# What is stopping individuals from pursuing couples therapy? Barriers regarding the pursuit of couples therapy for relationship problems.

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**Abstract**

Many couples could benefit from couples therapy, yet not everyone who needs it actually pursues it. The aim of the current study was to identify attitudinal, structural, relational and personal barriers, as well as demographical factors (i.e. age, education, children at home, relationship length, psychological distress and relational distress) that could serve as barriers to the pursuit of couples therapy among a Dutch sample. In two studies, the barriers surrounding couples therapy were examined. In Study 1, the sample existed of distressed individuals who were not in couples therapy ($N$ = 462). Attitudinal barriers (such as: the feeling that therapy is unnecessary, the feeling of own responsibility for solving relationship problems and a lack of trust in effectiveness of couples therapy) were of most importance, regardless of sex. In Study 2, the sample existed of individuals who were in couples therapy ($N$ = 118). The top three barriers here differed between sex. For men, the feeling of own responsibility for solving relationship problems, unfamiliarity with couples therapy and the feeling of embarrassment were most important. For women, costs, the feeling of own responsibility for solving relationship problems and the partner's negative opinion about couples therapy were most important. Moreover, a correlation analysis revealed that evaluation of couples therapy correlated with the attitudinal barrier: no trust in effectiveness for women only. A lower trust in effectiveness was associated with a lower evaluation of couples therapy. This indicates barriers of importance differ between those in pursuit of therapy and those already in therapy and between sexes. Findings are important to future interventions.

*Keywords*: couples therapy, barriers, attitude, relationship problems

**What is stopping individuals from pursuing couples therapy? Barriers regarding the pursuit of couples therapy for relationship problems**

Romantic relationships are central to people's lives. People live happier, healthier and longer lives when they are closely connected to others (Loving & Sbarra, 2015). Higher levels of relationship quality are associated with higher general psychological well-being (Proulx et al., 2007), whereas negative interpersonal interactions are associated with greater risk for poor health (Loving & Sbarra, 2015). It is thus clear that romantic relationships have great effects on people's well-being.

The intimate nature of a romantic relationship is however intertwined with potential conflict (Fincham, 2000). Conflict naturally occurs in every type of relationship, often caused by factors such as finances or chores. It has even been shown that conflict negatively affects the immune system (Loving & Sbarra, 2015). The core of the issue should be addressed in order to properly resolve conflicts (Cupach, 2000), as conflict can have detrimental effects on physical and mental health.

For some, couples therapy is necessary in order to resolve conflict. Relationship distress amongst married couples has usually been found to show no improvement without treatment (Baucom et al., 2003). Up to 70% of couples who experience relationship distress benefit from couples therapy, as it increases relationship satisfaction (Lebow et al., 2012). A meta-analysis on couples therapy has shown that any intervention is better than none (Wood et al., 2005). Many couples could thus benefit from pursuing couples therapy when dealing with conflict.

However, not everyone who needs couples therapy actually pursues it. Couples therapy is widely available in the Netherlands, but professional help is not easily sought. Research from other Western countries comparable to the Netherlands suggests that less than one fourth of couples who want to divorce seek help (Doss et al., 2003). It is probable that the

same is the case in the Netherlands, which is worrying, as couples therapy could prevent physical and mental health issues.

As there is too little interest in couples therapy, even though it is proven to be effective, it is necessary to investigate what factors are related to the matter. The current study investigated the barriers regarding people's intention to pursue couples therapy for their relationship problems.

Factors are categorized within the existing framework of barriers to the pursuit of (general) therapy, as presented by Wells and colleagues (1994) and applied to the subject of couples therapy by Williamson and colleagues (2019). According to this framework, perceived barriers (i.e. factors hindering the intention to pursue couples therapy) can be divided into structural and attitudinal barriers (Wells et al., 1994). For couples therapy, relational barriers exist as well (Williamson et al., 2019). The current study includes a number of structural (i.e. costs), attitudinal (among other things: belief of necessity of therapy, a lack of trust in therapy and a general attitude towards therapy) and relational (i.e. partner's opinion and friends' and family's opinion about therapy) barriers and supplements these barriers with personal barriers (i.e. attachment) and demographical factors (i.e. age, education, children at home, relationship length, psychological distress and relational distress). These personal barriers, as well as demographical factors were added because of indications in literature as to their importance in intention to pursue couples therapy (see for example: Mackenzie et al., 2006; Vogel & Wei, 2005; Mackenzie et al., 2006; Wells et al., 1994; Williamson et al., 2019).

The current study investigated all mentioned barriers in order to ascertain which were the most influential to the pursuit of couples therapy. Findings are of importance to future plans or interventions to encourage more people to pursue couples therapy, in order to

potentially prevent general health problems. First, a brief explanation of types of couples therapy and their effectiveness is provided.

## The Effectiveness of Couples therapy

There are multiple forms of couples therapy. Lebow and colleagues (2012) have summarized all types of couples therapy into three categories. Firstly, Lebow and colleagues mention integrative behavioural couples therapy (IBCT), which emphasizes acceptance and mindfulness (Lebow et al., 2012). There is strong evidence for the effectiveness of IBCT, as 70% of couples showed significant decrease in relationship distress immediately after completion (Christensen et al., 2010). At a five-year follow-up, 50% of couples showed significant improvement in relationship distress, with large effect sizes.

Secondly, emotion-focused therapy focuses on emotions and attachment (Lebow et al., 2012). Multiple studies have found that while the initial effect of treatment is already positive, with 38% to 50% of couples experiencing significantly less relationship distress (Johnson & Talitman, 1997; Walker et al., 1996), the effects after a follow-up are even greater. Studies reported 70% of couples experienced significantly less relationship distress after three months (Johnson & Talitman, 1997). After two years, the therapy still had a large negative impact on relationship distress (Walker et al., 1996).

The third and last type of couples therapy is couples therapy for particular relationship difficulties, such as intimate partner violence or infidelity (Lebow et al., 2012). Research on this particular type of therapy was often conducted in very small groups, therefore evidence is lacking. However, studies show this type of therapy was associated with less marital distress and increased marital satisfaction (Lebow et al., 2012).

Besides therapy, couples can also pursue programs that help them with developing better communication and problem-solving skills (Hawkins et al., 2008). These programs are

called marriage and relationship education. One of such programs, the Hold Me Tight program, has found to be effective in increasing relationship satisfaction in Dutch couples (Conradi et al., 2017).

To summarize, while the form and content of each type of couple therapy may slightly differ, they were all found to be effective (Lebow et al., 2012). Even so, many couples that could benefit from it do not seek couples therapy. It is important to find out what is hindering these couples, in order to help them. The factors that may help explain why people do not pursue couples therapy are discussed onwards per category.

## Structural barriers

Structural barriers are the external obstacles one must overcome in order to receive therapy, such as costs and transportation (Wells et al., 1994). Research has found that experiencing structural barriers may negatively affect one's intention to seek general therapy for psychological problems in multiple countries, including the Netherlands (Mojtabai et al., 2011; Sareen et al., 2007; Wells et al., 1994). Commonly mentioned structural barriers are the high costs of therapy, the unavailability of therapy and the inconvenient location of therapy.

Williamson and colleagues (2019) have investigated structural barriers to the intention to seek couples therapy for relationship problems in lower income American couples. They confirmed that two barriers are of importance: the high costs of therapy and uncertainty about where to go for help. Based on this, the current study tests to what extent structural barriers play a role in a more general distressed sample, and whether this may be different for men and women.

## Attitudinal barriers

In addition to structural barriers, attitudinal barriers may be experienced. Attitudinal barriers are internal obstacles (an individual's thoughts or beliefs, in this case about therapy)

one must overcome in order to receive therapy. An example is the belief that therapy will not help or is unnecessary (Wells et al., 1994).

