and the seemingly unmasculine requirements of therapy—may often feel uncomfortable with the therapeutic process and, consequently, avoid it. In addition, many therapists may not adequately recognize these issues of gender socialization and the problems they can potentially create for men in therapy. As a result, therapists may fail to give equal validity to men and women’s perspectives throughout the therapeutic process (Brooks, 1990). In turn, after an initial undesirable therapeutic experience, men may choose not to seek out or participate in therapy in the future.
Fine (1988) further explained that males, throughout their lives, are socialized and rewarded for certain stereotypical masculine behaviors and values that are deemed desirable by our society. For example, the ideal male “stands alone”; he is strong, independent, fearless, logical, in control, and unemotional (Fine). He is also firm and resolute under stress, effective and ingenious when solving problems, and dedicated and persistent when accomplishing tasks (Fine). Furthermore, Brannon (1976) describes the traditional male sex role as including restrictive emotionality, the avoidance of femininity, self-reliance, being oriented towards success and achievement, aggressiveness, and a non-relational attitude towards sexuality. Brooks (1990) suggested that these male sex role traits translate into behaviors such as neglecting physical and mental health, placing an emphasis on work responsibilities, and distant fathering.

The majority of the research on men in counseling and help-seeking has focused on male socialization and gender roles (Levant & Pollack, 1995). According to Pleck (1995), socialization is the process by which men are educated and trained through societal standards, expectations, and norms about gender specific behavior. And, although an individual’s biological sex may be male, the masculine gender role identity is based on societal standards and expectations and is less prescriptive (Kimmel & Messner, 1989). A masculine gender role orientation seems to inhibit the behaviors of help-seeking and asking for assistance (Ashton & Fuehrer, 1993; Burda, Vaux, & Schill, 1984). As a result of the socialization process, men internalize masculine gender ideals that encourage achievement, independence, aggressiveness, and relational and emotional disconnection (Mahalik, 1999). Pleck suggested that the internalization of these ideals
produces problems in living, or gender role strain. In addition, it has been found that men who are less traditional in sex role egalitarian attitudes are more likely to seek help for mental and physical health concerns (Zeldow & Greenberg, 1980).

A number of additional studies have discussed how gender relates to help-seeking, but the empirical research on gender differences in this area has produced mixed results. Albizu-Garcia et al. (2001) surveyed a large sample of 3,221 adult (ages 18 - 69) poor residents of Puerto Rico to determine whether or not gender is related to seeking mental health services. They, however, found no significant differences between males and females in the use of mental health services. Atkinson and Gim (1989) employed a sample of 557 Asian-American college students to examine how an Asian-American cultural identity is related to attitudes regarding seeking help from mental health professionals. Like Albizu-Garcia et al., they found no significant differences between men and women in help seeking attitudes.

Corney (1990) conducted a study on gender differences in the utilization of general healthcare services. The sample consisted of 291 men and women (ages 20 - 45) in a borough of London, England who were diverse in SES. The findings indicated that among both male and female frequent help-seekers, men were more likely to seek help from a medical agency whereas women were more likely to seek help from a social agency (Corney). The interaction of SES and gender, however, was not measured.

Edwards et al. (1998) used a sample of 197 male and female participants—whose names were obtained from general practitioners’ patient lists in London, England—to study gender differences in the need for help among married couples. They found that
women were more likely to seek help from someone outside their marriage than were men, and that men were more likely to be depressed as a result of seeking outside help than were women (Edwards et al.). The sample used in this study was predominantly “working-class” (Edwards et al., p. 1078), thus precluding any measurement of the potential interaction between SES and gender.

In studies performed to develop and validate the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Turner, 1970) and its updated version, Fischer and Turner and Fischer and Farina (1995) found that women have a more positive attitude than men regarding seeking professional psychological help. However, like Edwards et al. (1998), Fischer and Turner and Fischer and Farina did not account for SES, thus preventing any evaluation of the potential interaction between SES and gender.

Johnson (1987), using a sample of 218 American college students of both sexes, administered the ATSPPHS (Fischer & Turner, 1970) in order to measure how gender influences help-seeking attitudes. Results indicated that women had a more positive attitude than men toward seeking professional psychological help. Similar to the studies mentioned above, Johnson did not account for SES, thus preventing any measurement of the potential interaction between SES and gender.

In order to study predictors of the use of mental health services among residents of Ontario, Canada, Lin et al. (1996) gathered data from a sample of 8,116 adult men and women through a mail survey. Gender and SES were among the demographic factors examined in this study. SES was measured by the use of public assistance versus the
non-use of public assistance. Lin et al. found that women were more likely than men to have used mental health services, and that recipients of public assistance were more likely than non-recipients to have used mental health services. Thus, among the strongest predictors of mental health service use were being female and receiving public assistance.

Neighbors and Jackson (1984) collected data through in-person interviews with a sample of 2,107 African-American adult men and women in order to examine the use of informal (family and friends) and formal (professionals) helpers. They found that women were more likely than men to use both informal and formal help, and that men were more likely than women to not seek help at all. Neighbors and Jackson also analyzed the data for possible SES and gender interactions, but none were found.

Since research has shown mixed results concerning the relationship between gender and seeking help from mental health professionals, it is necessary to interpret the results of these studies cautiously, with an awareness and consideration of the limitations and strengths of each study. Albizu-Garcia et al. (2001) found no significant differences between genders in the use of mental health services; however, they used a survey that was designed for the study and was not assessed for its reliability or validity, thus limiting the study's ability to draw definitive conclusions. Atkinson and Gim (1989) found no significant gender differences in help-seeking attitudes using the ASPPH (a validated scale) and an Asian-American college student sample; however, they did not measure SES, which may possibly have accounted for some of the variance in help-seeking attitudes. Corney's (1990) results, which demonstrate help-seeking differences
between genders, are based on a statistically adequate sample size, unequivocal behavioral measures (frequency of attendance at the practice), and a non-college student sample of adults who were diverse in SES—all factors that improve the study’s ability to generalize its findings to the larger population. Edwards et al. (1998) found gender differences in help-seeking among married couples using a sample of adults who were not college students, but they did not account for the potentially moderating variable of SES. Fischer and Turner (1970), Fischer and Farina (1995), and Johnson (1987) all used the ASPPH (a validated scale) and found that women are significantly more likely than men to have a positive attitude toward seeking help from a mental health professional; however, each of these studies used a college student sample, thus limiting the ability to generalize the findings of these studies to the larger adult population. Both Lin et al. (1996) and Neighbors and Jackson (1984) found that women are more likely than men to seek help, and in comparison with other studies that did not measure SES and studies that used only college student samples, Lin et al. and Neighbors and Jackson used robust sample sizes, incorporated SES into the statistical measurement, and used non-college student samples to improve the ability of these studies to generalize their findings to the larger population of adults which they represent; however, a limitation of Neighbors and Jackson is the use of an unvalidated questionnaire that was designed for the study, which may limit the study’s ability to draw definitive conclusions.

Thus, several possible explanations exist for the variability in results between studies of gender and help-seeking. First, sampling, methodological, and measurement limitations of the above studies may account for some of the variability in the results of
the studies. The use of college student samples may limit the ability of Atkinson and Gim (1989), Fischer and Turner (1970), Fischer and Farina (1995), and Johnson (1987) to generalize their findings to all adults in the American population. In addition, a limitation of Edwards et al. (1998), Fischer and Turner, Fischer and Farina, and Johnson is that the potentially moderating variable of SES was not accounted for, thus preventing any measurement of the potential interaction between gender and SES. Also, a limitation of Albizu-Garcia et al. (2001) and Neighbors and Jackson (1984) is the use of an unvalidated measure of help-seeking, which limits the ability of these studies to draw definitive conclusions. Second, gender differences in mental health help-seeking attitudes may be relatively small, and so may not have been detected reliably across studies. Lastly, since all of the studies cited above had statistically adequate sample sizes, it is possible to infer that the gender difference in mental health help-seeking attitudes may be small during the college years and then diminish with age. Thus, collectively, the research on the relationship between gender and help-seeking attitudes and behavior appears presently inconclusive, and additional research is needed to address the limitations of current studies in order to clarify the relationship between gender and help-seeking attitudes and behavior.

In summary, empirical research, for the most part, has suggested that men are less likely than women to seek help from both informal and formal helpers, and that men have a less positive attitude toward seeking help from mental health professionals than do women. A number of reasons have been implicated in the underutilization of mental health services by men, including issues of socialization and masculine gender role
identity, fearfulness, and a greater sense of well-being within their marriages. The current study will seek to better understand the relationship between gender and help-seeking. More specifically, since it is currently unclear how gender is associated with marital help-seeking, this study seeks to identify the association between gender and help-seeking of marital counseling services.

Summary

Research findings suggest that help-seeking attitudes and behavior are related to a number of factors, including welfare status and gender. However, the current knowledge of help-seeking attitudes and behavior is incomplete, and additional empirical research that measures and clarifies the relationship between help-seeker characteristics, such as welfare status and gender, and the utilization of marital counseling services is needed. In addition, for the most part, empirical research has not yet measured the effect of the interaction between welfare status and gender on utilizing marital counseling services. The fact that the above mentioned studies did not measure the interaction of welfare status and gender leaves one to wonder what interaction, if any, exists. The current study, in contrast with most of the previous research, will measure the interaction between welfare status and gender in the utilization of counseling services related to marriage. This understanding will add new knowledge of how these help-seeking factors relate to each other. Thus, the purpose of this study is to further clarify the relationship between both welfare status and gender and the utilization of counseling services related to marriage, as well as examine the correlation between welfare status and gender in the
utilization of these services. Based on the key findings and themes presented in the literature review, it is expected that women and welfare non-recipients will be more likely to seek help for their marriages than men and welfare recipients. It is also expected that there will be an interaction between welfare status and gender, such that male welfare recipients will be the least likely of all groups to seek marital help.

Hypotheses

The variables of welfare status and gender discussed in this chapter will be examined to determine whether or not they are related to the utilization of marital counseling services. Based on a review of the literature, the following hypotheses were derived:

1. An individual’s welfare status will be associated with the utilization of counseling services related to marriage. More specifically, government assistance recipients will be less likely than non-recipients to utilize these services.

