

Maintaining the Relationship: Relational Schemas and Women's Intent to Seek Couple Therapy

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## Abstract

Women face more negative health outcomes due to relationship distress, but little is understood about why heterosexual women do or do not seek couple therapy. The present study addressed this gap by using the theory of planned behavior (TPB) within an alternative SEM model testing framework to examine the links between relational schemas and intention to seek couple therapy in a sample of heterosexual women ( $N = 302$ ) unhappy in their romantic relationships. Women who suppressed their own needs (i.e., self-silence), defined themselves in the context of important relationships (i.e., relational-interdependent self-construal), valued not asking for help (i.e., self-reliance), and preferred not to disclose their feelings (i.e., emotional control) were both less and more likely to intend to seek couple therapy. Results illustrate how relational schemas lead to conflicting messages (e.g., it is their responsibility but also shameful and a threat to the relationship) women receive around relationship help seeking.

*Keywords:* couple therapy; femininity; help seeking; theory of planned behavior; gender norms

**Significance of Scholarship to the Public:** Women's intention to seek couple therapy depends upon how they view their roles in romantic relationships (i.e., relational schemas). Women's relational schemas created conflicted reactions to seeking couple therapy. Our results highlight the need to understand relational schemas in supporting women who are deciding whether or not to seek couple therapy.

### Maintaining the Relationship: Relational Schemas and Women's Intent to Seek Couple Therapy

Couple therapy is effective (Christensen, Atkins, Baucom, & Yi, 2010), but approximately 80% of distressed heterosexual couples do not engage in therapy (Johnson et al., 2002). Untreated relationship distress leaves these couples susceptible to increased depression, substance use, and physical health deterioration (Proulx, Helms, & Buehler, 2007). To reduce this treatment gap, more research needs to be conducted on both the facilitators and barriers to couple help seeking. In the small percentage of heterosexual couples who do seek help, women are disproportionately the ones who initiate the couple help-seeking process (Doss, Atkins, & Christensen, 2003). Thus, it is particularly important to understand what shapes heterosexual women's intent to seek couple therapy. Given that women are socialized to make romantic relationships a central aspect of their identity, it is likely that women's relational schemas (i.e., beliefs about how one should act and feel in relationships) influence their intention to seek couple therapy (Jack & Dill, 1992). Women have been found to be more vulnerable to both the physical and psychological effects of relationship distress, further highlighting the need to understand how to motivate the help seeking of women experiencing relationship dissatisfaction (Roberson, Lenger & Olmstead, 2018). Therefore, the present study sought to develop and test a model of heterosexual women's intention to seek couple therapy that integrates key relational schema constructs into a theory of planned behavior (TPB) framework.

#### **Theory of Planned Behavior and Couple Help Seeking**

The TPB (Ajzen, 1991) posits that attitudes (i.e., favorable vs. unfavorable appraisal of a behavior), subjective norms (i.e., perceived social pressure to perform a behavior), and perceived behavioral control (i.e., perceived ease or challenge of engaging in a behavior; PBC) influence one's intention (i.e., planned effort) to engage in a behavior. The TPB emphasizes and

longitudinal research supports that more distal factors (i.e., relational schemas) impact intention indirectly by influencing the core TPB factors of attitudes, subjective norms, and PBC (Ajzen, 1991). Thus, identifying those distal factors that indirectly facilitate intention via the core TPB factors is a primary focus of the broader help-seeking literature. When applying the TPB to couple help seeking, researchers found that both relationship satisfaction and self-stigma of seeking help play a prominent mediating role between distal factors and the core TPB factors among men (Spiker, Hammer, & Parnell, 2019). However, the mediating role of these factors in women's decision to seek couple therapy has not yet been examined. The following sections will detail the potential contribution of relationship satisfaction and self-stigma, then describe how women's relational schemas may operate through relationship satisfaction, self-stigma, and the core TPB variables to predict intention.

### **Self-Stigma of Seeking Help**

Self-stigma of seeking help (i.e., internalized beliefs that one is inadequate if one seeks professional help) has been identified as a significant barrier to women's psychological help seeking (Shea, Wong, Nguyen, & Baghdasarian, 2017; Vogel, Wade, & Haake, 2006), likely due to its pernicious effects on attitudes and PBC. Regarding attitudes, research into women's intention to seek individual psychotherapy demonstrated that self-stigma has a negative relationship with attitudes toward psychotherapy (Shea et al., 2017). Past couple help-seeking studies have also supported a negative association between self-stigma and attitudes in men (Spiker et al., 2019), thus we anticipated this association for women as well. Women who experience greater self-stigma may also feel less PBC over seeking couple therapy. According to Corrigan and Rao (2012), an individual's self-stigma is associated with lower self-efficacy, which can extinguish goal-directed behavior (Corrigan & Rao, 2012). For women deciding on

the need for couple therapy, feelings of inadequacy related to needing relationship help could lead to them feeling less PBC over seeking help.