Attitudinal barriers to general therapy for psychological problems most often mentioned were: that the problem would get better on its own, that they [the respondents] were responsible for solving the problem themselves, and seeing no need for help (Mojtabai et al., 2011; Sareen et al., 2007; Wells et al., 1994). Moreover, men tend to have stronger perceptions that (general) therapy is unnecessary (Wells et al., 1994).

Previous research has found that attitudinal barriers potentially play a larger role than structural barriers, as they were more frequently mentioned by individuals in the pursuit of general therapy (Mojtabai et al., 2011; Sareen et al., 2007; Wells et al., 1994).

In addition to attitudinal barriers, general attitude toward help-seeking was found to be one of the strongest predictors of individual help-seeking for psychological problems in both Flemish and Dutch samples (Reynders et al., 2013). Several studies have also found that positive attitudes toward help-seeking have a positive relationship with actual help-seeking behaviour in the case of couples therapy (Guillebeaux et al. 1986; Parnell and Hammer 2017; Spiker et al., 2019). More positive attitudes toward couple therapy were also found to be associated with a higher intention to pursue couple therapy (Hess & Tracey, 2013; Parnell & Hammer, 2018).

Furthermore, men are more likely to have a negative attitude towards general therapy and couples therapy, as research has found that adherence to traditional masculine norms is correlated with having less favourable attitudes toward individual (Vogel & Heath, 2016) as well as couples therapy (Parnell & Hammer, 2018).

Based on this, the current study examines to what extent attitudinal barriers and general attitude are associated with pursuing couples therapy, thereby taking sex differences into account.

### Growth beliefs

A specific attitude concerning relationships is growth beliefs, which has been suggested to be connected to help-seeking behaviour (Knee, 1998; Knee & Petty, 2013). According to implicit theories, one can believe that attributes can grow, which is called a growth belief (Knee, 1998). Growth beliefs tend to be highly stable over time (Franiuk et al., 2002; Sprecher & Metts, 1999). Knee and Petty suggest having growth beliefs may affect intention to seek help (Knee, 1998; Knee & Petty, 2013).

Knee and Petty (2013) reiterate that theory suggests having more growth beliefs is connected to higher help-seeking behaviour, but evidence supporting this fact is lacking. Based on this, the current study examines the influence of growth beliefs, while assessing sex differences.

## Relational barriers

Relational barriers are obstacles associated with the opinion of the partner or others one must overcome in order to receive therapy (Williamson et al., 2019). While not much is known about relational barriers to the pursuit of couples therapy, the fact that their partner did not want to pursue couples therapy was experienced as a barrier for women (Williamson et al., 2019). This indicates the close relationships of a person, such as their partner, friends or family, may influence a woman's intention to pursue therapy, whilst this was not the case for men. It is possible that women do not pursue couples therapy, because they experience this relational barrier. The current study analysed the role of relational barriers in the pursuit of couples therapy for both sexes.

## Personal barrier: attachment

In addition to structural, attitudinal and relational barriers, attachment was included in the current study as well. Evidence suggests attachment style is a barrier to the pursuit of general therapy (Feeney & Ryan, 1994; Vogel & Wei, 2005). Attachment can be scored using

two categories: anxiousness and avoidance. Individuals who score high on anxiousness worry about being abandoned by their partner and therefore desire to be close to them. On the other hand, individuals who score high on avoidance are distant to their partners, as they fear being too dependent on them (Hazan & Shaver, 1987).

Attachment style often affects behaviour, even in the case of therapy. Attachment, for instance, affects complying with psychological treatment and reporting symptoms of illness (Dozier, 1990; Feeney & Ryan, 1994). Attachment is therefore included in current study as a potential barrier.

Research has found that individuals with attachment anxiety were more likely to have a higher intention to seek counselling, whereas individuals with attachment avoidance were more likely to have a lower intention to seek counselling (Vogel & Wei, 2005). According to Vogel and Wei (2005), social support and psychological distress act as mediators in this relationship. Individuals with higher attachment anxiety more often acknowledged their psychological distress and sought help, whereas individuals with higher attachment avoidance more often denied their distress and did not seek help. For both negative attachment styles, less social support was associated with higher psychological distress. However, the reaction to this distress highly differed.

The current study investigated attachment through the concepts of attachment anxiety and attachment avoidance and applied it to the pursuit of couples therapy in a Dutch sample.

**Demographical factors**

Lastly, a number of demographical factors were included, as literature suggests they are of importance concerning the intention to pursue couples therapy. Ample evidence has found that men are less likely to seek help for psychological and relational problems, compared to women (Mackenzie et al., 2006; Wells et al., 1994; Williamson et al., 2019).

Evidence has also emerged for a link between education and help-seeking, as men's higher levels of education positively influenced help-seeking attitudes (Hammer et al., 2013; Mackenzie et al., 2006). Furthermore, couples who have sought counselling or therapy for their relationship problems generally wait 6 years after the emergence of serious problems, suggesting the length of the relationship may predict intention to pursue couples therapy (Hawkins et al., 2008). Lastly, while Doss and colleagues (2003; 2009) have not found significant effects of having children on intention to seek help, having children living at home has been mentioned as a barrier to seeking relationship help in research by Williamson and colleagues (2019). Some couples indicated that they had to find childcare in order to participate in counselling or therapy, which may pose as a substantial barrier.

Current study further investigated whether sex, education, relationship length and having children living at home is related to intention to pursue couples therapy.

## Current study

The current study wished to examine the factors that hinder intention to pursue couples therapy in a Dutch context. Firstly, all mentioned barriers were analysed in order to ascertain which were the most influential to the pursuit of couples therapy for couples that were not following couples therapy, but experienced relationship distress. By utilising a large sample of participants which consisted of both men and women equally, the effect of many different variables could be examined between sexes. A second study was then conducted to test the effect of these barriers on the evaluation of couples therapy for couples that were following couples therapy and experienced relationship distress. Combined, these two studies paint a picture of not only the barriers people experience before potentially starting couples therapy, but also the effect of these experienced barriers when following couples therapy.

## Study 1

The current study wished to examine the factors that hinder intention to pursue couples therapy in a Dutch context. Couples who experienced relationship distressed, but were not in therapy, were asked about the barriers they experienced regarding the pursuit of couples therapy.

### Method

#### *Participants and procedure*

Participants were recruited through Flycatcher, a Dutch online research panel. All Dutch citizens who were interested in participating in research could apply to the panel. Questionnaires were sent to them via e-mail in April 19, which initially resulted in 558 participants (227 couples). Upon completion of the questionnaires, panel members could choose to receive a small compensation for their effort, such as a gift certificate of 10 euros to spend in a selection of web shops.

Only participants who were cohabiting with a partner, were experiencing relationship distress, were not receiving any help for their relationship problems and were between the ages of 18 and 70 were included in the current study. Participants who were not cohabiting with a partner ($N$ = 7), were already receiving help for their relationship problems ($N$ = 5) and were 70 years or older ($N$=62) were therefore excluded from research. Furthermore, 26 individuals from homosexual couples were removed in order to accurately analyse gender differences in the sample.

To ensure the sample was distressed, participants answered a short version of the Dyadic Adjustment Scale-7 (DAS-7; Hunsley et al., 2001) in a preliminary survey, which was distributed within the panel via e-mail. Only distressed individuals with a score of maximum 23 on the DAS-7 were invited to participate in the current research (see for example Hunsley et al., 1995; Hunsley et al., 2001), in order to assess factors such as intention to seek help for

relationship problems. The final sample consisted of $N$ = 462 individuals in a relationship (of which 148 heterosexual couples) living in the Netherlands. Half of the sample was female (53%). On the DAS-7 (Hunsley et al., 2001), men scored an average of 22.19 ($SD$ = 4.48) and women scored an average of 21.69 ($SD$ = 4.46). On the General Health Questionnaire-12 (GHQ-12; Goldberg & Hillier, 1979), men scored an average of 1.96 ($SD$ = 0.47) and women scored an average of 2.06 ($SD$ = 0.48), indicating, as intended, a relatively distressed sample (Hunsley et al., 1995; Hunsley et al., 2001; Makowska et al., 2002).