2. An individual’s gender will be associated with the utilization of counseling services related to marriage. More specifically, males will be less likely than females to utilize these services.

3. Welfare status and gender have a combined relationship effect on the utilization of counseling services related to marriage. More specifically, males who are currently receiving government assistance will be less likely than males who are not currently receiving government assistance to utilize these services.
CHAPTER III

METHODOLOGY

Design

This study examines the relationship between the independent variables of welfare status and gender and the dependent variable of utilization of counseling services related to marriage. Therefore, the design of this study is correlational (Dooley, 1995). More specifically, this study employs a cross-sectional correlational design in which the independent and dependent variables were measured at the same time. This type of design is appropriate for this study because the variables defined above were not manipulated, only measured for association. That is, the variables of welfare status, gender, and the utilization of marital counseling services were observed and measured as "taking their natural values rather than being fixed as in experiments" (Dooley, p. 235).

The data for this study were collected in 2003. Hence, this study will be a secondary analysis of data.

Sampling Techniques

Two samples were utilized in this study. The first sample was made up of randomly selected Utah households, identified through a random-digit dialing sampling technique conducted by the Survey Sampling of Fairfield, Connecticut. The second sample was obtained from a random selection of current Temporary Assistance for Needy Families (TANF) recipients. This sample provided an over-sample of low-income
households, thus permitting comparisons with the first sample. The survey was conducted by the Bureau of Social Research at Oklahoma State University.

The state was divided into three areas for the random digit-dialing sample: (a) the Provo-Orem Metropolitan Statistical Area (Utah County); (b) the Salt Lake City-Ogden Metropolitan Statistical Area (Davis, Salt Lake, and Weber Counties); and (c) the remaining 25 counties in Utah. The random digit-dialing sample did not include known business telephone numbers, and it was also screened for disconnected numbers by Survey Sampling using a computerized dialing protocol that detects a unique dial tone which some disconnected telephone numbers emit. In total, 1,173 interviews were completed using the random-digit dialing sampling technique. The random Utah household sample had a response rate of 30% and a cooperation rate of 51%.

The TANF over-sample was a random sample of 900 current TANF recipients which was drawn from the data files of the Utah Department of Workforce Services. After compiling the random sample, the Department mailed a letter to the selected TANF recipients indicating that they had been chosen to take part in a study on marriage and family relationships in Utah. Individuals interested in taking part in the study were provided a toll-free number and asked to call the Oklahoma State University Bureau for Social Research. Potential participants were informed that all responses to the survey questions would be kept confidential, and that they would be paid $15.00 for their participation in the study. One hundred and fifty-two individuals called in response to the letter, but not all called during interviewing hours. Thus, a total of 143 additional interviews were completed with the TANF recipients. The TANF sample had a response
rate of 90% and a cooperation rate of 94%. It is important to note that the letters requesting study participation and offering $15.00 as compensation for completing the interview were mailed to 900 current TANF recipients, but the budget only allowed for 130 paid interviews.

Using these techniques, a total sample of 1,316 participants was generated. Thirty percent of the participants were male and 70% were female. The majority of the participants were between 18 and 44 years old, members of The Church of Jesus Christ of Latter-day Saints (Mormons), and identified themselves as Caucasian. Some specific racial groups, such as African Americans, did not have a sufficient number of participants to permit conclusive inter-group analyses. It is possible that results may differ among racial groups, but the lack of a significant number of participants from certain racial groups makes it infeasible to statistically analyze these differences and draw definitive conclusions regarding actual differences between racial groups. The information presented in Table 1 is based on data collected from the 1,316 participants and details several important demographic characteristics of the sample.

With respect to education level, the majority of the participants (94%) were at least high school graduates. Participants were also asked to report their work status for the previous week, and 38% said they had worked full-time. Total gross household income for the previous year was also reported by the participants, and 50% stated that their income was $40,000 or less. When asked if they were currently receiving some type of public assistance, such as Food Stamps, Temporary Assistance for Needy
Table 1

Summary of Sample Characteristics

<table>
<thead>
<tr>
<th>Participant variables</th>
<th>Percentage of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>30%</td>
</tr>
<tr>
<td>Female</td>
<td>70%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>15%</td>
</tr>
<tr>
<td>25-44</td>
<td>42%</td>
</tr>
<tr>
<td>45-64</td>
<td>30%</td>
</tr>
<tr>
<td>65 or over</td>
<td>13%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>93%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>3%</td>
</tr>
<tr>
<td>Asian</td>
<td>&gt;1%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>&gt;1%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Mormon</td>
<td>74%</td>
</tr>
<tr>
<td>Protestant</td>
<td>8%</td>
</tr>
<tr>
<td>Catholic</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
<tr>
<td>No formal religion</td>
<td>11%</td>
</tr>
</tbody>
</table>

Families (or Aid for Families with Dependent Children), or Medicaid, 23% reported that they were now receiving some type of government assistance. The information presented in Table 2 is based on data collected from the 1,316 participants and details additional demographic characteristics of the sample.
Table 2

Summary of Sample SES, Work Status, and Income

<table>
<thead>
<tr>
<th>Participant variables</th>
<th>Percentage of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education level</strong></td>
<td></td>
</tr>
<tr>
<td>Less than a high school diploma</td>
<td>6%</td>
</tr>
<tr>
<td>High school graduate</td>
<td>24%</td>
</tr>
<tr>
<td>Some college</td>
<td>33%</td>
</tr>
<tr>
<td>Trade, technical or vocational training</td>
<td>5%</td>
</tr>
<tr>
<td>College graduate</td>
<td>23%</td>
</tr>
<tr>
<td>Postgraduate work or degree</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Work status</strong></td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>38%</td>
</tr>
<tr>
<td>Part-time</td>
<td>17%</td>
</tr>
<tr>
<td>Illness, leave, furlough or strike</td>
<td>&gt;1%</td>
</tr>
<tr>
<td>Seasonal</td>
<td>&gt;1%</td>
</tr>
<tr>
<td>Unemployed, laid off or seeking employment</td>
<td>5%</td>
</tr>
<tr>
<td>Homemaker</td>
<td>19%</td>
</tr>
<tr>
<td>Student</td>
<td>4%</td>
</tr>
<tr>
<td>Retired</td>
<td>13%</td>
</tr>
<tr>
<td>Disabled</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
</tr>
<tr>
<td>$20,000 or less</td>
<td>24%</td>
</tr>
<tr>
<td>$20,000 - $40,000</td>
<td>26%</td>
</tr>
<tr>
<td>$40,000 - $60,000</td>
<td>21%</td>
</tr>
<tr>
<td>$60,000 - $80,000</td>
<td>14%</td>
</tr>
<tr>
<td>$80,000 - $100,000</td>
<td>7%</td>
</tr>
<tr>
<td>$100,000 or more</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Receipt of government assistance</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>23%</td>
</tr>
</tbody>
</table>
Survey Instrument

Survey questions were taken directly from the 2001 Oklahoma Baseline Statewide Survey on Marriage and Divorce, which was designed to gather comprehensive information regarding attitudes and behavior related to marriage, divorce, and marital quality (Johnson et al., 2002). Questions on the Oklahoma Survey came from other surveys performed in various locations in the United States, permitting comparisons of state and national findings. More specifically, survey questions regarding participants' utilization of government services were taken from the Oklahoma Department of Human Services survey of TANF clients (e.g., "Since you turned 18, have you ever received TANF or AFDC assistance for yourself or on behalf of a related child? (1) yes, (2) no, or (3) don’t know"). Survey questions about participants’ help-seeking attitudes and behavior came from several different sources, including surveys conducted in Minnesota and Arizona, respectively, by Hawkins, Nock, Wilson, Sanchez, & Wright (2002) to assess attitudes about covenant marriages and the Oklahoma Marriage Initiative—Statewide Baseline Survey (Johnson et al.). Participants were asked 14 questions about their help-seeking attitudes and behavior. Some of the questions asked participants to select between five possible answers (e.g., "In your opinion, how important is it for couples to prepare for marriage through educational classes, workshops, or counseling designed to help them get off to a good start? Is it (1) very important, (2) somewhat important, (3) not very important, (4) not at all important, (5) don’t know."). Other questions asked participants about their past help-seeking behavior, and they could choose between the responses of 1 = yes, 2 = no, or 3 = don’t know (e.g.,
“Have you ever sought counseling from a therapist or religious leader for your marriage?” and “Did you seek counseling from a therapist or religious leader before getting divorced?”

Questions found in the survey addressed the following topics: (a) attitudes concerning marriage, divorce, intimate relationships, and cohabitation; (b) qualitative information on couples’ relationship quality; (c) involvement of, and support from, family members and friends; (d) knowledge and acceptance of preventive education; (e) involvement in religion; (f) use of government services; and (g) demographic information on marriage, divorce, remarriage, patterns of cohabitation, intent to marry/remarry, and other demographic information.

This project was funded by the U. S. Department of Human Services, Family Support Services, which has the responsibility of developing marriage and family formation strategies by federal TANF guidelines. Because of TANF funding, there was a particular interest in how low-income families regard issues related to marriage, divorce, marital quality, and family formation. Thus, a strong attempt was made to ensure that the experiences and beliefs of low-income individuals were well represented in the findings. In other words, efforts were made to ensure that the data were representative of low-income families (see “Sampling Techniques” on page 45).

Procedure

In order to examine attitudes concerning marriage and divorce in Utah, data were collected under the direction of the Bureau for Social Research at Oklahoma State
University. These data were obtained between February and April 2003 by means of the 2003 Utah Marriage Statewide Baseline Survey, a telephone survey conducted by the Bureau for Social Research at Oklahoma State University. The statewide Utah sample consisted of 1,316 adults (18 years of age or older).