### **Relationship Satisfaction**

Individuals low in relationship satisfaction (i.e., subjective evaluation of a romantic relationship; Funk & Rogge, 2007) are more likely to seek couple therapy (Eubanks-Fleming & Cordova, 2012). Within the TPB framework, low relationship satisfaction has been associated with more positive subjective norms but not associated with attitudes (Spiker et al., 2019). These associations are also expected in women as relationship satisfaction plays an important role in women's decisions to seek help (Eubanks-Fleming & Cordova, 2012). One untested possibility is that relationship satisfaction has a positive association with PBC. Recent research indicates that highly satisfied couple perceive more control over resolving relationship problems (Besikci, 2017; Falconier, Jackson, Hilpert, & Bodenmann, 2015). Thus, more relationally dissatisfied women may perceive less control over seeking help, while simultaneously perceiving increased pressure from others to seek help (i.e., greater subjective norms). This conflict may have implications for how to effectively support relationally dissatisfied women.

### **Women's Relational Schemas and Couple Help Seeking**

Theories of women's development suggest that women's relational schemas play a prominent role in their self-concept and decision-making process (Thompson, 1995). However, it is not clear which relational schemas matter most in women's decisions to seek couple therapy. Silencing the self theory provides a useful framework to identify these relational schemas. Silencing the self theory posits that women are socialized to make relationships a central aspect of their identity, which disproportionately places women as responsible for relationship health (Jack & Dill, 1992). To maintain and promote intimacy and protect their self-concept, women

develop beliefs (i.e., schemas) regarding how they should manage this responsibility (Thompson, 1995). These relational schemas include themes of suppressing one's own needs (i.e., self-silencing) and making the relationship central to one's identity (i.e., relational-interdependent self construal; RISC; Jack & Dill, 1992). Women also operate on a schema of being a "superwoman" by needing to appear strong to others by not asking for help (i.e., self-reliance) and suppressing emotional expression so as to not burden others (i.e., emotional control; Ishikawa, Cardemil, & Falmagne, 2010; Watson & Hunter, 2015). The limited research into women's perceptions of individual psychotherapy suggests these relational schemas matter when deciding upon the need for psychotherapy. For example, prior research has shown that subjective feminine stress has a direct, negative association with women's intent to seek individual psychotherapy (Shea et al., 2017). Women have also noted that they avoid seeking help because they have "to be mother, sister, mother, spouse, so, I'm there for everyone else but I'm not there for myself" (Ishikawa et al., 2010, p. 7). The perception of relationship responsibility has been identified as one potential culprit for the higher rates of depression in women (Thompson, 1995). This suggests that taking the lead to seek couple therapy places a significant psychological burden on women. The lack of research on this issue leaves practitioners ill equipped to support women in need of couple therapy. To effectively support women in need of couple therapy, we examined how self-silencing, RISC, emotional control, and self-reliance both directly inform intention to seek couple therapy and indirectly inform intention through the mediators of the core TPB variables, self-stigma, and relationship satisfaction.

### **Self-Silencing**

Women who self-silence believe relationship maintenance largely falls on women, and self-silencing is a common phenomenon among women who endorse traditional feminine norms

(Swim, Eysell, Murdoch, & Ferguson, 2010). Perceived responsibility for relationship maintenance likely has implications for women's intent to seek couple therapy. An understanding of how self-silencing is associated with women's intent to seek couple therapy may both inform how women see themselves as part of a distressed dyad and provide avenues for empowering women to voice their needs. We hypothesized five indirect effect paths for self-silencing and one direct path to intention. We anticipated that self-silencing would exhibit a negative direct association with intention and a negative indirect association with intention through the serial mediation paths of self-stigma → attitudes and self-stigma → PBC by a positive association with self-stigma. Women who self-silence may experience both more external and internal pressure to be perfect from others (Besser, Flett, & Davis, 2003) and seeking help would undermine the facade of perfection leading to more self-stigma. We also hypothesized that self-silencing would be negatively associated with intention by fostering less favorable subjective norms. Research suggests that individuals who self-silence experience more loneliness because they are less likely to access social support (Besser et al., 2003). It seems possible that women who self-silence experience less perceived pressure to seek help because they do not seek relationship advice. We also anticipated that self-silencing would exert conflicting indirect effects on intention via relationship satisfaction. Self-silencing has a well-established negative association with relationship satisfaction (Szymanski, Ikizler, & Dunn, 2016). Thus, women high in self-silencing may feel an internal pressure to seek help as they are dissatisfied with their relationship (i.e., poorer relationship satisfaction → increased subjective norms → greater intention) but also feel less in control of seeking help (i.e., poorer relationship satisfaction → reduced PBC → lesser intention; Besikci, 2017).