All procedures were reviewed and approved by the Ethics Review Board of the Faculty of Social & Behavioural Sciences of Utrecht University (FETC18-007) and participants gave informed consent before starting the questionnaire. Participants had to respond to all questions, as they were not given the ability to leave any questions blank.

The average age of women was 46 years old ($SD$ = 12) and the average age of men was 49 years old ($SD$ = 13). The majority was married and lived together with their partner (71% of men and 72% of women), others were not married but lived together with their partner (29% and 29% respectively). A small majority of them had children living at home, with 51% of men and 51% women indicating so. Relationship length was on average 22.2 years ($SD$ = 13.62) for men and 22.1 years ($SD$ = 13.10) for women. The majority of both men and women completed higher education (44% and 38% respectively). Additional demographics regarding children, education and income can be found in Appendix A.

### *Measurements*

All variables were measured using self-reports with a 7-point Likert scale, with 1 indicating a low score on the variable such as *completely disagree* and 7 indicating a high score, such as *completely agree,* unless indicated otherwise.

**Relationship problems.** Relationship problems were measured using the Marital Problems Inventory (Geiss & O'Leary, 1981). Within the study, 24 problems were assessed.

Participants were asked to what extent the problem led to stress, tension, disagreement or problems with their partner in the last two months. Higher scores indicated greater experience of problems and their negative effects ($\alpha$ = .94). The top three problems were communication (*M* = 3.21, *SD* = 1.60 for men, *M* = 3.24, *SD* = 1.68 for women), sex and physical intimacy (*M* = 3.06, *SD* = 1.71 for men, *M* = 2.86, *SD* = 1.69 for women) and showing affection (*M* = 3.04, *SD* = 1.62 for men, *M* = 2.89, *SD* = 1.69 for women). For an overview, see Appendix B. Other problems reported by men (4%) and women (7%) were often health-related.

**Structural barriers.** Participants were asked whether they experienced four different structural barriers that hindered their pursuit of therapy for their relationship problems with a yes/no question.

**Attitudinal barriers.** Attitudinal barriers were measured in three ways. First, general attitude was towards pursuing couples therapy was measured with the question: 'How would you feel about participating in a relationship course or couples therapy?'. Participants were then asked to indicate the degree to which they would find it useful, nice, smart, good, necessary, positive and effective, each measured separately using a 5-point Likert scale. Higher scores indicated a more positive attitude (α = .94). Men scored an average of 2.74 (*SD* = 0.92) and women scored an average of 2.88 (*SD* = 0.95) on attitude. Second, six specific attitudinal barriers were asked with a yes/no question. Third, growth beliefs were assessed using the Implicit Theories of Relationships Scale[1] (Knee et al., 2003), which consisted of five statements such as: 'A successful relationship needs regular maintenance'. Higher scores indicated more growth beliefs (α =.70). Men scored an average of 5.46 (*SD* = 0.72) and women scored an average of 5.50 (*SD* = 0.68) on growth beliefs.

[1] The Implicit Theories of Relationships Scale (Knee et al., 2003) includes a measurement of destiny beliefs as well. However, destiny beliefs was not found to be a reliable construct in this study (α = .48) and was thus excluded.

**Relational barriers.** Participants were asked whether they experienced 2 relational barriers with a yes/no question.

**Personal barriers.** ***Attachment.*** Attachment was assessed using the Experiences in Close Relationships Questionnaire-Revised (Fraley et al., 2000)[2]. Participants were given ten statements such as: 'I find it hard to trust my partner' and 'I find it easy to be open with my partner'. With a Principal Component Analysis, the two factors attachment anxiety and attachment avoidance were extracted. Higher scores on either of the factors indicated more attachment anxiety (α= .80) and attachment avoidance (α= .66). Men scored an average of 2.51 (*SD* = 1.05) on attachment anxiety and an average of 3.09 (*SD* = 1.20) on attachment avoidance, whereas women scored an average of 2.60 (*SD* = 1.02) and 3.04 (*SD* = 1.26) respectively.

**Demographics.** Relationship distress, psychological distress, age, education, whether participants had children living at home and relationship length were included in current study.

**Intention to pursue couples therapy.** Intention to pursue couples therapy was measured by asking for intention to pursue couples therapy, using a singular statement: 'I intend to seek professional help for my relationship problems', similar to the one-item measurement in Vogel et al. (2007). A higher score indicates more intention. Men scored an average of 2.74 (*SD* = 0.92) and women scored an average of 2.88 (*SD* = 0.95).

**Analysis Plan**

Preliminary analyses were conducted in order to discern any differences in means between men and women. Independent samples t-tests were conducted on the following variables: relational problems, all attitudinal, structural, relational and personal barriers,

[2] Item 10 was removed from analysis, as removing it increased the reliability of the scale.

demographic variables and intention. Confirmatory analyses were then conducted in order to test which factors hinder the intention to seek couples therapy. Bivariate Pearson's correlations were conducted in which all potentially related factors were tested. Tests for men and women were carried out independently, as there was evidence suggesting men and women differ in their help-seeking process. Furthermore, as many couples were included, the split in sex controlled for interdependence in the data. As current research was exploratory in nature, with lack of evidence for the predictor variance in the specific case of intention to seek couples therapy, only the variables that correlated significantly with intention to pursue couples therapy were included in the Multiple Regression Analysis (MRA).

## Results

### *Structural, attitudinal and relational barriers to seeking therapy*

The top three barriers were: the feeling that therapy was unnecessary (57% of men and 61% of women), the feeling of own responsibility for solving relationship problems (31% of men and 19% of women) and a lack of trust in effectiveness of couples therapy (19% of men and 15% of women), indicating attitudinal barriers were of most importance. All barriers are listed in Appendix C. Interestingly, 23% of men and 17% of women indicated that they did not experience any barriers.

Independent samples t-tests were carried out in order to discern differences in means between men and women for relational problems, all attitudinal, structural, relational and personal barriers, demographic variables and intention (see Appendix B and D for means, standard deviations and all results). Firstly, men were found to score significantly higher on the relational problem: friends. Men also scored lower the structural barrier: availability, higher on the attitudinal barriers: own responsibility and inferiority, and lower on the

relational barrier: partner's opinion, compared to women. Lastly, men were found to score lower on psychological distress and were significantly older than women.

### *Correlations*

Bivariate Pearson's correlation was used to assess the linear relationship between intention and the other measures. The Holm's sequential Bonferroni correction was applied to adjust for family-wise error rate.[3] All results are reported in Appendix E.

No structural or relational barrier correlated significantly with intention to pursue couples therapy. The only significant attitudinal barrier was general attitude towards couples therapy for both men and women. Lastly, some different relations were found between demographical factors and intention to seek couples therapy in men and women. Firstly, education was found to positively correlate with intention to seek couples therapy for men only, as was found in literature (Hammer et al., 2013; Mackenzie et al., 2006). Secondly, age and relationship length were found to correlate negatively with intention to seek couples therapy for women.

### *Multiple Regression Analyses*

After assessing the linear relationship between intention and the other measures, variables that correlated significantly with intention were tested within a MRA in order to estimate the proportion of variance that they can account for in intention to pursue couples therapy.