Participants were identified through the sampling techniques described and contacted by telephone to complete the survey. The interviewers informed the participants about the topic and purpose of the study, and then asked the participants to respond to a series of questions pertaining to attitudes, beliefs, and behaviors related to marriages and families in general, as well as to their own marital or relationship history. The current study will focus primarily on the questions related to attitudes and behaviors pertaining to the utilization of marital counseling services, and the responses to these questions will be statistically analyzed and correlated with demographic information on welfare status (provided by participants) and gender (as recorded by interviewers). More specifically, the data will be analyzed using chi-square analyses and t tests to determine the association between the independent variables (i.e., welfare status and gender) and the dependent variable (i.e., the utilization of marital counseling services).
CHAPTER IV
RESULTS

Some preliminary analyses were necessary in order to test the three hypotheses. First, it was determined that the independent variable of welfare status would be dichotomously operationalized as the current utilization of government services (i.e., "welfare recipient") versus the non-utilization of government services (i.e., "welfare non-recipient"). Current utilization of government services was determined by currently receiving at least one of three government assistance services (i.e., TANF, Food Stamps, and/or Medicaid). When the three items measuring current utilization of government services (i.e., "Are you currently receiving (1) TANF, (2) Food Stamps, and/or (3) Medicaid?") were combined and Cronbach's alpha (α), a coefficient of reliability, was calculated to measure the inter-correlation among the items, the reliability was very good (α = .851). Second, it was determined that chi square analyses would be used to test each of the three hypotheses. Chi square was deemed the most appropriate analytical procedure for these hypotheses because the independent variables were both dichotomous variables and because comparisons would be drawn between two groups on a single dependent variable. Chi square was also appropriate since the data in this study were randomly drawn from the population, the sample size was sufficiently large, observations were made independently, the hypotheses were non-directional, and the data were categorical. Third, it was determined, through a calculation of reliability (i.e.,
Cronbach's alpha), that the four items measuring the utilization of counseling services related to marriage could not be combined into a general measure of marital help-seeking, and, thus, each item would need to be analyzed separately. So, it was determined that chi square analyses would be used to test the independent variables of welfare status and gender with each of the four marital help-seeking items.

Next, chi square analyses were conducted to determine the association between each of the independent variables (i.e., welfare status and gender) and the dependent variable (i.e., the utilization of counseling services related to marriage; "marital help-seeking") and to assess the interactive effect of the independent variables on the dependent variable. Chi square was used to compare the marital help-seeking responses from the two different groups addressed by each hypothesis (welfare recipients/non-recipients and males/females) to determine whether or not the null hypothesis of no association between the independent and dependent variables could be rejected. A chi square probability of .05 or less was used as justification for rejecting the null hypothesis that the independent variables (welfare status and gender) and the dependent variable (marital help-seeking) are unrelated. The interactive effect of welfare status and gender on marital help-seeking posed by the third hypothesis was subsequently examined. An interaction means that the effect one independent variable has on the dependent variable is not the same for all levels of the other independent variable" (Stevens, 1999, p. 146).

Finally, in order to examine whether or not marital help-seeking attitudes were associated with welfare status and gender, two survey items inquiring about participants'
attitudes toward the utilization of counseling services related to marriage were combined and then assessed. The t tests were conducted to determine the association between each of the independent variables and attitudes toward the utilization of counseling services related to marriage (i.e., “marital help-seeking”). The t test was the most appropriate analytical procedure for these analyses because comparisons were drawn between two groups on a single dependent variable. The t test, which is based on the assumption of normality (i.e., the scores on the dependent variable are normally distributed in each group; Stevens, 1999), was also appropriate since the data in this study were randomly drawn from normally distributed populations. For the first t test, comparisons were made between welfare recipients and non-recipients on marital help-seeking attitudes. For the second t test, comparisons were made between males and females on marital help-seeking attitudes. The t test was used to compare the marital help-seeking scores from the two different groups addressed by each hypothesis (welfare/non-welfare and male/female) to determine whether the mean for the two groups represented in each hypothesis was different.

Welfare Status and Marital Help-Seeking

Hypothesis number one stated: “An individual’s welfare status will be associated with the utilization of counseling services related to marriage. More specifically, government assistance recipients will be less likely than non-recipients to utilize these services.” Using chi square analyses, comparisons were made between welfare recipients
and non-recipients on marital help-seeking. Contrary to this hypothesis, no statistically significant differences were found in marital help-seeking behavior between welfare recipients and nonrecipients. In addition, no statistically significant differences were found between welfare recipients and non-recipients in attitudes toward the utilization of counseling services related to marriage (i.e., premarital preparation, divorce prevention services).

Participants who had divorced were asked, "Did you seek counseling from a therapist or religious leader before getting divorced?" No statistically significant differences were found between welfare recipients and non-recipients in the utilization of marital counseling services previous to their most recent divorce. Table 3 presents the amounts and overall percentages of participants by welfare status and marital help-seeking before getting divorced.

Table 3

<table>
<thead>
<tr>
<th>Variable</th>
<th>Non-welfare</th>
<th>Welfare</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-divorce counseling</td>
<td>136 (54%)</td>
<td>19 (50%)</td>
<td>155 (53.4%)</td>
</tr>
<tr>
<td>No pre-divorce counseling</td>
<td>116 (46%)</td>
<td>19 (50%)</td>
<td>135 (46.6%)</td>
</tr>
<tr>
<td>Total</td>
<td>252 (86.9%)</td>
<td>38 (13.1%)</td>
<td>290 (100%)</td>
</tr>
</tbody>
</table>

Note. \( \chi^2 (1, N = 290) = .648, ns. \)
Participants who reported they had sought counseling before getting divorced were subsequently asked to indicate the source of the help they received ("Was this counseling from a marital or mental health therapist or from a religious leader?"). No statistically significant differences were found between welfare recipients and non-recipients in the type of helper (i.e., marital or mental health professional or religious leader) used for pre-divorce counseling. Table 4 presents the amounts and overall percentages of participants by welfare status and type of helper for pre-divorce counseling. There were some noticeable differences, however, between welfare recipients' and non-recipients' choice of a helper for pre-divorce counseling. Welfare recipients indicated a preference, although not statistically significant, for a religious leader as the source of help, followed equally by a marital or mental health therapist and a combination of both. Welfare non-recipients indicated a preference, although not

### Table 4

*Table 4: Comparison of Type of Helper Used for Pre-Divorce Counseling by Welfare Status*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Non-welfare</th>
<th>Welfare</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital or mental health therapist</td>
<td>59 (43.4%)</td>
<td>5 (26.3%)</td>
<td>64 (41.3%)</td>
</tr>
<tr>
<td>Religious leader</td>
<td>33 (24.3%)</td>
<td>9 (47.4%)</td>
<td>42 (27.1%)</td>
</tr>
<tr>
<td>Both</td>
<td>44 (32.4%)</td>
<td>5 (26.3%)</td>
<td>49 (31.6%)</td>
</tr>
<tr>
<td>Total</td>
<td>136 (87.7%)</td>
<td>19 (12.3%)</td>
<td>155 (100%)</td>
</tr>
</tbody>
</table>

*Note. $\chi^2 (2, N = 155) = .098, ns.$*
statistically significant, for a marital or mental health therapist as the source of help, followed by a combination of both helpers, with a religious leader being the least preferred help source.

Participants were asked, “Have you ever sought counseling from a therapist or religious leader for your [current] marriage?” No statistically significant differences were found between welfare recipients and non-recipients in the utilization of marital counseling services for their current marriage. Table 5 presents the amounts and overall percentages of participants by welfare status and past marital help-seeking behavior.

Participants who reported they had sought counseling for their current marriage were subsequently asked to indicate the source of the help they received (“Was this counseling from a marital or mental health therapist or from a religious leader?”). No statistically significant differences were found between welfare recipients and non-recipients in the type of helper (i.e., marital or mental health professional or religious

Table 5

A Comparison of Past Marital Help-Seeking Behavior by Welfare Status

<table>
<thead>
<tr>
<th>Variable</th>
<th>Non-welfare</th>
<th>Welfare</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital counseling</td>
<td>190 (21.2%)</td>
<td>16 (26.7%)</td>
<td>206 (21.5%)</td>
</tr>
<tr>
<td>No marital counseling</td>
<td>706 (78.8%)</td>
<td>44 (73.3%)</td>
<td>750 (78.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>896 (93.7%)</td>
<td>60 (6.3%)</td>
<td>956 (100%)</td>
</tr>
</tbody>
</table>

Note. $\chi^2 (1, N=956) = .319$, ns.
leader) used for marital counseling. Table 6 presents the amounts and overall percentages of participants by welfare status and type of helper for marital counseling. There were some noticeable differences, however, between welfare recipients' and nonrecipients' choice of a helper for marital counseling. Welfare recipients indicated a preference, although not statistically significant, for a religious leader as the source of help, followed by a marital or mental health therapist, with a combination of both help sources being the least preferred. Welfare nonrecipients indicated a preference, although not statistically significant, for a marital or mental health therapist as the source of help, followed by a religious leader, with a combination of both help sources also being the least preferred.

In addition, the results of the $t$ test indicated that there were no statistically significant differences between welfare recipients and nonrecipients in their attitudes toward the utilization of counseling services related to marriage (i.e., premarital

Table 6

* A Comparison of Type of Helper Used for Marital Counseling by Welfare Status

<table>
<thead>
<tr>
<th>Variable</th>
<th>Non-welfare</th>
<th>Welfare</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital or mental health therapist</td>
<td>90 (47.9%)</td>
<td>5 (29.4%)</td>
<td>95 (46.3%)</td>
</tr>
<tr>
<td>Religious leader</td>
<td>53 (28.2%)</td>
<td>8 (47.1%)</td>
<td>61 (29.8%)</td>
</tr>
<tr>
<td>Both</td>
<td>45 (23.9%)</td>
<td>4 (23.5%)</td>
<td>49 (23.9%)</td>
</tr>
<tr>
<td>Total</td>
<td>188 (91.7%)</td>
<td>17 (8.3%)</td>
<td>205 (100%)</td>
</tr>
</tbody>
</table>

*Note. $\chi^2 (2, N = 205) = .222, ns.$*
preparation and divorce prevention services). Table 7 presents the means and standard deviations for attitudes toward the utilization of counseling services related to marriage among welfare recipients and nonrecipients. A majority of both welfare recipients and nonrecipients believe it is important to prepare for marriage through the utilization of premarital preparation counseling services. More specifically, 90.9% of welfare recipients and 91.8% of nonrecipients believe participation in premarital preparation is important. With regard to the utilization of divorce prevention counseling, a majority of both welfare recipients (95.2%) and nonrecipients (95.8%) believe it is a good idea to require marriage counseling or therapy before granting a divorce to a married couple with children in the home.