### **Relational Interdependent Self-Construal**

Relational interdependent self-construal is defined as the tendency to think of and describe oneself in the context of important relationships (Cross, Bacon, & Morris, 2000). Individuals high in RISC are motivated to maintain relationships and engage in more relationship-promoting behaviors such as pursuing relationship-oriented goals and engaging in emotional self-disclosure (Morry & Kito, 2009). We hypothesized six indirect effect paths for RISC and one direct path to intention. First, we anticipated that RISC may exert a negative indirect effect on intention by a positive association with self-stigma, which subsequently leads to poorer attitudes and less PBC. Women high in RISC may experience greater self-stigma regarding seeking couple therapy because an important aspect of their self-concept (i.e., the romantic relationship) is in distress. When people view a problem as resulting from something central to their identity, they are less likely to seek help for it (Addis & Mahalik, 2003). We also hypothesized that RISC would be positively associated with intention to seek couple therapy by fostering more positive attitudes and subjective norms. Past research supports a positive association between attitudes and RISC (Shea & Yeh, 2008); women may be more motivated to pursue relationship goals (e.g., seeking therapy) when it means preserving a valued relationship (Gore & Cross, 2006). This means that women may also experience greater intention to seek couple therapy. Regarding subjective norms, individuals high in RISC are more likely to consider the views of important others when making decisions (Morry & Kito, 2009). Lastly, we anticipated that RISC would demonstrate conflicting indirect effects on intention via relationship satisfaction. Individuals higher in RISC report greater relationship quality, as they view their relationships as meeting their relational needs (Morry & Kito, 2009). Thus, women high in RISC may feel less motivation to seek help (i.e., higher relationship satisfaction → less favorable subjective norms → lesser intention) but also more in control of seeking help (i.e., higher



relationship satisfaction → increased PBC → greater intention. In summary, we believed that RISC would have a nuanced relationship with intention, depending on the pathway in question. Understanding the conflict that RISC may create in women (i.e., felt motivation to both seek and not seek help) could help researchers tailor interventions to reduce the dissonance women experience when deciding upon couple therapy.

### **Self-Reliance**

Women avoid seeking help when they endorse a desire to be strong and want to demonstrate this strength to others (i.e., self-reliance; Watson & Hunter, 2015). We hypothesized three indirect effect paths for self-reliance and one direct path. First, we anticipated that self-reliance would demonstrate a negative indirect effect on intention through the serial mediation paths of self-stigma → attitudes and self-stigma → PBC and a negative direct association with intention. Women's relationships are often strongly tied to their self-concept (Thompson, 1995), and people avoid seeking help for problems reflective of important aspects of the self (Addis & Mahalik, 2003). Thus, because women are socialized to be the emotional manager of their relationships (Jack & Dill, 1992), asking for help could confirm fears that they are an inadequate partner or woman, thereby making therapy a less attractive option. Furthermore, self-stigma of seeking help may be associated with a decreased likelihood of seeking out information and experiences (e.g., looking up professional treatment options) that can help women develop self-efficacy around professional help seeking. We also anticipated that self-reliance would have a negative indirect association with intention by fostering more negative attitudes, above and beyond self-stigmas reasons (e.g., the perception that solving relational problems on one's own is sufficiently effective). Women endorsing self-reliance have been found to report more negative attitudes toward individual psychotherapy (Untal, 2015). Significant ties between self-reliance

and intention would support the importance of helping women in distressed dyads perceive seeking help as a strength.

### **Emotional Control**

Women endorsing traditional feminine norms engage in impression management to perpetuate an image of perfection (Schrick, Sharp, Zvonkovic, & Reifman, 2012). One method of impression management is emotional control in order to avoid burdening others. We hypothesized three indirect effect paths for emotional control and one direct path. We anticipated that emotional control would demonstrate a negative indirect association with intention through the serial mediation paths of self-stigma→attitudes and self-stigma→PBC, and a negative direct association with intention. In romantic relationships, women are socialized to project an effortless perfection in their relationships (Schrick et al., 2012). Seeking couple therapy would mean shattering this façade leading to increased feelings of inadequacy for seeking help which leads to negative association with attitudes, PBC, and intention. For instance, women in relationship enhancement programs often report decreases in self-esteem (Morris, McMillan, Duncan, & Larson, 2011). This means that even when women seek help for their relationship, violating norms of not burdening others still has consequences for them. We also anticipated that emotional control would demonstrate a negative indirect association with intention by fostering more negative attitudes, above and beyond self-stigma. If the perception is that therapy will involve disclosure of emotion, then it will likely be perceived as ineffective. The individual psychotherapy literature supports a negative relationship between emotional control and attitudes toward psychotherapy in women (Untal, 2015). If emotional control is associated with intention, this would support development of interventions that address the role of emotional control among women in distressed dyads.