**Men.** To estimate the proportion of variance in intention to pursue couples therapy for men that can be accounted for by attitude and education, a standard MRA was performed (see

[3] The Holm's sequential Bonferroni correction is a correction done in order to protect against Type 1 errors, whilst not overinflating the risk of Type 2 errors in correlations with multiple statistical comparisons (Eichstaedt et al., 2013). The correction can be applied by firstly ranking the calculated p-values in order of size. Each p-value is then individually compared to a calculated, adjusted p-value. This is done until a p-value is smaller than the calculated, adjusted p-value, as this indicates that the following p-values are no longer significant.

Appendix F). In combination, attitude and education accounted for a significant 18% of the variability in intention to pursue couples therapy, $R^2 = .18$ adjusted $R^2 = .17$, $F(2, 213) = 22.71$, $p < .001$. The only significant predictor in the model was attitude ($p < .001$). A more positive attitude predicted a higher intention.

**Women.** To estimate the proportion of variance in intention to pursue couples therapy for women that can be accounted for by attitude, age and relationship length a standard MRA was performed (see Appendix F). In combination, attitude, age and relationship length accounted for a significant 14% of the variability in intention to pursue couples therapy, $R^2 = .14$, adjusted $R^2 = .13$, $F(3, 242) = 13.21$, $p < .001$. The only significant predictor in the model was attitude ($p < .001$). A more positive attitude predicted a higher intention.

Study 1 investigated the barriers people experienced to their pursuit of couples therapy. A more positive attitude towards couples therapy in general is associated with a greater intention to actually pursue couples therapy. Structural, relational and personal barriers, as well as demographic variables played a much weaker role.

## Study 2

In Study 2, it was examined whether the barriers affected evaluation of couples therapy for men and women in couples therapy. It is important to analyse these barriers in a sample that is currently in therapy, as they have overcome these barriers in order to seek treatment. Additionally, the question is whether these experienced barriers affect evaluation of couples therapy, after they were overcome.

### Method

#### *Participants and procedure*

Individuals who were participating in an EFT relationship course or EFT couples therapy were recruited via e-mail, in collaboration with Stichting EFT Nederland. Therapists invited individuals to participate in the survey via e-mail. The e-mail also included

information on the study. The link to the survey was available on the official site as well. Participants were able to fill in the survey from February 2019 to July 2019. Upon completion of the questionnaire, participants had a chance to win one of 20 gift certificates for the site bol.com, which were worth 25 euros each. This resulted in 128 participants (43 couples) initially.

All procedures were reviewed and approved by the Ethics Review Board of the Faculty of Social & Behavioural Sciences of Utrecht University (FETC18-007) and participants gave informed consent before starting the questionnaire. Participants had to respond to all questions, as they were not given the ability to leave any question blank.

Participants who were not cohabiting with a partner ($N$ = 6) and were 70 years or older ($N$ = 2) were excluded from research. Lastly, two individuals from homosexual couples were removed in order to accurately analyse gender differences in the sample.

The final sample consisted of $N$ = 118 (of which 41 heterosexual couples). Half of the sample was female (56%). The sample was distressed, as indicated by their scores on the DAS-7 (Hunsley et al., 2001) and GHQ-12 (Goldberg & Hillier, 1979) (see Hunsley et al., 1995; Hunsley et al., 2001; Makowska et al., 2002). Comparative to the first study, this sample scored higher on the DAS-7 and GHQ-12, indicating more distress.

Men scored an average of 20.56 ($SD$ = 4.34) on the DAS-7 and an average of 2.23 ($SD$ = 0.55) on the GHQ-12, whereas women scored an average of 20.65 ($SD$ = 5.52) on the DAS-7 and an average of 2.16 ($SD$ = 0.52) on the GHQ-12. Most participants were receiving emotionally focused couples therapy (73% of men and 77% of women), others were following the Hold me Tight program (19% of men and 12% of women) (see Conradi et al., 2017 for specifics about the program).

The average age of women was 45 years old ($SD$ = 10.64) and the average age of men was 48 years old ($SD$ = 9.62). The majority of the sample was married and lived together with

their partner (75% of men and 77% of women), others were not married but lived together with their partner (25% and 23% respectively). A majority had children living at home, with 60% of men and 67% of women indicating so. The average relationship length was 20 years (*SD* = 11.36) for men and 20 years (*SD* = 11.41) for women. The sample was on average highly educated, as 69% of men and 83% of women completed higher education. Additional demographics regarding children and education can be found in Appendix G.

**Measurements.** The same measures as in Study 1 were used to assess relationship problems (α = .87), growth beliefs (α = .50), attachment anxiety (α = .68) and attachment avoidance (α = .82). Means and standard deviations of all the variables included in analysis can be found in Appendix G.

***Relationship problems.*** The top three problems were communication (*M* = 4.96, *SD* = 1.48 for men, *M* = 5.27, *SD* = 1.16 for women), showing affection (*M* = 4.58, *SD* = 1.63 for men, *M* = 4.45, *SD* = 1.92 for women), and emotional intimacy (*M* = 4.25, *SD* = 1.62 for men, *M* = 4.62, *SD* = 1.76 for women) . For an overview, see Appendix H.

***Structural, attitudinal and relational barriers.*** Participants were asked whether they experienced 12 different barriers that hindered their pursuit of therapy for their relationship problems with a yes/no question.

***Evaluation of couples therapy.*** Evaluation of couples therapy (α = .85) was measured with the question: 'How do you feel about your participation in couples therapy? '. Participants were then asked to indicate the degree to which they found couples therapy useful, nice, smart, good, necessary, positive and effective, each measured separately using a 5-point Likert scale. Men scored an average of 4.42 (*SD* = 0.53) and women scored an average of 4.48 (*SD* = 0.53).

***Demographics.*** The same demographical variables as in Study 1 were included in analysis, with the addition of amount of attended couples therapy meetings as a control variable.

## Analysis Plan

Independent samples t-tests were conducted in order to discern any differences in means between men and women. In order to test which factors hinder or facilitate the evaluation of couples therapy, bivariate Pearson's correlations were conducted in which all potentially related factors were tested. Tests for men and women were carried out independently, as there was evidence suggesting men and women differ in their help-seeking behaviour. Furthermore, given that part of the data were nested within couples, the split in sex controlled for interdependence in the data. As current research was exploratory in nature, with lack of evidence for the predictor variance in the specific case of intention to seek couples therapy, only the variables that correlated significantly with evaluation of couples therapy were included in the linear regression analysis.

## Results

### *Structural, attitudinal and relational barriers to seeking therapy*

The top three experienced barriers differed between men and women. In line with Study 1, the top three important barriers for men who were in couples therapy were attitudinal. For men, the top three were: the feeling of own responsibility for solving relationship problems (54%), unfamiliarity with couples therapy (37%) and the feeling of embarrassment (35%). Contrarily, women in couples therapy mentioned all types of barriers equally. For women, the top three were: costs (38%), the feeling of own responsibility for solving relationship problems (38%) and the partner's negative opinion about couples therapy (21%). Experienced barriers differed between men and women throughout. All barriers are

listed in Appendix I. Interestingly, 25% of men and 27% of women indicated that they did not experience any barriers.

Independent sample t-tests were carried out in order to discern any differences in means between men and women for relational problems, all attitudinal, structural, relational and personal barriers, demographic variables and evaluation (see Appendix J). Men scored higher on the relational problem: jealousy than women. Men also scored higher than women on the attitudinal barriers: own responsibility, unfamiliarity and embarrassment. This is comparable to Study 1, were men scored higher on own responsibility and inferiority, compared to women. It seems that men experience more attitudinal barriers, possibly related to societal expectations of men and manhood.

***Correlations***

Bivariate Pearson's correlation was used to assess the linear relationship between evaluation and the other measures. The Holm's sequential Bonferroni correction was applied to adjust for family-wise error rate.[4] Results are reported in Appendix K.