In summary, no significant differences were found between welfare recipients and nonrecipients in their levels of utilization of marital counseling for a current marriage or pre-divorce counseling for a previous marriage. Half (50%) of all welfare recipients and

Table 7

Means, Standard Deviations, and t Values for Welfare Recipients' and Nonrecipients' Attitudes Toward Marital Help-Seeking

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-welfare</td>
<td>1171</td>
<td>2.89</td>
<td>1.02</td>
<td>.150</td>
</tr>
<tr>
<td>Welfare</td>
<td>96</td>
<td>2.87</td>
<td>.92</td>
<td></td>
</tr>
</tbody>
</table>

Note. p < .05, sig = .881, ns.
54% of all nonrecipients did seek pre-divorce counseling, but only 26.7% of welfare recipients, compared to 21.2% of nonrecipients, have sought counseling for their current marriage. Also, welfare recipients indicated a preference for a religious leader as the type of helper (i.e., marital or mental health professional or religious leader) from whom they sought help for their current or previous marriage, whereas welfare nonrecipients indicated a preference for a marital or mental health therapist.

Gender and Marital Help-Seeking

Hypothesis number two stated: “An individual’s gender will be associated with the utilization of counseling services related to marriage. More specifically, males will be less likely than females to utilize these services.” Using chi-square analyses, comparisons were made between males and females on marital help-seeking. Contrary to this hypothesis, no statistically significant differences were found in marital help-seeking behavior between men and women. However, statistically significant differences were found between males’ and females’ attitudes toward the utilization of counseling services related to marriage (i.e., premarital preparation and divorce prevention services).

Participants who had been divorced were asked, “Did you seek counseling from a therapist or religious leader before getting divorced?” No statistically significant differences were found between males and females in the utilization of marital counseling services previous to their most recent divorce. Table 8 presents the amounts and overall percentages of participants by gender and marital help-seeking before getting divorced.
Table 8

*A Comparison of Utilization of Pre-Divorce Counseling by Gender*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-divorce counseling</td>
<td>48 (52.7%)</td>
<td>106 (53.5%)</td>
<td>154 (53.3%)</td>
</tr>
<tr>
<td>No pre-divorce counseling</td>
<td>43 (47.3%)</td>
<td>92 (46.5%)</td>
<td>135 (46.7%)</td>
</tr>
<tr>
<td>Total</td>
<td>91 (31.5%)</td>
<td>198 (68.5%)</td>
<td>289 (100%)</td>
</tr>
</tbody>
</table>

*Note.* $\chi^2 (1, N = 289) = .901, ns.$

Participants who reported they had sought counseling before getting divorced were subsequently asked to indicate the source of the help they received ("Was this counseling from a marital or mental health therapist or from a religious leader?"). No statistically significant differences were found between males and females in the type of helper (i.e., marital or mental health professional or religious leader) used for pre-divorce counseling. Table 9 presents the amounts and overall percentages of participants by gender and type of helper for pre-divorce counseling. It is worth noting that males indicated a preference, although not statistically significant, for a marital or mental health therapist as the source of pre-divorce help, followed by a combination of both helpers, with a religious leader being the least preferred source of help. Females indicated a preference, although not statistically significant, for a marital or mental health therapist as the source of pre-divorce help, followed equally by a religious leader and a combination of both helpers.
Table 9

A Comparison of Type of Helper Used for Pre-Divorce Counseling by Gender

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital or mental health therapist</td>
<td>20 (41.7%)</td>
<td>44 (41.5%)</td>
<td>64 (41.6%)</td>
</tr>
<tr>
<td>Religious leader</td>
<td>11 (22.9%)</td>
<td>31 (29.2%)</td>
<td>42 (27.3%)</td>
</tr>
<tr>
<td>Both</td>
<td>17 (35.4%)</td>
<td>31 (29.2%)</td>
<td>48 (31.2%)</td>
</tr>
<tr>
<td>Total</td>
<td>48 (31.2%)</td>
<td>106 (68.8%)</td>
<td>154 (100%)</td>
</tr>
</tbody>
</table>

Note. $\chi^2 (2, N = 154) = .641$, ns.

Participants were asked, "Have you ever sought counseling from a therapist or religious leader for your [current] marriage?" No difference was found between males’ and females’ past marital help-seeking behavior. Table 10 presents the amounts and overall percentages of participants by gender and past marital help-seeking behavior.

Table 10

A Comparison of Past Marital Help-Seeking Behavior by Gender

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital counseling</td>
<td>65 (21.5%)</td>
<td>140 (21.5%)</td>
<td>205 (21.5%)</td>
</tr>
<tr>
<td>No marital counseling</td>
<td>237 (78.5%)</td>
<td>512 (78.5%)</td>
<td>749 (78.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>302 (31.7%)</td>
<td>652 (68.3%)</td>
<td>954 (100%)</td>
</tr>
</tbody>
</table>

Note. $\chi^2 (1, N = 954) = .986$, ns.
Participants who reported they had sought counseling for their current marriage were subsequently asked to indicate the source of the help they received ("Was this counseling from a marital or mental health therapist or from a religious leader?"). No statistically significant differences were found between males and females in the type of helper (i.e., marital or mental health professional or religious leader) used for marital counseling. Table 11 presents the amounts and overall percentages of participants by gender and type of helper for marital counseling. It is worth noting that males indicated a slight preference, although not statistically significant, for a marital or mental health therapist as the source of marital help, followed by a religious leader, with a combination of both help sources being the least preferred. Females indicated a preference, although not statistically significant, for a marital or mental health therapist as the source of marital help.

Table 11

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital or mental health therapist</td>
<td>24 (36.9%)</td>
<td>69 (50%)</td>
<td>93 (45.8%)</td>
</tr>
<tr>
<td>Religious leader</td>
<td>23 (35.4%)</td>
<td>38 (27.5%)</td>
<td>61 (30%)</td>
</tr>
<tr>
<td>Both</td>
<td>18 (27.7%)</td>
<td>31 (22.5%)</td>
<td>49 (24.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>65 (32%)</td>
<td>138 (68%)</td>
<td>203 (100%)</td>
</tr>
</tbody>
</table>

Note. \( \chi^2 (2, N = 203) = .217, ns. \)
help, followed by a religious leader, with a combination of both help sources also being the least preferred.

In addition, the results of the t test indicated a statistically significant difference between males and females in their attitudes toward the utilization of counseling services related to marriage (i.e., premarital preparation and divorce prevention services). Table 12 presents the means and standard deviations for attitudes toward the utilization of counseling services related to marriage among males and females. Although a similar percentage of males (92%) and females (91.5%) believe it is important to prepare for marriage through the utilization of premarital preparation counseling services, there is a statistically significant difference in the percentages of males (92.4%) and females (97.1%) that believe it is a good idea to require marriage counseling or therapy before granting a divorce to a married couple with children in the home.

Table 12

Means, Standard Deviations, and t Values for Males' and Females' Attitudes Toward Marital Help-Seeking

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>393</td>
<td>3.01</td>
<td>1.12</td>
<td>-2.994*</td>
</tr>
<tr>
<td>Female</td>
<td>872</td>
<td>2.83</td>
<td>.96</td>
<td></td>
</tr>
</tbody>
</table>

Note. *p < .05, sig = .003, s.
In summary, no significant differences were found between males and females in their levels of utilization of marital counseling for a current marriage or pre-divorce counseling for a previous marriage. About half (52.7%) of all males and 53.5% of all females did seek pre-divorce counseling, but only 21.5% of both males and females have sought counseling for their current marriage. Also, males and females had similar preferences for the type of helper (i.e., marital or mental health professional or religious leader) from whom they sought help for their current or previous marriage. Both males and females sought help most often from a marital or mental health therapist, followed by a religious leader or a combination of both a marital therapist and a religious leader.

Welfare Status, Gender, and Marital Help-Seeking

Hypothesis number three stated: “Welfare status and gender have a combined relationship effect on the utilization of counseling services related to marriage. More specifically, males who are currently receiving government assistance will be less likely than males who are not currently receiving government assistance to utilize these services.” Contrary to this hypothesis, no statistically significant interaction effects were found.

Participants were asked, “Did you seek counseling from a therapist or religious leader before getting divorced?” No statistically significant differences were found between male welfare recipients and male non-recipients in the utilization of marital counseling services previous to their most recent divorce. Table 13 presents the amounts
and overall percentages of participants by gender/welfare status and marital help-seeking before getting divorced. There was a noticeable difference, although not statistically significant, between male welfare recipients and all other groups in the utilization of pre-divorce counseling. Male welfare recipients were less likely than all others to have utilized pre-divorce counseling, and were also the least represented group in the study’s sample.

Participants were asked, “Have you ever sought counseling from a therapist or religious leader for your [current] marriage?” No statistically significant differences were found between the groups in the utilization of marital counseling for their current marriage. Table 14 presents the amounts and overall percentages of participants by gender/welfare status and past marital help-seeking behavior.