### **Current Study**

The current study investigated the links between four relational-schema constructs (e.g., self-silencing) and intention to seek couple therapy among heterosexual women who reported being unhappy in their romantic relationships. In addition to the hypothesized effects articulated previously, we hypothesized additional effects related to past help-seeking and relationship length. Past help seeking was hypothesized to have a positive association with the core TPB variables and a negative association with self-stigma based on prior research (Spiker et al., 2019). Relationship length was hypothesized to have a negative association with intention as couples are less likely to seek professional help the longer they are together (Doss et al., 2003). No available research in women's individual or relationship help seeking was found to support the following direct associations: self-stigma → subjective norms, self-reliance → subjective norms and PBC, emotional control → subjective norms and PBC, RISC → PBC, self-silencing → attitudes and PBC, thus these associations were not specified. In addition to our hypothesized model, we followed best practice recommendations (Weston & Gore, 2006) and tested an alternative model (see Figure 2) where the four relational schemas acted as partial mediators of both self-stigma and relationship satisfaction. The rationale for this alternative model is that research indicates people become more self-evaluative when first primed to think of close others (Horberg & Chen, 2010). Thus, relational schemas may only become salient when people are asked to consider their feelings about seeking help (i.e., self-stigma) or their feelings about the relationship (i.e., relationship satisfaction).

### **Method**

#### **Participants and Procedure**

Participants were 302 community-dwelling, heterosexual adult women who reported being in a relationship for at least 6 months ( $M = 13.29$ ,  $SD = 13.21$ ) and experiencing their relationship as unhappy, unrewarding, or unsatisfying. Recruitment for the study was done via ResearchMatch, a national health volunteer registry that was created by several academic institutions and supported by the U.S. National Institutes of Health as part of the Clinical Translational Science Award program. Review and approval for this study and all procedures was obtained from the [IRB masked for review]. The study was advertised as a study of women's relationship satisfaction and what women will do to keep their relationships strong. Participants ranged in age from 19 to 77 years old ( $M = 44.18$ ,  $SD = 14.47$ ,  $Mdn = 43$ ). Interested participants were directed to an online survey that began with an informed consent page, continued with the survey items, and ended with a debriefing page.

Approximately 60% of the sample identified as White, 14% as African American/Black, 12.7% multiracial, 6.8% Asian American or Pacific Islander, 3.3% as Latino, 1.6% as American Indian, and 1.6% preferred not to answer. Approximately 4% reported earning a high school diploma or GED, 11% earned a two-year degree or vocational certificate, 16% had some college experience, 33% earned a four-year college degree, and 35% earned a graduate or professional degree. Approximately 38% sought help from a couple therapist with a significant other.

## Measures

[Reported reliability estimates are for the current sample unless otherwise specified.](#)

**Intention.** Intention was assessed with the three-item ( $\alpha = .97$ ) Mental Help Seeking Intention Scale (MHSIS; Hammer & Spiker, 2018). The items were modified to assess intention to seek help from a couple counselor (e.g. "I intend to seek help from a couples counselor in the next 3 months;" rated from [1] *extremely unlikely* to [7] *extremely likely*). Higher scores indicate

greater intention to seek couple therapy. The MHSIS has demonstrated evidence of reliability ( $\alpha \geq .94$ ; Hammer & Spiker, 2018) and predictive validity (e.g., predicting actual help-seeking behavior with 70% accuracy; Hammer & Spiker, 2018) in a community adult sample overrepresented by White women.

**Help Seeking Attitudes Scale.** The Mental Help Seeking Attitude Scale (MHSAS; Hammer, Parent, & Spiker, 2018) is a nine-item ( $\alpha = .90$ ) instrument that assesses participants' evaluation of seeking help from a mental health professional. Items were modified to assess participants' evaluation of seeking help from a couple counselor such that the item stem read: "Our seeking help from a couples counselor in the next 3 months would be...". Participants responded to the item stem using a 7-point semantic differential scale anchored by bipolar adjectives at either end (e.g. *unsatisfying* vs. *satisfying*, *useless* vs. *useful*), with higher scores indicating more favorable attitudes. The MHSAS has demonstrated evidence of reliability ( $\alpha = .93$ ; Hammer et al., 2018) and validity (e.g., significant positive association with intention to seek help; Hammer et al., 2018) in community adult samples overrepresented by White women.

**Subjective Norms.** Subjective norms was assessed with Spiker and colleagues' (2019) three-item ( $\alpha = .85$ ) couples counseling subjective norms instrument (e.g., "If they were in our situation, most people who are important to us would seek help from a couples counselor.;" rated from [1] strongly disagree to [7] strongly agree). Higher scores indicated more positive subjective norms. This instrument has previously demonstrated evidence of reliability ( $\alpha = .84$ ; Spiker et al., 2019) and validity (e.g., significant positive association with intention to seek help; Spiker et al., 2019) in a community adult sample of mostly White men.