No structural, relational, personal barrier or demographical factor correlated significantly with evaluation of couples therapy. The only significant correlation was the attitudinal barrier: no trust in effectiveness. No trust in effectiveness was found to negatively correlate with evaluation, $r(64), = -.42$ , $p < .001$, for women only. This difference in sex seems remarkable, as there is no significant difference in the score between men and women. As in Study 1, the most important variable was an attitudinal barrier.

[4] The Holm's sequential Bonferroni correction is a correction done in order to protect against Type 1 errors, whilst not overinflating the risk of Type 2 errors in correlations with multiple statistical comparisons (Eichstaedt et al., 2013). The correction can be applied by firstly ranking the calculated p-values in order of size. Each p-value is then individually compared to a calculated, adjusted p-value. This is done until a p-value is smaller than the calculated, adjusted p-value, as this indicates that the following p-values are no longer significant.

## Discussion

Couples therapy is proven to be effective for reducing relationship distress, yet it is not often sought. Therefore, current study investigated barriers in the pursuit of couples therapy in a Dutch sample in two studies. The first sample existed of couples who were experiencing relationship distress but were not pursuing couples therapy. The second sample existed of couples who were experiencing relationship distress and were receiving couples therapy.

Firstly, relationship barriers were assessed in both studies. In Study 1, attitudinal barriers were found to be the most important according to participants. The top three barriers included: the feeling that therapy was unnecessary, the feeling of own responsibility of solving relationship problems and a lack of trust in effectiveness of couples therapy. In Study 2, the top three barriers differed between men and women. For men, the feeling of own responsibility for solving relationship problems, unfamiliarity with couples therapy and the feeling of embarrassment were most important. For women, costs, the feeling of own responsibility for solving relationship problems and the partner's negative opinion about couples therapy were most important. This indicates that perceived barriers differ between couples who are not in pursuit of therapy and those who are. However, almost all barriers mentioned are attitudinal barriers.

Secondly, linear regression analyses were carried out in both studies. In Study 1, it was found that general attitude towards therapy was the most important predictor of intention to pursue couples therapy for both men and women, meaning a positive attitude was predictive of a higher intention. In Study 2, it was found that the attitudinal barrier: no trust in effectiveness correlated with evaluation of couples therapy for women only. A higher attitudinal barrier: no trust in effectiveness was associated with a more negative evaluation of

couples therapy. Together, these studies underline the importance of attitudes when it comes to the pursuit of couples therapy.

Current results are in line with previous research on the importance of general attitude to intention to pursue couples therapy (Hess & Tracey, 2013; Parnell & Hammer, 2018), as well as general therapy (Mojtabai et al., 2011; Sareen et al., 2007; Wells et al., 1994). Mojtabai and colleagues (2011) suggest a lack of knowledge about psychopathology may explain the stereotypes people have about therapy, as individuals tend to diminish their problems and see therapy as meant for extreme issues only. Current study suggests this may be the same for couples therapy. Couples may not be aware of their own circumstances, as is found in current study. Couples who experience significant relationship distress still see their problems are normal or 'not bad enough', think that therapy is only necessary in extreme cases and therefore do not seek help. A lack of knowledge can explain the importance of attitudinal barriers.

The current findings do differ from those by Williamson and colleagues (2019). This is no surprise, as they measured barriers to couples therapy in low-income couples and found structural barriers were most important. In contrast, current study measured barriers in a sample with an average high income. Structural barriers such as costs or availability are less likely to matter for those with a higher income.

A strength of the current study is the sample used, with both men and women equally represented. There were important sex differences in this research. In Study 1, the most important predictor of intention to pursue couples therapy was attitude for both men and women. However, in Study 2, the attitudinal barrier: no trust in effectiveness was only significantly correlated with evaluation of couples therapy for women. This indicates that important barriers differ for men and women and it is therefore important to analyse men and

women separately within research. Furthermore, men and women experienced different barriers in their pursuit of couples therapy, which may help explain the differences in help-seeking behaviour in sexes. To preface this, it is likely that societal expectations are important when it comes to romantic relationships. This can be seen in the prevalence of attitudinal barriers, for men specifically, in this study. Men in couples therapy more often mentioned feeling embarrassed of relationship problems or feeling a sense of own responsibility in solving relationship problems. It is possible that men experience specific societal expectations associated with manhood and the associated attitudinal barriers, which can also explain why men are less likely to seek psychological help (Mackenzie et al., 2006; Wells et al., 1994; Williamson et al., 2019).

Current study does not come without limitations. First, current study was only able to measure correlational relationship between variables, because of the nature of the subject. Second, barriers were measured with a yes/no question. Future research is advised to ask barriers with a 7-points Likkert-scale, to encourage different answers. Participants tended to answer ‘no’, while it is likely that they have experienced barriers to some extent. Third, the explicit nature of questioning may have led to distortion of the results. More implicit measurements of barriers may lead the results to be more representative of reality. For example, the Truth Misattribution Procedure (TMP) implicitly measures beliefs or attitudes (Cummings & De Houwer, 2019). After being provided with a prime, participants are asked to judge whether provided statements are true or false. The TMP has been proven to be effective in measuring implicit attitudes surrounding gender stereotypes (Cummings & De Houwer, 2019). Current study suggests it can be modified to be applicable attitudinal barriers surrounding couples therapy.

The results suggest some implications for future research. While current study analysed different types of couples therapy as a whole, research on the relationship between all different types of couples therapy and barriers may provide new insights to the field. There may be differences in barriers between the more traditional and less traditional forms of therapy. Furthermore, dyadic analysis in couples can be completed to further the understanding of couple dynamics in the pursuit of couples therapy. It is possible that an individual's score on a barrier affects their partners' score on intention to pursue couples therapy, because of the intimate nature of a romantic relationship, which can be measured using dyadic analysis.

Current study has provided evidence to underline the importance of attitudes to couples therapy. As attitude is a psychological concept that may be influenced using principles of persuasion (Petty et al., 1997), this bodes well for the future of couples therapy. Couples therapy may be seen as more favourable when framing it in a different way, by for example using quality arguments to support its effectivity (Petty et al., 1997). This type is intervention has previously been used for general therapy, where it is called 'mental health literacy intervention' (Gulliver et al., 2012). It has been found to be effective in improving help-seeking attitudes, with studies reporting an effect size of $d$ = .12 to .53 (Gulliver et al., 2012). Therefore, a comparable intervention may be effective for improving attitudes concerning couple's therapy.

To conclude, attitude has been found to be of utmost importance to the pursuit of couples therapy in current study. Couples who struggle with relationship problems can be helped by implementing this information in interventions.