Table 13

A Comparison of Utilization of Pre-Divorce Counseling by Gender/Welfare Status

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-divorce counseling</th>
<th>No pre-divorce counseling</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male/welfare</td>
<td>3 (33.3%)</td>
<td>6 (66.7%)</td>
<td>9 (3.1%)</td>
</tr>
<tr>
<td>Male/non-welfare</td>
<td>44 (53.7%)</td>
<td>8 (46.3%)</td>
<td>82 (28.4%)</td>
</tr>
<tr>
<td>Female/welfare</td>
<td>15 (53.6%)</td>
<td>13 (46.4%)</td>
<td>28 (9.7%)</td>
</tr>
<tr>
<td>Female/non-welfare</td>
<td>91 (53.5%)</td>
<td>79 (46.5%)</td>
<td>170 (58.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>153 (52.9%)</td>
<td>136 (47.1%)</td>
<td>289 (100%)</td>
</tr>
</tbody>
</table>

Note. $\chi^2 (3, N=289) = .698, ns.$
Participants who reported they had sought counseling before getting divorced and/or for their current marriage were subsequently asked to indicate the source of the help they received ("Was this counseling from a marital or mental health therapist or from a religious leader?"). However, the chi square requirement of a sufficient number of cells with an expected count greater than five was violated, thus precluding an analysis of the interactive effect of welfare status and gender on the source of the help (i.e., marital or mental health therapist, religious leader, or a combination of both help sources) received by those who sought pre-divorce or marital counseling. Although the low cell count rendered the findings of these chi square analyses invalid, it is worthwhile to note that there were no significant differences between the groups (male/welfare, male/non-welfare, female/welfare, female/non-welfare) in their choice of a helper.

Table 14

<table>
<thead>
<tr>
<th>Variable</th>
<th>Marital counseling</th>
<th>No marital counseling</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male/welfare</td>
<td>3 (20%)</td>
<td>12 (80%)</td>
<td>15 (1.6%)</td>
</tr>
<tr>
<td>Male/non-welfare</td>
<td>62 (21.6%)</td>
<td>225 (78.4%)</td>
<td>287 (30.1%)</td>
</tr>
<tr>
<td>Female/welfare</td>
<td>13 (28.9%)</td>
<td>32 (71.1%)</td>
<td>45 (4.7%)</td>
</tr>
<tr>
<td>Female/non-welfare</td>
<td>127 (20.9%)</td>
<td>480 (79.1%)</td>
<td>607 (63.6%)</td>
</tr>
<tr>
<td>Total</td>
<td>205 (21.5%)</td>
<td>749 (78.5%)</td>
<td>54 (100%)</td>
</tr>
</tbody>
</table>

Note. $\chi^2 (3, N = 954) = .660, ns.$
Like all telephone interviews and opinion surveys, biases, sampling, and non-sampling errors affect the results. There is a 95% certainty that the error due to sampling the interactive effect of welfare status and gender on the source of the help (i.e., marital or mental health therapist, religious leader, or a combination of both help sources) received by those who sought pre-divorce or marital counseling. Although the low cell count rendered the findings of these chi square analyses invalid, it is worthwhile to note that and other random effects is plus or minus 2.67%.
CHAPTER V
DISCUSSION

The purpose of this study was to examine how welfare status, gender, and the interaction between welfare status and gender relate to the utilization of counseling services related to marriage. The following sections will discuss the major findings of this study, as well as implications, limitations, and recommendations for further research.

The characteristics of the sample must be taken into consideration when drawing any conclusions from this study. The composition of the sample should also be utilized as a framework for the discussion of the study’s variables that will follow. Therefore, it is important to note that this study’s sample was predominantly Caucasian (92.9%), LDS (74%), female (70.4%), educated beyond high school (69.9%), and between the ages of 18 and 44 (57.7%). Thus, the sample could be described, in more general terms, as White, LDS, female, educated, and relatively young. An acknowledgment of the sample composition is important in the interpretation of the current findings because, although this was a random sample of Utah residents, the relative homogeneity of the sample reduces the generalizability of the findings to the larger population.

Welfare Status and Marital Help-Seeking

The results of this study did not support the first hypothesis that welfare status is associated with the utilization of counseling services related to marriage. This study’s finding that welfare status is not significantly related to help-seeking attitudes or behavior
is contrary to claims made in previous research (Fischer & Turner, 1970; Lin et al., 1996; Neighbors & Jackson, 1984; Neighbors & LaVeist, 1989; Padgett & Brodsky, 1992; Redlich et al., 1955; Wills & DePaulo, 1991). However, the research findings of past studies are equivocal about if and how welfare status is related to help-seeking. Fischer and Turner and Wills and DePaulo concluded that higher-income level individuals are more inclined than lower-income level individuals to seek mental health help; however, these assertions were made through a review of literature and not empirical assessment. On the contrary, Lin et al. and Neighbors and Jackson found, through empirical means, that lower-income level individuals are more inclined to seek help than more affluent individuals. In comparison with other studies that used only college student samples, Lin et al. and Neighbors and Jackson used robust samples of non-college student participants, which improves the ability of these studies to generalize their findings to the larger population of adults which they represent; however, a limitation of Neighbors and Jackson is the use of an unvalidated questionnaire that was designed for the study, which may limit the study’s ability to draw definitive conclusions.

While the current study found no significant differences in marital help-seeking between welfare recipients and nonrecipients, some trends that are consistent with previous research were detected. For example, the nonsignificant finding that welfare recipients are slightly less likely than welfare nonrecipients (50% compared to 54%) to have utilized pre-divorce counseling with their previous spouse is consistent with the former assertions of Fischer and Turner (1970) and Wills and DePaulo (1991). However,
the current study also detected a trend that welfare recipients are slightly more likely than welfare non-recipients (26.7% compared to 21.2%) to have sought marital counseling for their current marriage. The findings of the current study, therefore, are also consistent with the latter findings of Lin et al. (1996) and Neighbors and Jackson (1984).

However, the finding of this study that welfare status is not significantly related to marital help-seeking is consistent with the work of Neighbors and Jackson (1984) and Neighbors and LaVeist (1989), which suggested that experiencing economic distress does not influence if, and from whom, individuals seek help. It is important to note, however, that both of the above studies utilized all-African-American samples when making their assessments and, thus, the results are generalizable to African-Americans only, who were not represented in the current study’s sample.

Some possible explanations exist for the variability in results between studies of welfare status and help-seeking. First, sampling, methodological, and measurement limitations of the above studies may account for some of the variability in the results of the studies. Second, differences in welfare status and help-seeking may be relatively small, and so may not have been detected reliably across studies. Thus, collectively, the research on the relationship between welfare status and help-seeking attitudes and behavior appears presently inconclusive, and additional empirical research is needed in order to address the limitations of existing studies and substantiate the findings of the current study regarding welfare status and marital help-seeking attitudes and behavior, as there are presently few studies of this nature.
While this study found no statistically significant differences between welfare recipients and nonrecipients in the utilization of marital counseling services, the trend that more welfare recipients than nonrecipients sought marital counseling for their current marriage is consistent with some previous research conducted on the triggers for help-seeking behavior. With regard to marriage help-seeking, research has shown that many couples seek therapy in response to the occurrence of severe, negative marital stressors (e.g., extreme financial difficulties, threats of marital dissolution; Cano et al., 2002). Research also suggests that help-seeking behavior increases along with problem severity and level of distress, and other research has identified financial strain, economic distress, and poverty as significant marital stressors that pose a serious threat to marital satisfaction and stability (Cano et al.; Conger et al., 1990; Lorenz, Conger, Simon, & Whitbeck, 1991; Norcross & Prochaska, 1986; Padgett & Brodsky, 1992). Thus, perhaps more welfare recipients than non-recipients have sought marital counseling for their current marriage because high levels of relationship distress resulting, in part, from severe financial stressors have compelled them to seek help when otherwise they may not have. However, additional research would be necessary to substantiate this suggestion.

Although this study found no statistically significant differences between welfare recipients and non-recipients in the type of helper (i.e., marital or mental health therapist or religious leader) used for both pre-divorce and marital counseling, about 47% of welfare recipients did indicate a preference for a religious leader as the source of marital counseling help. This trend of a help-source preference for a religious leader over a
marital or mental health therapist is consistent with past research indicating that the vast majority of help-seekers turn to family, friends, and/or clergy (Edwards et al., 1998; Neighbors & Jackson, 1984; Wills & DePaulo, 1991), with few help-seeking individuals actually seeking help from trained mental health professionals (Norcross & Prochaska, 1986; Veroff et al., 1981; Wills & DePaulo). In addition, given the study’s predominantly LDS sample, this trend of a preference for a religious leader as the source of help may be a reflection that LDS individuals are more likely to seek help from a religious leader or to not seek help at all than to seek help from a therapist. Also, possible explanations for the trend that welfare recipients seem to prefer an informal, non-professional source of help (i.e., a religious leader) for their marital or relational problems may include less perceived stigma and/or criticism and greater acceptability, affordability, accessibility, and availability (Kissane, 2003). Additionally, consistent with the work of Neighbors and Jackson and Neighbors and LaVeist (1989), the current study also found that people, regardless of welfare status and gender, sometimes seek help from both non-professional (e.g., religious leader) and professional (e.g., marital or mental health therapist) helpers simultaneously.

In addition, the overall low percentage of welfare recipients who have utilized marital counseling services and resources is compelling. According to Brabson and Himle (1987) and Kissane (2003), decisions among low-income individuals to use these types of services and resources are contingent upon stigma, information, and practical impediments. They suggest that low-income individuals are more likely to utilize these
services when (a) they are given a knowledge of the availability of these services, (b) there is anonymity associated with the use of these services, which minimizes potential feelings of shame or embarrassment, and/or (c) the use of these services is not restricted by practical impediments, such as inconvenient location and/or agency hours of operation. Similarly, the work of Keller and McDade (2000) suggested that, to be effective, sources of help for low-income parents and families should be offered in less traditional ways (e.g., through videos, telephone helplines, the Internet, radio, and pamphlets). These sources of help, they argue, are less intrusive, easier to access, lack the stigma of other sources of help, are anonymous, and can be accessed on their time schedule. Thus, these resources may be appealing to welfare recipients because they are “sources of help and advice that are accessible, reliable, and nonthreatening” (Keller & McDade, p. 307).

Thus, while no significant differences were found between welfare recipients and non-recipients in marital help-seeking, the trends of the current study related to welfare status and marital help-seeking may have several practical applications, including how to better provide effective marital services for Utah’s low-income population. Since current findings indicate a marked interest among welfare recipients in the utilization of marital counseling services, perhaps providing greater access to these services for welfare recipients and lower-income individuals will increase their utilization of these services. Another compelling finding of this study is the overall low percentage of individuals, regardless of welfare status or income level, who have utilized marital counseling
services and resources. Implications for increasing utilization of marital counseling services among welfare recipients and low-income individuals, as well as the general population, will be discussed hereafter.