**Perceived Behavioral Control.** Perceived behavioral control was assessed with Spiker and colleagues' (2019) four-item ( $\alpha = .77$ ) couples counseling PBC instrument (e.g. "If we

wanted to, we could seek help from a couples counselor in the next 3 months;” rated from [1] *definitely false* to [7] *definitely true*). Items were modified to use “we” language in lieu of “I” language to reflect the focus on couples counseling. Higher scores indicated greater PBC to seek couple therapy. This instrument has previously demonstrated evidence of marginal reliability ( $\alpha = .62$ ; Spiker et al., 2019) and validity (e.g., significant positive association with attitudes toward seeking help; Spiker et al., 2019) in a community adult sample of mostly White men.

**Self-Stigma of Seeking Help.** The 10-item ( $\alpha = .87$ ) Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2006) assesses perceived self-stigma for seeking psychological help. In the current study, the items were adjusted to reflect self-stigma related to seeking a couple counselor (e.g., “I would feel inadequate if I went to a couples counselor for help.”). Participants rated each item from 1 (*strongly disagree*) to 5 (*strongly agree*) with higher scores indicating greater self-stigma. The SSOSH has demonstrated strong relationships with theoretically-related constructs in a college adult sample of mostly White women (e.g., attitudes; Vogel et al., 2006). The SSOSH has demonstrated test-retest reliability over a period of 2 months ( $\alpha = .72$ ) and internal consistency ( $\alpha = .89$ ; Vogel et al., 2006).

**Relationship Satisfaction.** The Couple Satisfaction Index-4 (CSI-4; Funk & Rogge, 2007) is a four-item ( $\alpha = .94$ ) measure of relationship satisfaction with higher scores indicating greater satisfaction. An example item included “How rewarding is your relationship with your partner?”. Participants rated their level of agreement on a 7-point Likert scale from 0 (*not at all*) to 6 (*completely*). The scale demonstrated convergent validity with existing measures of relationship satisfaction (e.g., dyadic adjustment scale), and construct validity (e.g., significant negative association with perceived stress) in a community sample of mostly White women (Funk & Rogge, 2007).

**Self-Silencing.** The Silencing the Self Scale (STSS; Jack & Dill, 1992) is a 31-item scale measuring gender-specific schemas about how to maintain intimate relationships. This study used the nine-item ( $\alpha = .89$ ) silencing the self subscale (e.g., “I don’t speak my feelings in an intimate relationship when I know they will cause disagreement.”). Questions are rated from 1 (*strongly disagree*) to 5 (*strongly agree*) with higher scores indicating greater self-silencing. The STSS has demonstrated internal consistency ( $\alpha = .86 - .94$ ), test-retest reliability ( $\alpha = .88 - .93$ ), and construct validity (e.g., significant positive association with depression) in a college and community sample of primarily White women (Jack & Dill, 1992).

**Relational Interdependent Self-Construal.** The Relational Interdependent Self-Construal Scale (RISC; Cross et al., 2000) is an 11-item ( $\alpha = .90$ ) scale measuring the tendency to think of oneself in terms of close relationships with others. In line with previous research, items were modified to reflect views specific to one’s relationship with their romantic partner, such as “My romantic relationship is an important reflection of who I am” (Linardatos & Lydon, 2011). Participants rated each item from 1 (*strongly disagree*) to 7 (*strongly agree*) with higher scores indicating greater relational interdependence. The RISC has demonstrated test-retest reliability over 2 months ( $\alpha = .73$ ), internal consistency ( $\alpha = .88$ ), and convergent validity (e.g., positive association with communal orientation) in a college adult sample of primarily White women (Cross et al., 2000).

**Self-Reliance.** Traditional measure of femininity (e.g., Feminine Gender Role Stress; Gillespie & Eisler, 1992) do not adequately capture aspects of self-reliance and emotional control identified as relevant to women’s help seeking. Thus, we chose to use two subscales from the conformity to masculine norms inventory (CMNI-46; Parent & Moradi, 2009) as the language used is gender neutral (e.g., “I hate asking for help”) and measurement invariance

testing has shown that men and women interpret the subscales' items similarly (Parent & Smiler, 2013). The four-item ( $\alpha = .84$ ) self-reliance subscale (e.g., "I hate asking for help") of the CMNI-46 was used to measure self-reliance. Participants rated each item from 0 (*strongly disagree*) to 3 (*strongly agree*), with higher scores indicating greater self-reliance. The original instrument has previously demonstrated evidence of reliability ( $\alpha = .88$ ) and validity (e.g., significant negative association with attitudes toward seeking help) in a community sample of primarily White women (Parent & Smiler, 2013; Untal, 2015).