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# Appendix A

## Demographics

**Table A1**

*Demographics For Men (N=216) and Women (N=246)*

| | | Men | | Women | |
|---|---|---|---|---|---|
| Demographics | | Frequency | Percent | Frequency | Percent |
| Children living at home | | 111 | 51.4% | 125 | 51.2% |
| | Missing | 6 | 2.8% | 7 | 2.8% |
| Amount of children living at home | 1 | 28 | 43,8% | 25 | 29,1% |
| | 2 | 26 | 40,6% | 47 | 54,7% |
| | 3 | 9 | 14,1% | 7 | 8,1% |
| | 4 | 1 | 1,6% | 6 | 7,0% |
| | 5 | 0 | 0,0% | 1 | 1,2% |
| Education | Lower | 47 | 21,8% | 65 | 26,4% |
| | Medium | 74 | 34,3% | 87 | 35,4% |
| | Higher | 95 | 44,0% | 94 | 38,2% |
| Gross household income (per year) | Less than 14.100 euro | 1 | 1,0% | 5 | 4,2% |
| | Between 14.100 euro and 36.500 euro | 13 | 12,4% | 23 | 19,5% |
| | Between 36.500 euro and 43.500 euro | 27 | 25,7% | 45 | 38,1% |
| | Between 43.500 euro and 73.000 euro | 37 | 35,2% | 28 | 23,7% |
| | 73.000 euro or more | 27 | 25,7% | 17 | 14,4% |
| Divorced | | 20 | 9,3% | 27 | 11,0% |
| Working a paid job | | 173 | 80,1% | 154 | 62,6% |

# Appendix B

## Table B1

*Self-reported Marital Problems by Men (N = 216) and Women (N = 246)*

| | Men | Women |
|---|---|---|
| Problem | *Mean (SD)* | *Mean (SD)* |
| Communication | 3.21 (1.60) | 3.24 (1.68) |
| Housekeeping | 2.90 (1.60) | 3.02 (1.68) |
| Showing affection | 3.04 (1.62) | 2.89 (1.68) |
| Sex, physical intimacy | 3.06 (1.71) | 2.86 (1.69) |
| Children, upbringing | 2.87 (1.85) | 2.84 (1.87) |
| Decision making | 2.71 (1.39) | 2.71 (1.44) |
| Problem solving | 2.70 (1.39) | 2.65 (1.48) |
| Money and financial affairs | 2.67 (1.65) | 2.59 (1.62) |
| In-laws, parents and other family members | 2.59 (1.56) | 2.62 (1.65) |
| Leisure activities | 2.66 (1.51) | 2.55 (1.57) |
| Time spend together | 2.59 (1.43) | 2.43 (1.48) |
| Unrealistic expectations | 2.45 (1.36) | 2.36 (1.45) |
| Emotional intimacy | 2.24 (1.42) | 2.37 (1.65) |
| Routine and boredom | 2.31 (1.48) | 2.26 (1.40) |
| Time and attention spend on work | 2.38 (1.52) | 2.11 (1.40) |
| Independence | 2.24 (1.40) | 2.01 (1.33) |
| Trust | 2.12 (1.44) | 2.02 (1.43) |
| Friends [a] | 2.16 (1.36) | 1.90 (1.24) |
| Substance use (alcohol, smoking, drugs) | 1.98 (1.450) | 1.87 (1.44) |

| | | |
|---|---|---|
| Jealousy | 1.99 (1.42) | 1.76 (1.27) |
| Decisions concerning career development | 1.96 (1.39) | 1.79 (1.32) |
| Doubts about the relationship, thoughts about divorce | 1.88 (1.44) | 1.76 (1.36) |
| Religion | 1.48 (1.07) | 1.51 (1.21) |
| Infidelity | 1.57 (1.26) | 1.39 (1.03) |

*Note.* [a] Indicates a significant difference between groups, $p < .05$

**Independent samples t-test**

An independent samples t-test was used to compare all marital problems between men and women. Only the t-test for the marital problem friends was significant, with men ($M = 2.16$, $SD = 1.36$) scoring higher than women ($M = 1.90$, $SD = 1.24$), $t = 2.11$, $p < .05$, two-tailed, $d = .20$.

# Appendix C

**Table C1**

*Frequency of Men (N = 216) and Women (N = 246) Experiencing Barriers*

| Barrier | *Men* | *Women* |
|---|---|---|
| **Structural barriers** | | |
| Costs | 10.6% | 13.8% |
| Practical reasons (no time, inconvenient date, big distance) | 5.6% | 6.5% |
| Knowledge concerning finding a therapist | 2.3% | 4.1% |
| Availability[a] | 0.0% | 1.6% |
| **Attitudinal barriers** | | |
| No necessity | 56.9% | 61.0% |
| Own responsibility[a] | 31.0% | 18.7% |
| No trust in effectiveness | 19.0% | 15.0% |
| Unfamiliarity | 4.2% | 3.7% |
| Embarrassment | 3.7% | 3.3% |
| Inferiority[a] | 4.6% | 1.2% |
| **Relational barriers** | | |
| Partner's opinion[a] | 3.7% | 9.8% |
| Friends' and family's opinion | 0.9% | 0.8% |

*Note* [a] Indicates significant differences between men and women, $p < .05$

# Appendix D

**Table D1**

*Means and standard deviations for Men (N = 216) and Women (N = 246)*

| | *Men* | *Women* |
|---|---|---|
| Variable | *Mean (SD)* | *Mean (SD)* |
| **Structural barriers** | | |
| Costs | 0.11 (0.31) | 0.14 (0.35) |
| **Attitudinal barriers** | | |
| Own responsibility | 0.31 (0.46) | 0.19 (0.39) |
| No necessity | 0.57 (0.50) | 0.61 (0.49) |
| No trust in effectiveness | 0.19 (0.39) | 0.15 (0.36) |
| Attitude | 2.74 (0.92) | 2.89 (0.95) |
| Growth beliefs | 5.46 (0.72) | 5.50 (0.68) |
| **Personal barriers** | | |
| Attachment anxiety | 2.52 (1.05) | 2.60 (1.02) |
| Attachment avoidance | 3.09 (1.20) | 3.04 (1.26) |
| **Demographics** | | |
| DAS | 22.19 (4.48) | 21.69 (4.46) |
| Psychological distress | 1.96 (0.47) | 2.06 (0.48) |
| Age | 49.08 (13.12) | 45.82 (12.31) |
| Education | 2.22 (0.78) | 2.12 (0.8) |
| Children at home | 1.53 (0.5) | 1.53 (0.5) |
| Relationship length | 22.18 (13.62) | 22.10 (13.10) |
| **Dependent variable** | | |
| Intention | 2.63 (1.34) | 2.73 (1.42) |

## Independent Samples T-tests

Prior to further analyses, an independent samples t-test was used to compare all structural, attitudinal and personal barriers and facilitators, as well as demographical factors between men and women.

### *Attitudinal barriers*

The t-test for the attitudinal barriers own responsibility, inferiority and partner's opinion were significant, with significant Levene's test, indicating violations of the assumption of homogeneity of variance. This indicates that equal variances cannot be assumed. Men ($M$ = .31, $SD$ = .46) scored higher on own responsibility than women ($M$ = .19, $SD$ = .39), $t$ = 3.07, $p$ < .05, two-tailed, $d$ = .28. Men ($M$ = .05, $SD$ =.21) scored higher on inferiority than women ($M$ = .01, $SD$= .11), $t$ = 2.14, $p$ < .05, two-tailed, $d$ = .24.

### *Structural barriers*

Only the t-test for availability was significant, with a significant Levene's test, indicating a violation of the assumption of homogeneity of variance. Men scored lower on availability ($M$ = .00, SD = .00) than women ($M$ = .02, $SD$ = .13), $t$ = -2.01, $p$ < .05, two-tailed.

### *Relational barriers*

The t-test for partner's opinion was significant, with a significant Levene's test, indicating a violation of the assumption of homogeneity of variance. Men scored lower on partner's opinion ($M$ = .04, $SD$ = .19) than women ($M$ =.10, $SD$ = .30), $t$ = -2.64, $p$ <.05, two-tailed, $d$ = .24.

### *Personal barriers*

No significant differences between men and women were found for the personal barriers.

***Demographical factors***

Men and women were found to differ in their scores on psychological distress and age. Men ($M$ = 1.96, $SD$ = .47) were found to score lower on psychological distress than women ($M$ = 2.06, $SD$ = .48), $t$ = -2.40, $p < .05$, $d$ = .19. Men ($M$ = 49.08, $SD$ = 13.12) were found to score higher on age than women ($M$ = 45.82, $SD$ = 12.31), $t$ = 2.76, $p < .05$, two-tailed, $d$ = .26.