Gender and Marital Help-Seeking

The results of this study did not support the second hypothesis that gender is associated with the utilization of counseling services related to marriage. However, although the current study found no significant differences in marital help-seeking behavior between men and women, significant differences were found between males’ and females’ attitudes toward the utilization of counseling services related to marriage. Specifically, this study found that men have less favorable attitudes toward marital help-seeking (i.e., the utilization of premarital preparation and divorce prevention counseling) than women. Similar to findings of the current study, Fischer and Turner (1970), Fischer and Farina (1995), and Johnson (1987) all found men to be significantly less likely than women to have a positive attitude toward mental health help-seeking. All of these studies used the ASPPH and a college student sample to make their assessments. Atkinson and Gim (1989), however, using the ASPPH and an Asian-American college student sample, found no significant gender differences in help-seeking attitudes. Similarly, Halgin et al. (1987) found no significant gender differences in attitudes toward mental health help-seeking using a self-report questionnaire and a racially diverse, American, college student sample.
Also, consistent with the findings of this study, Albizu-Garcia et al. (2001) found no significant differences between men and women in the utilization of mental health services among a large sample of adult residents of Puerto Rico. Both Albizu-Garcia et al. and the current study utilized large samples (3,221 and 1,316 participants, respectively) when making their assessments and, thus, should have been able to detect even small differences among genders in help-seeking behavior. Hence, the findings of these two studies of no significant differences between men and women in help-seeking behavior suggests the possibility that a lack of differences between genders in help-seeking behavior may exist. However, this study’s finding of no significant differences in the marital help-seeking behavior of men and women is in contrast to the findings of Lin et al. (1996) who, using a large sample of 8,116 adult men and women, found that women were more likely than men to have used mental health services in the past. Similarly, Neighbors and Jackson (1984) found, with a sample of 2,107 African-American adult men and women, that men were more likely than women to not seek help at all.

Since research has shown mixed results concerning the relationship between gender and seeking help from mental health professionals, it is necessary to interpret the results of these studies cautiously, with an awareness and consideration of the limitations and strengths of each study. Albizu-Garcia et al. (2001) found no significant differences between genders in the use of mental health services; however, they used a survey that was designed for the study and was not assessed for its reliability or validity, thus limiting the study’s ability to draw definitive conclusions. Atkinson and Gim (1989) found no
significant gender differences in help-seeking attitudes using the ASPPH (a validated scale) and an Asian-American college student sample; however, they did not measure SES, which may possibly have accounted for some of the variance in help-seeking attitudes. Fischer and Turner (1970), Fischer and Farina (1995), and Johnson (1987) all used the ASPPH (a validated scale) and found that women are significantly more likely than men to have a positive attitude toward seeking help from a mental health professional; however, each of these studies used a college student sample, thus limiting the ability to generalize the findings of these studies to the larger adult population. Both Lin et al. (1996) and Neighbors and Jackson (1984) found that women are more likely than men to seek help, and in comparison with other studies that did not measure SES and studies that used only college student samples, Lin et al. and Neighbors and Jackson used robust sample sizes, incorporated SES into the statistical measurement, and used non-college student samples to improve the ability of these studies to generalize their findings to the larger population of adults which they represent; however, a limitation of Neighbors and Jackson is the use of an unvalidated questionnaire that was designed for the study, which may limit the study’s ability to draw definitive conclusions.

Thus, several possible explanations exist for the variability in results between studies of gender and help-seeking. First, sampling, methodological, and measurement limitations of the above studies may account for some of the variability in the results of the studies. Second, gender differences in mental health help-seeking attitudes and behavior may be relatively small, and so may not have been detected reliably across
Lastly, since all of the studies cited above had statistically adequate sample sizes, it is possible to infer that the gender differences in mental health help-seeking attitudes and behavior may be small during the college years and then diminish with age. Thus, collectively, the research on the relationship between gender and help-seeking attitudes and behavior appears presently inconclusive, and additional research is needed to address the limitations of existing studies and to substantiate the findings of the current study in order to clarify the relationship between gender and help-seeking attitudes and behavior.

In addition, the work of previously cited researchers may offer several possible explanations for the finding of this study that men are significantly less likely than women to have a positive attitude toward marital help-seeking. According to Johnson and Lebow (2000), men may have less favorable attitudes toward help-seeking, and may choose not to seek out or participate in counseling or therapy, because they may be intimidated by, and apprehensive about, the “expressive” therapeutic arena and the verbal tools required by the therapeutic process. Thus, reservations about being in a situation (i.e., an “expressive” situation) in which they feel inexperienced and inadequate may contribute to men’s less positive attitudes toward help-seeking. Kushner and Sher (1991) also suggested that treatment fearfulness, or “a subjective state of apprehension that arises from aversive expectations about the seeking and consumption of mental health services” (p. 197), may affect men’s attitudes toward help-seeking. Fears related to the utilization of marital counseling services, including fear about negative stigma, fear of embarrassment, fear of changing behavior, fear stemming from past experiences with the
mental health system, and fear pertaining to mental health treatment stereotypes, may negatively impact men’s help-seeking attitudes (Kushner & Sher). Additionally, Phillips and Segal (1969) suggested that men are reluctant to seek mental health services as a result of the societal and cultural expectations of masculinity placed upon them. Pollack and Levant (1998) suggested that men generally avoid therapy because socialization has caused them to view therapy as unmasculine. Felton (1986) explained further that men, in order to participate in couples therapy, must engage in activities that are contrary to society’s traditional view of masculinity. In marital therapy, they are expected to express feelings, admit weaknesses, give up control, self-disclose, and engage in non-sexual intimacy. Thus, participation in the therapeutic process presents men with a contradiction between issues of gender role socialization and cultural stereotypes and the “unmasculine” expectations of therapy. As a result, Felton suggested that men, aware of these contradictions and expectations, have less favorable attitudes toward seeking mental health help and often avoid the therapeutic process. Thus, finding and implementing ways to reduce the social stigma of therapy and the barriers that exist to males’ favorable attitudes toward and utilization of marital counseling services may help to decrease negativity toward, and increase the use of, these services among males in Utah, since research has shown that attitudes and behaviors are generally consistent with regard to seeking help. Thus, although no statistically significant differences were found among men and women in marital help-seeking behavior, the significant differences in males’ and females’ attitudes toward marital help-seeking may be indicative of potential
differences in behavior that may not have been detected in the current study. Thus, additional research is needed to address this issue.

Even though this study found no statistically significant differences between men and women in the type of helper (i.e., marital or mental health therapist or religious leader) used for both pre-divorce and marital counseling, it is interesting to note that both men and women most often sought a marital or mental health therapist as the source of marital counseling help. This trend is in contrast to past research indicating that the vast majority of help-seekers turn to family, friends, and/or clergy (Edwards et al., 1998; Neighbors & Jackson, 1984; Wills & DePaulo, 1991), with few help-seeking individuals actually seeking help from trained mental health professionals (Norcross & Prochaska, 1986; Veroff et al., 1981; Wills & DePaulo). The current study’s findings on the relationship between gender and choice of helper were contrary to what was expected. Based on the studies cited above, as well as the work of Sorgaard et al. (1996), it was expected that a marital or mental health therapist would be the least utilized source of help, and that women would be more likely than men to use a religious helper. However, the findings of Sorgaard et al. may not generalize to a United States population since they were arrived at using an all-Norwegian sample. Thus, both men and women in the current sample most often utilized a formal, professional source of help (i.e., a marital or mental health therapist) for their marital or relational problems. One possible explanation for this trend may be that the study participants who had utilized pre-divorce and/or marital counseling may have been biased toward experiencing serious problems and high
levels of distress (which would be characteristic of couples contemplating divorce, for example), for which, according to previous research (Constantine & Gainor, 2004; Padgett & Brodsky, 1992; Wills & DePaulo), they would be more likely to seek help from a therapist than from a religious leader.

In summary, empirical research, for the most part, has suggested that men are less likely than women to seek help and that men have a less positive attitude toward seeking help from mental health professionals than do women. More specifically, the current study examined how gender is associated with marital help-seeking and found that men have less favorable attitudes toward marital help-seeking than women and, although there were not significant differences among males’ and females’ marital help-seeking behavior, appear to be less likely than women to utilize counseling services related to marriage. A number of reasons have been implicated in these findings, including issues of socialization, masculine gender role identity, and fearfulness. Altogether, the research on the relationship between gender and marital help-seeking attitudes and behavior is presently inconclusive. Additional research that focuses on using sample sizes large enough to generate even a small effect size may be beneficial in clarifying what, if any, relationship actually exists between gender and marital help-seeking attitudes and behavior. Further suggestions for future research as well as implications for increasing utilization of marital counseling services among both men and women will be discussed hereafter.
Welfare Status, Gender, and Marital Help-Seeking

The results of this study did not support the third hypothesis that welfare status and gender have a combined relationship effect on the utilization of counseling services related to marriage. No statistically significant differences were found in the utilization of marital counseling services (i.e., pre-divorce and marital counseling services) between the four groups (male/welfare recipient, male/non-recipient, female/welfare recipient, female/non-recipient). The current findings are consistent with past research examining the interactive effect of SES and gender on help-seeking behavior. Neighbors and Jackson (1984) found no interaction between SES and gender with a sample of 2,107 African-American adult men and women. Likewise, Lin et al. (1996), using a sample of 8,116 adult men and women in Ontario, Canada, found no combined effect of public assistance use and gender on the utilization of mental health services. However, the findings of the latter two studies must be considered cautiously, as the results of an all African-American and an all-Canadian sample are not generalizable to populations other than those they compositionally represent.

