

How Marital Status and Income Influence Counseling Choices and Psychological Help-Seeking

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Abstract. This study explores the influence of marital status and income on preferences for counseling methods and attitudes toward seeking psychological support. Using the Chinese version of the Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF), data were collected through online surveys. Results indicated significant differences in the acceptance of various counseling approaches, including Cognitive Behavioral Therapy (CBT), Existential Therapy, Psychoanalysis, and Family Systems Therapy, across different marital and income groups. These findings provide valuable insights for the personalized design of psychological counseling services.

Keywords: Marital Status, Income, Counseling Preferences, Psychological Help-Seeking Attitudes, Therapy Preferences, Social Support, Stigma, CBT, Psychoanalysis, Existential Therapy, Family Systems Therapy.

1. Participants and Methods

1.1 Participants

Sample Size: A total of 119 participants were recruited. The sample was derived from a prior experiment conducted in a similar context. Data collection took place during the winter months, and no significant external events were reported during this period. The sample exhibited broad demographic representation, ensuring sufficient statistical power for detecting differences in counseling preferences and attitudes.

1.2 Methods

The Chinese version of the Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF) was selected as the primary assessment tool for this study. This instrument has demonstrated strong internal consistency and validity in previous studies conducted with Chinese populations[1]. The ATSPPH-SF consists of 10 items scored, where higher scores indicate more positive attitudes toward seeking psychological help. Data analysis was conducted using one-way ANOVA for group comparisons, followed by Dunnett's T3 post hoc tests to identify significant pairwise differences.

2. Data Analysis

2.1 Descriptive Statistics

Item	Category	Frequency	Percentage
Gender	Male	60	50.4%
	Female	59	49.6%
Marital Status	Unmarried	18	15.1%
	Married, No Children	6	5.0%
	Married, With Children	90	75.6%
	Others	5	4.2%
Monthly Income	Below 500 RMB	4	3.4%
	501-1500 RMB	4	3.4%

	2001-2500 RMB	4	3.4%
	2501-3000 RMB	3	2.5%
	3001-5000 RMB	14	11.8%
	5001-8000 RMB	22	18.5%
	8001-10000 RMB	9	7.6%
	10001-20000 RMB	15	12.6%
	Above 20000 RMB	11	9.2%
	Prefer not to disclose	33	27.7%

Fig. 1. Demographic Characteristics of Participants by Gender, Marital Status, and Income Levels
 Notes: Percentages are based on valid responses. Total sample size = 119.

2.2 NOVA Based on Marital Status

Variable	F	Sig.
Psychoanalysis	3.284	0.023
Humanistic Therapy	2.337	0.077
CBT	5.821	0.001
Existential Therapy	4.496	0.005
Gestalt Therapy	1.613	0.190
Family Systems Therapy	2.349	0.076
Narrative Therapy	2.999	0.034
Art Therapy	2.134	0.100
ATSPPH-SF	2.085	0.106
Openness to Seeking Treatment for Emotional Problems	4.133	0.008
Value and Need in Seeking Treatment	2.080	0.107

Fig. 2. ANOVA Results for Therapy Preferences by Marital Status

Significant differences were found in Psychoanalysis ($F = 3.284, p = 0.023$), CBT ($F = 5.821, p = 0.001$), Existential Therapy ($F = 4.496, p = 0.005$), Narrative Therapy ($F = 2.999, p = 0.034$), and Acceptance of Emotional Support ($F = 4.133, p = 0.008$) across marital status groups.

Dunnnett's T3 Post Hoc Tests:

Therapy/Support Type	Marital Status I	Marital Status J	Sig. (p-value)	Mean Difference (I-J)
CBT	Unmarried	Married, With Children	0.035	-1.289
Openness to Seeking Treatment for Emotional Problems	Unmarried	Married, With Children	0.070	-5.062

Fig. 3. Dunnnett's T3 Results for Therapy Preferences and Attitudes Toward Seeking Professional Help by Marital Status

The analysis shows that unmarried participants rated Cognitive Behavioral Therapy (CBT) significantly lower than those who are married with children ($p = 0.035$, Mean Difference = -1.289). Similarly, unmarried participants reported lower acceptance of seeking treatment for emotional issues compared to married participants with children ($p = 0.070$, Mean Difference = -5.062). These findings suggest that marital status may significantly influence acceptance of CBT and treatment for emotional problems.

Unmarried individuals tend to report lower levels of happiness and higher rates of emotional problems compared to their married counterparts.[2] However, they often do not seek psychological counseling. This phenomenon can be explained by their skeptical attitude towards counseling. Research indicates that unmarried individuals might live in environments with less social support and warmth, leading to doubts about the effectiveness of psychological counseling. This mistrust further hinders them from seeking professional help to address emotional issues.

According to Yu et al. (2023), public and self-stigma significantly affect individuals' willingness to seek counseling. Unmarried individuals are likely more susceptible to these societal stigmas,

perceiving seeking psychological help as a sign of weakness or uselessness. Furthermore, the lack of stable family support and emotional reliance makes unmarried individuals more inclined to handle emotional problems on their own rather than seeking external help. Therefore, to better promote mental health services, it is essential to consider the unique social and psychological backgrounds of unmarried individuals and implement targeted interventions and education based on their needs and concerns.[3]

However, the non-significant differences observed for other therapies may be attributed to the following factors. First, the relatively small sample size may lack sufficient statistical power to detect subtle differences. Second, Dunnett's T3 post hoc test controls for Type I errors, which may obscure marginally significant results. Finally, preferences for therapies with broader applicability may be similar across groups, resulting in non-significant differences.