# Appendix E

**Table E1**

*Bivariate Correlations for Men (N = 216) and Women (N = 246)*

| Barrier | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| **Structural Barriers** | | | | | | | | | |
| 1. Costs | | .23* | .01 | .13 | .03 | .23* | .13 | .05 | .17 |
| **Attitudinal barriers** | | | | | | | | | |
| 2. Own responsibility[a] | .16 | | .02 | .09 | .09 | -.01 | .13 | -.01 | -.00 |
| 3. No necessity | .03 | .08 | | -.13 | .13 | -.014 | -.28* | -.23* | -.04 |
| 4. No trust in effectiveness | .37* | .42* | -.06 | | -.04 | -.09 | .04 | .26* | -.10 |
| **5.** Growth beliefs | -.10 | -.05 | -.03 | -.06 | | .21* | -.22* | -.24* | .12 |
| **6.** Attitude | .08 | -.05 | .04 | -.10 | .21 | | .12 | .01 | .48* |
| **Personal barriers** | | | | | | | | | |
| 7. Attachment anxiety | .10 | .06 | -.10 | .06 | -.24* | .01 | | .41* | .12 |
| 8. Attachment avoidance | .03 | .15 | -.20 | .15 | -.10 | .03 | .43* | | -.08 |
| **Dependent variable** | | | | | | | | | |
| 9. Intention | .07 | -.10 | .00 | -.13 | .01 | .54* | .16 | -.02 | |

*Note* Data for men appear below the diagonal, data for women appear above the diagonal.

[a] Indicates a significant difference between groups.

*Correlation is significant at the 0.05 level (2-tailed), after Holm's sequential Bonferroni correction.

**Table E2**

*Bivariate Correlations for Men (N = 216) and Women (N = 246)*

| Demographic variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 1. DAS | | -.30* | -.10 | .12 | -.02 | -.03 | -,15 |
| 2. Psychological distress[a] | -.18 | | -.01 | -.07 | .18 | -.11 | ,09 |
| 3. Age[a] | -.12 | -.11 | | -.47* | -.23* | .83* | -.21* |
| 4. Education | .16 | .09 | -.30* | | -.06 | -.40* | .11 |
| 5. Children at home[5] | -.05 | -.00 | -.24* | .04 | | -.14 | .16 |
| 6. Relationship length[6] | -.07 | -.19 | .79* | -.31* | -.12 | | -.21* |
| 7. Intention | -.15 | .14 | -,103 | .21* | -.03 | -.10 | |

*Note* Data for men appear below the diagonal, data for women appear above the diagonal.

[a] Indicates a significant difference between groups.

*Correlation is significant at the 0.05 level (2-tailed), after Holm's sequential Bonferroni correction.

[5] There were 8 missings in the data concerning children living at home. See Appendix A.

[6] There were 8 missings for relationship length, which was 2% of the data. These were replaced by the mean for men and women respectively. The standard deviation for both men and women did not change after mean substitution. Mean substitution is an effective way of solving small percentages of missing data (Hawthorne et al., 2005), hence why it was used in current study.

# Appendix F

**Table F1**

*Multiple Regression Analysis for Men (N = 216)*

| | Standardized Coefficients | | | 95.0% Confidence Interval for *B* | |
|---|---|---|---|---|---|
| | Beta | *t* | *p* | Lower Bound | Upper Bound |
| (Constant) | | -.11 | .91 | -.74 | .66 |
| Attitude | .40 | 6.22 | .00* | .86 | .86 |
| Education | .06 | .91 | .37 | .35 | .35 |

*Multiple Regression Analysis for Women (N = 239)*

| | Standardized Coefficients | | | 95.0% Confidence Interval for *B* | |
|---|---|---|---|---|---|
| | Beta | *t* | *p* | Lower Bound | Upper Bound |
| (Constant) | | 2.44 | .02 | .24 | 2.21 |
| Attitude | .31 | 5.13 | .00* | .29 | .65 |
| Age | -.06 | -.60 | .55 | -.03 | .02 |
| Relationship length | -.10 | -.95 | .34 | -.03 | .01 |

*Note.* Dependent Variable: Intention to pursue couples therapy.

* Predictor is significant at the 0.01 level (2-tailed).

## Appendix G

### Table G1

*Demographics For Men (N=52) and Women (N=66)*

| | | Men | | Women | |
|---|---|---|---|---|---|
| Demographics | | *Frequency* | *Percentage* | *Frequency* | *Percentage* |
| Children living at home | | 31 | 59.6% | 43 | 66,2% |
| Amount of children living at home | 1 | 8 | 25.8% | 7 | 16.3% |
| | 2 | 15 | 48.4% | 26 | 60.5% |
| | 3 | 5 | 16.1% | 8 | 18.6% |
| | 4 | 3 | 9.7% | 2 | 4.7% |
| Education | Low | 4 | 7.7% | 1 | 1.5% |
| | Middle | 12 | 23.1% | 10 | 15.4% |
| | High | 36 | 69.2% | 54 | 83.1% |
| Divorced | | 7 | 13.5% | 7 | 10.6% |
| Working a paid job | | 47 | 90.4% | 55 | 84.6% |

**Table G2**

*Means and standard deviations for Men (N = 216) and Women (N = 246)*

| Variable | *Men* *Mean (SD)* | *Women* *Mean (SD)* |
|---|---|---|
| **Structural barriers** | | |
| Costs | 0.31 (0.47) | 0,38 (0.49) |
| Knowledge concerning finding a therapist | 0.12 (0.32) | 0.12 (0.33) |
| Problems with scheduling help | 0.10 (0.30) | 0.11 (0.31) |
| **Attitudinal barriers** | | |
| Own responsibility | 0.54 (0.50) | 0.28 (0.45) |
| No trust in effectiveness | 0.25 (0.44) | 0.17 (0.38) |
| Unfamiliarity | 0.37 (0.49) | 0.08 (0.27) |
| Embarrassment | 0.35 (0.48) | 0.18 (0.39) |
| Growth beliefs | 5.37 (0.77) | 5.52 (0.62) |
| Relational barriers | | |
| Partner's opinion | 0.12 (0.32) | 0.22 (0.41) |
| **Personal barriers** | | |
| Attachment anxiety | 3.03 (1.16) | 3.31 (1.20) |
| Attachment avoidance | 3.66 (1.21) | 3.30 (1.53) |
| **Demographics** | | |
| DAS | 20.56 (5.34) | 20.69 (5.56) |
| Psychological distress | 2.23 (0.55) | 2.18 (0.52) |
| Age | 47.90 (9.62) | 45.08 (10.68) |
| Education | 2.62 (0.63 | 2.82 (0.43) |
| Children at home | 1.60 (0.50) | 1.66 (0.48) |

| | | |
|---|---|---|
| Relationship length[7] | 19.55 (11.36) | 19.48 (11.41) |
| Attended meetings | 10.20 (9.34) | 11.37 (10.64) |
| **Dependent variable** | | |
| Evaluation | 4.42 (0.53) | 4.48 (0.53) |

[7] There were 5 missings for women and 4 missings for men. Because of the small sample size, these missings were left missing.