With regard to the interactive effect of welfare status and gender on the type of helper sought for both pre-divorce and marital counseling services, the number of participants responding to these survey questions was too small to perform a statistical analysis of the data, thus precluding the examination of the interaction of the variables. Thus, it would be important for future studies to investigate this possible interaction using a much larger sample so that the appropriate analyses could be performed.
Conclusions and Implications

The findings of this study have several implications for marital education programs and counseling and for public policies that support marital services and the institution of marriage. This study’s results can help guide efforts to recommend and implement ways to promote and strengthen the marriage relationship. This study’s use of an over-sample of welfare recipients permitted comparisons with the random sample of Utah households, and the results of these comparisons provide valuable information that may assist researchers, educators, and mental health professionals in developing a more tailored approach to marital education and counseling that is specific to low-income individuals. The finding of the Statewide Baseline Survey that welfare recipients are more open to participating in marital services as a means to strengthen their relationships than welfare non-recipients demonstrates the importance, in terms of intervention, of providing these types of programs and services for welfare recipients and low-income individuals. Perhaps, by offering marital counseling services as part of the benefit package available to those who qualify for government assistance, there would be an increased knowledge and acceptance of marital counseling services among welfare recipients and low-income individuals.

A finding of the current study that has important implications for the quality of marital counseling being received relates to the provider of these services. Of survey respondents who have utilized marital counseling services, a significant number have done so within a religious setting (i.e., with the marital counseling being provided by a
religious leader). This finding is of particular importance because most religious leaders lack formal training to perform marital counseling. Stanley, Markman, and Prado (2001) actually found negative outcomes from participation in marital services provided by untrained clergy, and they concluded that the most effective intervention provided by religious leaders is that conducted by clergy who were trained in a formal, structured, skills-based program called PREP. Thus, perhaps, training local religious leaders with the skills necessary to provide effective marital counseling services may have an overall positive effect on the outcomes couples experience from their participation in these services.

One possible reason, suggested by current research, for the relatively small number of people who seek help from mental health professionals is that people fear the stigma of “mental illness” that is associated with seeking mental health treatment (Csordas, 1990; Fischer & Turner, 1970; Lyles, 1992; Narramore, 1994; Wills & DePaulo, 1991). It may be for this reason that an individual’s willingness to ask for help increases as the visibility of the act of seeking help decreases and becomes more private (Shapiro, 1978). These arguments are often used to advocate for community-based resources, such as the resources offered by the Governor’s Commission on Marriage. The finding of the Statewide Baseline Survey that Utahns, in general, have a great interest in participating in marital programs and services that will strengthen their relationships is encouraging, as is the compelling finding that the majority of Utahns, regardless of welfare status or gender, believe that a statewide initiative to strengthen marriage is a
good idea. However, the finding that only 4% of all adults surveyed have accessed at least one of the marriage strengthening resources developed and made available by the Governor's Commission on Marriage (e.g., conferences, the marriage website, or the marriage enhancement video for newlyweds) is cause for concern, and may indicate a lack of awareness that these programs and services are available to couples in Utah. The limited use of the existing state-sponsored marital resources—in spite of a prevailing belief in the value of these programs and services—may also be due to factors such as perceived inconvenience (such as with attending a workshop) or a lack of incentive or motivation to participate. One possible intervention to increase the awareness and utilization of these services might be to increase the availability of these programs and to more widely publicize them, especially at the premarital stage of the relationship when couples are motivated to learn the skills necessary to develop and maintain a healthy, stable marriage. This argument, along with the finding that those who have participated in premarital preparation are more likely than those who have not to indicate a willingness to seek help for their marriages in the future, suggests a benefit of encouraging participation in marital services from the inception of the relationship (i.e., at the premarital stage) so that couples will be more likely to utilize marital counseling services, if needed, later on in the marriage. For example, parents, family members, and religious and community leaders could encourage couples to participate in these programs and services when they become engaged or have difficulties in their marriages. County Clerks could also educate couples applying for a marriage license about the availability of these programs and encourage
their participation in them before they are married. Offering couples an incentive to participate in state-sponsored premarital preparation programs may also be a viable intervention to encourage participation in marital services in the future. For example, in an effort to encourage participation in premarital education programs, some states, such as Florida and Arizona, offer incentives to couples who choose to participate in premarital education. In Florida, couples completing a marriage preparation course receive a 50% reduction in the marriage license fee. Arizona couples who complete a minimum of six hours of premarital education receive a $100 state tax credit (Fagan, 2001). Offering similar incentives for couples in Utah may prove to be a helpful intervention for increasing the utilization of marital services in general. These types of financial incentives may also be particularly appealing to low-income couples who may be contemplating marriage.

It is also important to provide Utahns with access to existing research on how to develop and maintain healthy, stable, and lasting marital relationships. Instructor-lead marital education courses in high schools, colleges, universities, and communities is one way to provide individuals with access to this knowledge. In addition, making quality marriage education materials more accessible to Utahns through public libraries, the Internet, and Extension offices in each county throughout the state may serve to help educate couples and, consequently, strengthen marriages and reduce divorces statewide.

In summary, the majority of survey respondents were very supportive of marital counseling and programs and government policies that help couples prepare for marriage,
strengthen existing marital relationships, and reduce divorces. Thus, efforts such as expanding opportunities for marital counseling and emphasizing, through advertising, the programs currently offered by the State to help marriages succeed, may increase awareness and utilization of marriage counseling and education among Utahns. Since a majority of individuals participating in marital counseling services have done so in a religious setting, marital education and counseling services would do well to integrate religious and other community institutions into initiatives to develop and maintain strong marriages. Providing additional training for those who currently provide premarital preparation and marriage counseling services, both in religious and community settings, would also improve the effectiveness of marital services offered to Utahns.

Implications for Marriage and Family Therapy

The findings of the current study also have important implications for the field of marriage and family therapy (MFT). For example, the findings of this study that men (a) have less favorable attitudes than women toward the utilization of counseling services related to marriage and (b) appear to be less likely than women to participate in marital counseling services highlight the need for marriage and family therapists to pay particular attention to gender issues within the therapeutic setting. The process of involving men in marriage and family therapy, and of facilitating their growth and progress during therapy, may present special issues and difficulties. Johnson and Lebow (2000) suggested that, most often, it is the wife who initiates marital and/or family therapy, and getting the
husband to actually come to therapy is a major problem. Thus, implementing ways to reduce the social stigma of therapy and the barriers that exist to males’ acceptance of and participation in therapy may help to increase the use of marriage and family therapy among males. Also, according to Guanipa and Woolley (2000), marriage and family therapists need to pay more attention to gender in context because “in family therapy, gender and gender roles are essential issues to consider and understand in the therapy process” (p. 183). It is important that marriage and family therapists develop a higher cognitive/contextual level of gender conceptualization and a more thorough understanding of gender as a socially constructed concept (Guanipa & Woolley). They also emphasize the importance of therapists’ careful and deliberate considerations and inclusion of gender in their conceptualizations and assessments of marital difficulties and in their development and execution of treatment plans. Thus, it is important for marriage and family therapists to have a “gender awareness” and an understanding of gender issues and how they pertain to marital problems and the therapeutic process so that a lack of understanding does not lead to differential expectations and inequality in the treatment of men and women in marital therapy. In addition, many therapists may not adequately recognize the issues of gender socialization and the problems they can potentially create for men in therapy. As a result, therapists may fail to give equal validity to men and women’s perspectives throughout the therapeutic process (Brooks, 1990). In turn, after an initial undesirable therapeutic experience, men may choose not to seek out or participate in therapy in the future.
In addition, this study found that only about half of survey respondents who had ever been divorced actually sought marital counseling before getting divorced. Other research has suggested that between 80% and 90% of divorcing couples have not sought the help of a therapist for their marital problems (Halford et al., 2003). Thus, unfortunately, most couples experiencing marital difficulties never seek therapy. This is disheartening given the availability of marriage and family therapists who have specialized training in addressing issues specific to marital distress as well as the documented effectiveness and benefits of marriage and family therapy to distressed couples (Sprenkle, 2002). The relatively low rate of utilization of marriage and family therapy services documented in the current study and other studies (e.g., Halford, Markman, Kline, & Stanley, 2003) may be due, in part, to a lack of awareness that these specialized services are available to couples and families. Perhaps more needs to be done to publicize the availability of these specialized services and to make them more accessible, more affordable, and less stigmatizing. It is essential for couples to know about and take advantage of the marriage and family therapy services that are available because the utilization of these services may prove to be instrumental in preventing some divorces and the consequences of those divorces to individuals, families, and society.

Finally, social class and income level also affect access to resources. Although the current study found no significant differences between welfare recipients and non-recipients in the utilization of marital counseling services, there may be differences among individuals and couples of differing income levels in the utilization of the
specialized services of marriage and family therapists. Low-income couples have been identified as being “at risk” for marital distress and instability (Ooms & Wilson, 2004) and finding ways to facilitate the use of marriage and family therapy among the low-income population may prove to be extremely beneficial to these disadvantaged couples and families. Thus, it would be critical to more widely publicize marriage and family therapy services among the low-income population and make them more available, affordable, and accessible. Perhaps marriage and family therapy services could be offered, through government funding, as part of the benefit package offered to government assistance recipients. Marriage and family therapy could also be made available through community-based agencies (e.g., Head Start) with which low-income couples and families may be associated. For example, Leitch and Thomas (1999) summarized the positive results of a project in which the American Association for Marriage and Family Therapy (AAMFT) awarded nine grants to MFT-Head Start partnerships in which graduate students in MFT provided marriage and family therapy services for disadvantaged, low-income families and couples who otherwise would not have had access to such services.

Limitations and Suggestions for Future Research

The limitations of the sample and research design must be taken into consideration when drawing any conclusions from this study. This study was designed specifically to sample Utah residents only, and was not intended to represent the general
population of the United States. In addition, this study used an over-sample of welfare recipients in order to allow the experiences and beliefs of low-income individuals to be well represented in the findings. However, although the results of this study provide a number of useful insights regarding Utah's low-income population, the proportion of welfare recipients participating in this study is small, and, therefore, these findings should be interpreted with some caution and not be over-generalized. Also, unequal numbers of men and women participants limit the accuracy of comparisons between gender groups. Also, since the survey conducted in Utah, from which the data for this study were drawn, was an exact replication of another study (i.e., the Oklahoma Marriage Initiative Statewide Baseline Survey), the survey questions utilized in the current study to examine marital help-seeking attitudes and behavior may not have tapped into the help-seeking constructs in the manner necessary to best answer the research questions posed in this study. In addition, the measurement of welfare status in the current study may not have been as accurate or meaningful as a measure of socioeconomic status, which includes constructs such as income level, job prestige, and educational attainment. A measure of socioeconomic status, as opposed to a measure of welfare status, may have provided a more accurate measure of this study's desired construct.