2.3 ANOVA Based on Income

Variable	F	Sig.
Psychoanalysis	2.507	0.012
Humanistic Therapy	2.354	0.018
CBT	3.430	0.001
Existential Therapy	4.231	0.000
Gestalt Therapy	2.390	0.016
Family Systems Therapy	3.011	0.003
Narrative Therapy	1.209	0.297
Art Therapy	1.454	0.174
ATSPPH-SF	1.665	0.106
Openness to Seeking Treatment for Emotional Problems	2.438	0.015
Value and Need in Seeking Treatment	1.754	0.086

Fig. 4. ANOVA Results for Therapy Preferences by Income Levels

Income ranges are categorized based on reported monthly income (in RMB).

The results show that Cognitive Behavioral Therapy (CBT) ($F = 3.430, p = 0.001$) and Existential Therapy ($F = 4.231, p = 0.000$) have the most significant impact on psychological help-seeking attitudes and acceptance, while Psychoanalysis ($F = 2.507, p = 0.012$), Humanistic Therapy ($F = 2.354, p = 0.018$), Gestalt Therapy ($F = 2.390, p = 0.016$), and Family Systems Therapy ($F = 3.011, p = 0.003$) also show significant effects, indicating that they may be effective psychological intervention methods.

Dunnett's T3 Post Hoc Tests revealed that higher-income groups showed greater acceptance of CBT and Existential Therapy compared to lower-income groups.

Therapy/Support Type	Monthly Income I	Monthly Income J	Sig. (p-value)	Mean Difference (I-J)
Psychoanalysis	10001-20000 RMB	Prefer not to disclose	0.019	-1.097
Humanistic Therapy	Prefer not to disclose	10001-20000 RMB	0.009	-1.376
Existential Therapy	3001-5000 RMB	5001-8000 RMB	0.018	1.714
Existential Therapy	3001-5000 RMB	10001-20000 RMB	0.005	1.948
Existential Therapy	Prefer not to disclose	10001-20000 RMB	0.033	1.158
Family Systems Therapy	Prefer not to disclose	2001-2500 RMB	0.000	-1.545
Family Systems Therapy	Prefer not to disclose	5001-8000 RMB	0.028	-1.136

Fig. 5. Dunnett's T3 Results for Therapy Preferences by Income Level

The study results reveal significant differences in the effectiveness of various psychotherapy approaches across different income ranges.

Regarding psychoanalytic therapy, individuals with a monthly income between 10,001 and 20,000 exhibited significantly poorer outcomes compared to those who preferred not to disclose their income, with a mean difference of -1.097 and a significance level of 0.019 ($p < 0.05$).

In the context of humanistic therapy, those who chose not to disclose their income experienced significantly worse outcomes compared to those earning 10,001 to 20,000, with a mean difference of -1.376 and a significance level of 0.009 ($p < 0.01$).

For existential therapy, several income ranges demonstrated significant differences: Individuals earning 3,001 to 5,000 performed significantly better than those earning 5,001 to 8,000, with a mean difference of 1.714 and a significance level of 0.018 ($p < 0.05$). Those earning 3,001 to 5,000 also performed significantly better than individuals earning 10,001 to 20,000, with a mean difference of 1.948 and a significance level of 0.005 ($p < 0.01$). Individuals who did not disclose their income performed significantly better than those earning 10,001 to 20,000, with a mean difference of 1.158 and a significance level of 0.033 ($p < 0.05$).

In the case of family systems therapy, significant differences were also observed: Individuals who preferred not to disclose their income performed significantly worse than those earning 2,001 to 2,500, with a mean difference of -1.545 and a significance level of 0.000 ($p < 0.001$). Those who did not disclose their income also performed significantly worse than those earning 5,001 to 8,000, with a mean difference of -1.136 and a significance level of 0.028 ($p < 0.05$).

In conclusion, significant differences in the effectiveness of different psychotherapies were identified across various income ranges. Psychoanalytic therapy and humanistic therapy tended to yield poorer outcomes for higher-income groups. Conversely, existential therapy appeared to be more effective for lower-income groups, while family systems therapy demonstrated greater efficacy for lower- and middle-income groups. These findings provide valuable insights for tailoring therapeutic approaches based on income levels.

For participants who did not disclose their income, there's a notable difference in preferences for various therapies. This may indicate a need for more anonymous or flexible therapy options, emphasizing the importance of privacy and adaptability in mental health services. Future studies should also consider the influence of cultural differences on therapy preferences to provide more comprehensive insights.[4][5]

3. Discussion

This study highlights the significant role of marital status and income levels in shaping therapy preferences and attitudes toward psychological help-seeking. The findings underscore the necessity of personalized counseling services that consider clients' socioeconomic backgrounds and life circumstances. Future research should employ larger and more diverse samples to validate these patterns and explore additional factors, such as cultural values and prior mental health experiences, that may further influence therapy preferences. This approach could inform the development of targeted interventions, ultimately improving access and effectiveness in psychological counseling services.

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