## Appendix H

### Table H1

*Self-reported Marital Problems by Men (N = 52) and Women (N = 66)*

| | Men | Women |
|---|---|---|
| Problem | *Mean (SD)* | *Mean (SD)* |
| Communication | 4.96 (1.48) | 5.27 (1.58) |
| Showing affection | 4.58 (1.63) | 4.45 (1.92) |
| Emotional intimacy | 4.25 (1.62) | 4.62 (1.76) |
| Sex, physical intimacy | 4.29 (1.94) | 4.20 (1.97) |
| Decision making | 3.65 (1.63) | 3.73 (1.97) |
| Problem solving | 3.54 (1.45) | 3.77 (1.89) |
| Doubts about the relationship, thoughts about divorce | 3.52 (1.98) | 3.67 (2.26) |
| Children, upbringing | 3.54 (2.13) | 3.64 (2.12) |
| Trust | 3.67 (2.07) | 3.47 (2.14) |
| Time spend together | 3.31 (1.63) | 3.42 (1.82) |
| Unrealistic expectations | 3.23 (1.85) | 3.33 (1.95) |
| Independence | 3.27 (1.88) | 3.26 (1.98) |
| Leisure activities | 3.13 (1.53) | 3.32 (1.77) |
| Housekeeping | 3.25 (1.74) | 3.20 (2.05) |
| In-laws, parents and other family members | 2.88 (1.78) | 2.94 (1.84) |
| Money and financial affairs | 2.87 (1.83) | 2.88 (1.77) |
| Time and attention spend on work | 2.83 (1.62) | 2.80 (1.82) |
| Jealousy[a] | 2.94 (2.00) | 2.18 (1.71) |
| Routine and boredom | 2.69 (1.40) | 2.23 (1.57) |

| | | |
|---|---|---|
| Decisions concerning career development | 2.50 (1.86) | 2.39 (1.86) |
| Friends | 1.94 (1.51) | 2.36 (1.84) |
| Infidelity | 2.02 (1.82) | 2.24 (2.09) |
| Substance use (alcohol, smoking, drugs) | 1.73 (1.51) | 1.85 (1.62) |
| Religion | 1.19 (0.56) | 1.47 (1.22) |

*Note.* [a] Indicates a significant difference between groups, $p < .05$

**Independent samples t-test**

An independent samples t-test was used to compare all marital problems between men and women. Only the t-test for the marital problem jealousy was significant, with men ($M$ = 2.94, $SD$ = 2.00) scoring higher than women ($M$ = 2.18, $SD$ = 1.71), t = 2.18, $p < .05$, two-tailed, $d$ = .41.

# Appendix I

## Table I1

*Frequency of Men (N = 52) and Women (N = 66) Experiencing Barriers*

| Barrier | *Men* | *Women* |
|---|---|---|
| **Structural barriers** | | |
| Costs | 30.8% | 37.9% |
| Knowledge concerning finding a therapist | 11.5% | 12.1% |
| Problems with scheduling help | 9.6% | 10.6% |
| Availability[a] | 1.9% | 3.0% |
| Problems with accessibility of help | 1.9% | 0.0% |
| **Attitudinal barriers** | | |
| Own responsibility[a] | 53.8% | 27.3% |
| No trust in effectiveness | 25.0% | 16.7% |
| Unfamiliarity[a] | 36.5% | 7.6% |
| Embarrassment[a] | 34.6% | 18.2% |
| **Relational barriers** | | |
| Partner's opinion | 11.5% | 21.2% |
| Friends' and family's opinion | 0.0% | 1.5% |

*Note* [a] Indicates significant differences between men and women, $p < .05$

## Appendix J

### Independent Samples T-tests

Prior to further analyses, an independent samples t-test was used to compare all structural, attitudinal and personal barriers and facilitators, as well as demographical factors between men and women.

#### *Attitudinal barriers*

The t-test for the attitudinal barriers own responsibility, unfamiliarity and embarrassment were significant, with significant Levene's test, indicating violations of the assumption of homogeneity of variance. This indicates that equal variances cannot be assumed. Men ($M$ = .54, $SD$ = .50) scored higher on own responsibility than women ($M$ = .27, $SD$ = .45), $t$ = 2.99, $p$ < .05, two-tailed, $d$ = .57. Men ($M$ = .37, $SD$ =.49) scored higher on unfamiliarity than women ($M$ = .08, $SD$= .27), $t$ = 3.86, $p$ < .05, two-tailed, $d$ = .73. Lastly, men ($M$ = .35, $SD$ = .48) scored higher on embarrassment than women ($M$ = .18, $SD$ = .39), $t$ =2.00, $p$ < .05, $d$ = .38.

# Appendix K

**Table K1**

*Bivariate Correlations for Men (N = 52) and Women (N = 65)*

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Structural barriers** | | | | | | | | | | | | |
| 1. Costs | | -.00 | .14 | .29 | -.10 | .13 | .12 | .03 | -.02 | .21 | .12 | -.10 |
| 2. Knowledge concerning finding a therapist | .02 | | .32 | -.02 | .46* | -.11 | .07 | -.29 | -.19 | -.12 | -.11 | -.17 |
| 3. Problems with scheduling help | .35 | .09 | | .01 | .11 | -.10 | .22 | .07 | .06 | .12 | -.01 | -.06 |
| **Attitudinal barriers** | | | | | | | | | | | | |
| 4. Own responsibility[a] | .28 | .33 | .17 | | .00 | .21 | .42* | -.16 | .02 | .05 | .08 | -.01 |
| 5. No trust in effectiveness | .29 | .07 | .11 | .27 | | .03 | -.11 | -.28 | -.03 | -.08 | .05 | -.42* |
| 6. Unfamiliarity[a] | .36 | .10 | .16 | .14 | .30 | | .16 | -.05 | -.15 | .18 | .27 | .06 |
| 7. Embarrassment[a] | .30 | -.01 | .17 | .43 | .33 | .37 | | -.12 | -.05 | -.04 | .05 | -.05 |
| 8. Growth beliefs | -.13 | .14 | .15 | .12 | .08 | -.05 | -.03 | | .18 | .03 | -.12 | .39 |
| **Relational barriers** | | | | | | | | | | | | |
| **9.** Partner's opinion | .28 | -.13 | -.12 | -.15 | -.07 | -.15 | -.14 | -.10 | | .25 | -.04 | .10 |
| **Personal barriers** | | | | | | | | | | | | |
| 10. Attachment anxiety | .26 | .05 | .05 | .10 | .31 | .12 | .22 | -.10 | .17 | | .35 | .02 |
| 11. Attachment avoidance | .02 | -.16 | -.02 | .09 | .01 | -.13 | .01 | -.09 | .24 | .15 | | -.18 |
| **Dependent variable** | | | | | | | | | | | | |
| 12. Evaluation | -0.14 | .01 | -.19 | -.17 | -.28 | -.04 | .16 | .15 | .07 | -.06 | -.22 | |

*Note* Data for men appear below the diagonal, data for women appear above the diagonal.

[a] Indicates a significant difference between groups.

*Correlation is significant at the 0.05 level (2-tailed), after Holm's sequential Bonferroni correction.

**Table K2**

*Bivariate Correlations for Men (N = 52) and Women (N = 65)*

| Demographic variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| 1. DAS | | -.23 | -.06 | .20 | -.26 | -.06 | .02 | .15 |
| 2. Psychological distress | -.22 | | .17 | -.13 | -.08 | -.04 | -.07 | -.21 |
| 3. Age | .03 | -.07 | | -.10 | -.15 | .68* | .21 | -.09 |
| 4. Education | -.14 | .23 | .08 | | -.03 | -.09 | .04 | -.03 |
| 5. Children at home | -.34 | -.11 | -.07 | .11 | | .06 | -.01 | .09 |
| 6. Relationship length[8] | -.08 | -.01 | .63* | .07 | .14 | | .26 | -.01 |
| 7. Attended meetings | -.13 | -.03 | .21 | .16 | .15 | .32 | | .04 |
| 8. Evaluation | .13 | .12 | .23 | .06 | -.19 | .15 | .14 | |

*Note* Data for men appear below the diagonal, data for women appear above the diagonal.

[a] Indicates a significant difference between groups.

*Correlation is significant at the 0.05 level (2-tailed), after Holm's sequential Bonferroni correction.

[8] There were 5 missings for women and 4 missings for men. Because of the small sample size, these missings were left missing.