Limitations that are intrinsic to survey design, such as biases, sampling, and non-sampling errors, should also be taken into consideration. First, this study did not account for any additional moderating variables beyond welfare status and gender, such as differences in race, age, culture, and religious commitment. Second, "selection"
limitations (Campbell & Stanley, 1963) have application to sample composition and may have skewed the results of this study. That is, the results may have been skewed toward a representation of individuals who are motivated to participate in surveys rather than the general population. Or, in other words, the uncontacted or uncooperative members of the sample may differ in some systematic way from those who are contacted and cooperative, thus biasing the survey (Dooley, 1995). Thus, a limitation of the current study is the low response rate, which raises concern about possible nonobservation bias. Also, telephone interviews have some specific limitations. For example, “telephone interviewees produce more missing data on income questions, more acquiescence (tending to agree), more evasiveness, and more extreme response bias (tending to select extreme answers such as ‘strongly agree’ rather than moderate answers such as ‘agree’”; Dooley, p. 129).

However, the authors of one study comparing phone and face-to-face surveys concluded that “the bulk of the evidence supports the contention that random digit dialing yields data of equal, if not superior, quality and reliability to those data collected by a traditional personal interview” (Tuchfarber & Klecka, 1976, pp. 63-64).

Even with the limitations of the present study, it is evident that the findings of this study are worth consideration, given that they were derived through established empirical methods. The sample size was adequate, permitting accurate statistical conclusions, and the use of a large, randomized sample, with an over-sample of welfare recipients, permitted more accurate comparisons between groups and made it possible to detect even a small effect size. The large sample used in the current study may have been key in
detecting any differences between welfare recipients and non-recipients and men and women. This study’s use of a general sample of adults rather than a college student sample also increases its ability to generalize the findings to the larger Utah adult population. In addition, the use of a random sample of Utah households and current TANF recipients increases the study’s ability to generalize results to the general Utah adult population. Also, the use of an over-sample of welfare recipient households permitted comparisons on help-seeking measures with the random sample of Utah households, and allowed the experiences and beliefs of low-income individuals to be well represented in the findings. Finally, this study also went beyond the investigation of how individual variables (welfare status, gender) relate to help-seeking by also employing empirical methods to measure how multiple variables (i.e., welfare status and gender) combine to relate to marital help-seeking behavior.

The findings and implications of the current study offer much in terms of possible directions for future research. Since there are presently few studies on the relationship between welfare status and marital help-seeking, further empirical research is needed in order to reliably substantiate the findings of the current research. Also, the existing research on the relationship between gender and marital help-seeking is presently inconclusive, and, thus, warrants further investigation. The results of the current study suggest the possibility that a lack of differences between genders in marital help-seeking behavior may exist. Additional research that uses a robust sample to empirically compare marital help-seeking behavior among men and women would help to establish more
reliable conclusions about the differences, if any, that exist between genders. Also, as was discussed previously, men may face specific barriers to the use of marital services, and, thus, future research that pays particular attention to gender issues may be helpful in understanding the disparities between men and women in access to and utilization of counseling services related to marriage, as the factors associated with access to and utilization of these services differ by gender (Albizu-Garcia et al., 2001). In addition, the variable of gender in the current study was operationalized as biological sex only, and, thus, future research should aim to address gender roles as a moderator of biological sex. Additional research is also needed to identify gender-specific models for utilizing marital counseling services in order to decrease disparities in access to and use of these services. Future research would also do well to more closely examine the relationship between attitudes toward seeking help and actual help-seeking behavior among welfare recipients and non-recipients and men and women, as research—the present study included—suggests that attitudes may contribute to low rates of marital counseling and therapy use for men, and that both attitudes and knowledge deficits may reduce service use among lower-income individuals and couples. Thus, research that investigates the practical and personal barriers to service use among men and lower-income individuals may offer important implications for intervention.

The results of this study also suggest that, in general, Utahns may not have a clear preference for a type of helper between secular and religious. Perhaps, differences in helper preference only become evident when individuals and couples are experiencing
severe problems and high levels of distress (Sorgaard et al., 1996; Wills & DePaulo, 1991). Additional research is needed to substantiate such suggestions and to examine helper preference in greater detail.

Additionally, there is a lack of information and research examining how welfare status, in particular, relates to help-seeking. Existing research has examined how income level and socioeconomic status relate to help-seeking—which has implications for the relationship between welfare status and help-seeking—but research is needed that explores, specifically, the relationship between receiving government assistance and seeking help, as these findings could help guide public policy for assisting welfare recipients in getting the mental health and marital services they need. Similarly, very little research has gone beyond the examination of help-seeking in general to explore marital help-seeking, as was investigated in the current study. Future research would be benefitted by examining marital help-seeking, specifically, and the factors, both individual and relational, that affect the decision to seek help for the marital relationship.

Also, very little research has gone beyond individual-level variables to explore how relational variables and a combination of variables affect marital help-seeking. Thus, research that examines this relationship would be helpful in identifying the factors that contribute not only to an individual’s decision to seek help, but to a couple’s joint decision to seek help for their relationship. Identifying the relational variables that play into this decision could have valuable insights and implications for increasing marital help-seeking in distressed couples. In addition, future research may also be directed at
investigating how race, age, culture, religious commitment, marital quality, mental health and other moderating variables relate to marital help-seeking attitudes and behavior.

Most of the existing research on help-seeking asserts that help-seeking is related to individual variables, such as welfare status or gender. However, marital help-seeking may be related to a combination of variables. Thus, additional research is needed that investigates how a combination of variables (e.g., welfare status, gender, religious commitment, marital quality, and race) is related to marital help-seeking attitudes and behavior, as opposed to how only a single variable (e.g., welfare status, gender, religious commitment, marital quality, or race) is related to marital help-seeking.

Additional research is also needed to help generate practical applications of existing help-seeking related findings, such as identifying methods of facilitating the help-seeking behaviors of couples in distress. Research suggests that couples in distressed marriages are reluctant to seek help. Possible reasons for this may include only one spouse in the relationship perceiving the marriage as in trouble and/or the social stigma associated with being “in therapy.” Thus, further research on this subject may expose the barriers encountered by couples in distress to seeking help for their marriage, as well as provide suggestions for overcoming those barriers so that distressed couples can receive the help they need. Factors such as perceived need and the stages that couples go through in the decision to seek marital counseling or therapy are also important variables that should be implemented in future studies. It would also be beneficial, given the relatively low number of individuals and couples, in general, that utilize available
marital counseling services, to examine the barriers that prevent people from seeking help even when help is needed and available.

Finally, future research in this area would benefit from replications of this study with a larger, nationwide—as opposed to a statewide—sample that has roughly equal comparison groups (i.e., welfare recipients and nonrecipients, men and women). Such research would increase the accuracy of group comparisons as well as the generalizability of the findings to a broader population.
REFERENCES


APPENDIX
Hello, this is ____ and I’m calling from the Bureau for Social Research. We are conducting a research study on the topic of marriage and family relationships in Utah. Am I speaking with an adult over the age of 18? We are conducting a 15-minute interview of citizens in Utah. The purpose of this study is to provide an accurate report on marriage and family relationships in Utah. The survey asks your opinion of marriages and families in Utah and gathers some information about your own marital or relationship history. Would this be a good time to do the interview? Before we begin, I want to assure you that all your answers will be kept confidential.

PREVENTIVE EDUCATION

QPE1
(1 modified) Now I’d like to ask your opinion of pre-marital preparation and divorce prevention services. In your opinion, how important is it for couples to prepare for marriage through educational classes, workshops, or counseling designed to help them get off to a good start? Is it...
1. very important
2. somewhat important
3. not very important
4. not at all important
8. don’t know
9. refused

QPE2
(2 modified) When a married couple with children in the home is considering a divorce, how good an idea do you think it would be to require marriage counseling or therapy before the divorce is granted? Would that be a...
(marriage counseling or therapy in an effort to save the marriage)
1. very good idea
2. good idea
3. bad idea
4. very bad idea
8. don’t know
9. refused
QPE3
(1 modified) Did you seek counseling from a therapist or religious leader before getting divorced, yes or no?
(If more than one divorce, use MOST RECENT divorce)
1. yes
2. no
8. don’t know
9. refused

QPE4
(1 modified) Was this counseling from a marital or mental health therapist OR from a religious leader?
(Marital or mental health professional = marriage therapist, counselor, or psychologist; Religious leader = priest, minister, rabbi, etc.)
1. marital or mental health therapist
2. religious leader
3. both
8. don’t know
9. refused

QPE5
(1 modified) Have you ever sought counseling from a therapist or religious leader for your marriage, yes or no?
(refers to CURRENT marriage)
1. yes
2. no
8. don’t know
9. refused

QPE6
(1 modified) Was this counseling from a marital or mental health therapist OR from a religious leader?
(Marital or mental health professional = marriage therapist, counselor, or psychologist; Religious leader = priest, minister, rabbi, etc.)
1. marital or mental health therapist
2. religious leader
3. both
8. don’t know
9. refused
UTILIZATION OF GOVERNMENT SERVICES
QGS2
(2) Are you currently receiving TANF assistance, yes or no?
1. yes
2. no
8. unsure/don’t know
9. refused

QGS4
(2) Are you currently receiving Food Stamps, yes or no?
1. yes
2. no
8. unsure/don’t know
9. refused

QGS6
(2) Are you currently receiving Medicaid, yes or no?
(includes Sooner Care, Title 19, or “Welfare/DHS card for kids”) 
1. yes
2. no
8. unsure/don’t know
9. refused

DEMOGRAPHIC DATA
QDD16
(1) INTERVIEWER: DON’T ASK. Record respondent’s gender:
1. male
2. female
8. unsure/don’t know