**Emotional Control.** The six-item ( $\alpha = .89$ ) emotional control subscale (e.g., "I bring up my feelings when talking to others") of the CMNI-46 was used to measure emotional control. Participants rated each item from 0 (*strongly disagree*) to 3 (*strongly agree*), with higher scores indicating greater emotional control. The original instrument has previously demonstrated evidence of reliability ( $\alpha = .89$ ) and validity (e.g., significant negative association with attitudes toward seeking help) in a community sample of primarily White women (Parent & Smiler, 2013; Untal, 2015)

**Past Help-Seeking Behavior.** Past couple help-seeking behavior was assessed with the following yes/no item: "Have you ever sought help from a couple/marriage counselor with a significant other?"

## Results

### Data Preparation

The initial dataset contained 399 individuals. Eighty-seven cases with significant ( $> 20\%$ ) item-level missingness on any given scale were deleted as this falls outside of the tolerance range recommended by prior researchers (Dodeen, 2003). [The 87 deleted cases did not differ significantly on any demographic \(e.g., age\) or study variables.](#) We deleted cases ( $n = 5$ ) that did



not identify as heterosexual as relationship maintenance can function differently in same-sex relationships (Umberson, Thomeer, & Lodge, 2015). We deleted cases ( $n = 5$ ) that responded incorrectly to two attention check items. In the retained sample ( $N = 302$ ), 24 participants were missing responses to one or more items, while the remaining participants were missing zero data. Missing data on study measures ranged from a low of zero on several scales to a high of 7 out of 3,080 possible data points (.002%) on the SSOSH. We identified univariate outliers using Cook's D and multivariate outliers using the Mahalanobis distance test ( $n = 20$ ; Aguinis, Gottfredson, & Joo, 2013). Results did not differ with or without the outliers, so we report results that retained the outlier cases. Collinearity statistics (VIFs  $< 1.6$ ) indicated no issues with multicollinearity and linearity assumptions were met. Given the ordered-categorical nature of the item response data, we used a polychoric correlation matrix based on the mean and variance adjusted weighted least square (WLSMV) estimator in *Mplus* version 6.11 (Muthén & Muthén, 1998-2012). WLSMV uses pairwise deletion to handle missing data, which was appropriate given the insubstantial amount of missing data (i.e., covariance coverage ranged from .987 to 1.00). See Table 1 for descriptive statistics and intercorrelations among study variables.

The scaled chi-square statistic (scaled  $\chi^2$ ), Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), and Tucker-Lewis Index (TLI) were used to assess the goodness of fit for each model. The WLSMV estimator does not provide the Standardized Root Mean Square Residual (SRMR). The following fit criteria were used:  $RMSEA \leq .06$ ,  $CFI \geq .95$ , and  $TLI \geq .95$  for approximate fit (Hu and Bentler, 1999). To disattenuate measurement error, latent variables were created for each construct. We modeled all latent constructs using the corresponding (sub)scale items as manifest indicators. Past help-seeking and relationship length were operationalized as observed variables. Soper's (2013) sample size calculator for structural

equation models was used (effect size = .30, power = .80, alpha = .05, number of latent variables = 10, number of observed variables = 65) to calculate the minimum sample size needed for adequate power. The present sample ( $N = 302$ ) exceeded the sample required ( $N = 288$ ) by the structural model.

### Analyses

We first used confirmatory factor analysis to ensure the data fit the measurement model (Weston & Gore, 2006). The measurement model demonstrated approximate fit,  $\chi^2(1907, N = 302) = 3126.81, p < .001$ ; RMSEA = .046 [90% CI of .043, .048]; CFI = .964; TLI = .962. The manifest indicator loadings on the latent variables were all significant at  $p < .05$ . The hypothesized structural model exhibited approximate fit,  $\chi^2(2044, N = 302) = 3126.17, p < .001$ ; RMSEA = .042 [90% CI of .039, .045]; CFI = .962; TLI = .960. The alternative structural model (see Figure 2) did not exhibit approximate fit,  $\chi^2(2048, N = 302) = 3570.07, p < .001$ ; RMSEA = .049 [90% CI of .047, .052]; CFI = .946; TLI = .944, and demonstrated poorer fit  $\chi^2(5) = 127.75, p < .001$ , providing support for both self-stigma and relationship satisfaction as mediators. In the hypothesized structural model, only self-reliance exhibited a positive direct association with intention. Therefore, for parsimony, we tested a second alternative model where we specified a direct path from self-reliance to intention only and compared this to the hypothesized structural model. The second alternative model (see Figure 1) exhibited approximate fit,  $\chi^2(2047, N = 302) = 3115.54, p < .001$ ; RMSEA = .041 [90% CI of .038, .044]; CFI = .962; TLI = .960, and demonstrated better fit,  $\chi^2(3) = 5.80, p > .05$  than the hypothesized model, thus this final structural model was retained for indirect effect testing. Most parameter estimates were congruent with theoretical expectations in the final structural model (see Figure 1) except the following: self-reliance demonstrated a positive association with both attitudes and

intention, emotional control demonstrated no association with self-stigma, RISC and self-silencing demonstrated no association with either subjective norms, and past help seeking demonstrated no association with attitudes, subjective norms and PBC. The final structural model accounted for 50.7% of the variance in intention, 17.2% of the variance in attitudes, 10.3% of the variance in subjective norms, 14.2% of the variance in PBC, 30.9% of the variance in self-stigma, and 15.8% of the variance in relationship satisfaction. To test the indirect effects of women's relational schemas on intention, we used a bootstrapping procedure outline by Shrout and Bolger (2002). *Mplus* was instructed to make 1,000 bootstrap draws of the data and output bias-corrected bootstrap confidence intervals for the indirect effects. Seventeen indirect effects were tested (see Table 2) and 11 were found to be significant (i.e., did not include zero in the 95% confidence interval). All indirect effects aligned with hypotheses except for the positive indirect path of self-reliance → attitudes → intention.

### **Discussion**

The current study was the first to use the TPB framework to examine how heterosexual women's relational schemas have direct and indirect links to their intention to seek couple therapy. As hypothesized, self-silencing was associated with less intention to seek couple therapy via two serial mediation paths: (a) increased self-stigma and subsequently both less favorable attitudes and less perceived control, and (b) decreased relationship satisfaction and subsequently less perceived control. Regarding the mediation paths involving self-stigma, women high in self-silencing may feel shame concerning their relationship distress and be less willing to ask for help, choosing instead to conceal their distress in order to avoid further relationship conflict (Swim et al., 2010). Consistent with prior research, however, women who self-silence also experienced greater relationship dissatisfaction, meaning that this strategy comes at the cost of

personal happiness (Besser et al., 2003). Women high in self-silencing perceived relationship health as their responsibility, but also believe that they should not express their needs, thus making them less likely to broach the topic of seeking relationship help (Jack & Dill, 1992). Interestingly, though, self-silencing demonstrated no association with intention through paths involving subjective norms. It is possible that women endorsing self-silencing are less likely to express concerns to others, making others' expectations of what the women should do less salient. In sum, self-silencing creates a bind: women high in self-silencing are more dissatisfied with their relationships yet feel less capable of voicing their needs.

As expected, RISC also demonstrated competing effects on intention. On one hand, greater RISC had a positive indirect effect on intention through the single mediator of more favorable attitudes and the serial mediators of enhanced relationship satisfaction and subsequently greater PBC. On the other hand, greater RISC had an inverse indirect effect on intention through the serial mediators of increased self-stigma and subsequently both less favorable attitudes and less perceived control. These findings suggest that the centrality of women's romantic relationships to their self-concept can function as both an approach and avoidance motivation (Elliot & Thrash, 2002). Women high in RISC want to maintain the relationship because they tend to feel more satisfied with the relationship (i.e., approach motivation). Moreover, women high in RISC may see couple therapy as a mechanism to maintain a valued relationship—which, given the salience of relationships to self-concept, may be very important. However, they may want to avoid seeking help because it triggers fears of the relationship ending (i.e., avoidance motivation). If a high RISC woman perceives a need to seek help for her relationship, this may be interpreted as a personal failure. Thus, avoiding couple therapy could be a method to preserving an important romantic relationship. Prior research has

demonstrated that individuals high in RISC pursue more relationship-oriented goals (Gore & Cross, 2006), but this research has not involved goals that could mean potential disruption to the relationship. Women did not, however, experience greater intention to seek help through the relationship satisfaction → subjective norms serial mediation pathway. One potential explanation is individuals satisfied with their relationship are less likely to seek outside advice, making others' expectations irrelevant (Besikci, 2017). These competing pathways provide insight into the pros and cons women struggle with when deciding upon the need for couple therapy.

In line with the competing pathways narrative, women's self-reliance appeared to simultaneously facilitate and hinder help seeking. Self-reliance demonstrated a negative indirect effect on intention through the serial mediators of increased self-stigma and subsequently less favorable attitudes. Contrary to our hypotheses, self-reliance was also directly linked with greater intention to seek couple therapy, as well as indirectly via the single mediator of more favorable attitudes. Self-reliance as both a barrier and facilitator may be best understood through the lens of how women are socialized to be primarily responsible for relationship maintenance (Umberson et al., 2015). As a barrier, the perception that relationship health falls on women could mean that a failing relationship is perceived as a personal deficiency. This sense of blame may further restrict women's self-efficacy of seeking help. Conversely, the responsibility of relationship maintenance means women actively seek to fix the relationship—including, as suggested by the present results, through seeking couple therapy. Women high in self-reliance may be placed in a bind where they experience significant pressure to improve the relationship but feel stigma or shame for seeking help.

This bind is further exacerbated by the role of emotional control. Emotional control demonstrated a negative indirect association with intention through the single mediator of less

favorable attitudes. Socialization factors that encourage women to personify perfection without effort and not burden others (i.e., superwoman syndrome; Schrick et al., 2012) leads to couple therapy appearing aversive potentially because it means breaking the veneer of a perfect relationship. Interestingly, emotional control exhibited no association with self-stigma (and thus hypothesized indirect effects on intention via this mediator were not supported). This finding makes sense if one considers the relational role of emotional control for women. Women who wish to avoid burdening others with their emotions may think couple therapy is a bad idea, but for reasons (e.g., threat to the relationship) other than feeling ashamed of themselves for seeking treatment (i.e., self-stigma). For women high in emotional control, not disclosing personal concerns preserves the relationship, thus engaging in a behavior (i.e., couple help seeking) that encourages disclosure would be perceived as harming the relationship (Watson & Hunter, 2015). This may be further exacerbated by the societal sense of couple therapy as a last resort. If couple therapy is often used by couples about to divorce, raising the concept of seeking help may be tantamount to asking to separate. Therefore, women who fear damaging their relationship may be reluctant to seek couple therapy if it puts their distress on display.

### **Limitations and Future Research Directions**

The findings presented here must be interpreted in light of their limitations. First, our sample consisted of majority White, college-educated, heterosexual, middle-aged women. White women do not contend with the same stereotypes that women of color face (e.g., angry black woman) which can affect the interpretation of items such as emotional control (McCormick, MacArther, Shields, & Diccico, 2016). PBC may also be more salient barrier in samples of low SES women with limited access to resources needed (e.g., childcare) to engage in couple therapy. Second, 38% of the sample had sought couple therapy in the past, suggesting that a

portion of respondents perceive couple therapy as efficacious. Future research should examine the barriers of women who have never sought any relationship help in the past. Third, we did not collect dyadic data. Future research can collect dyadic data from both partners to help answer new questions that build on the findings of the present study (e.g., Does women's self-reliance influence their partner's attitudes toward couple therapy?). Fourth, certain couple therapy help seeking instruments (e.g., PBC) had to be adapted from their individual psychotherapy counterparts. Thus, evidence of reliability and validity for these adapted instruments was by proxy (i.e., the original versions demonstrated appropriate psychometric performance) rather than direct (i.e., psychometric studies of the couple therapy versions themselves). The instruments appeared to demonstrate adequate reliability and sensible associations with theoretically-related variables, but future psychometric testing of these couples therapy versions is encouraged. Finally, the data was cross-sectional and longitudinal studies are needed to confirm the causal ordering of the variables.

### **Implications for Practice, Advocacy, Education/Training, and Research**

Interventions targeting the conflict that relational schemas create in women could both facilitate help seeking and reduce the shame associated with seeking help. For instance, women high in RISC run the risk of feeling inadequate for seeking help due to increased self-stigma. Increasing self-compassion (i.e., viewing oneself with kindness in the face of perceived failure) has been found to reduce self-stigma (Heath, Brenner, Lannin, & Vogel, 2018; Neff & Gerner, 2013). Self-compassion interventions may help women perceive couple therapy as a way to improve an important relationship rather than a reflection of their ability as a partner. We recommend that counseling psychology training programs train students in the use of mindfulness self-compassion interventions, such as loving-kindness meditation, to address the

conflict women experience when deciding whether to seek couple therapy (Neff & Gerner, 2013).

Our findings also indicate that practitioners should focus on prevention and advocacy efforts to challenge the notion that being a good partner means suppressing one's own needs (i.e., self-silencing), not burdening others with one's emotions (i.e., emotional control), and resolving relationship distress on one's own (i.e., self-reliance). Women are often held to the standard of a "Superwoman" who maintains everything, including her relationships, without needing the help of others (Schrick et al., 2012). Prevention and advocacy outreach efforts need to emphasize that women do not need to suffer in silence to maintain a relationship. Campaigns such as "Real Men. Real Depression" targeted masculine stereotypes that silenced men (Rochlen, Whilde, & Hoyer, 2005). In a similar vein, prevention efforts could include videos of women candidly discussing their relationship struggles in the context of gender role expectations. Furthermore, research indicates that couples experience greater relationship satisfaction and intimacy when both partners are able to self-disclose their vulnerabilities (Reis & Shaver, 1988). Outreach efforts could include psychoeducation on the positive aspects of disclosing one's need and emotions in intimate relationships.

The current study provides a catalyst for future research into womens' competing sets of gender role expectations in the context of couple therapy. Our findings suggest that taking the lead to seek couple therapy is deeply conflicting and in itself may cause distress. Use of qualitative methods could specify the process by which women navigate role expectations in their relationships, especially in context of seeking couple therapy. In addition, our findings indicate that researchers need to develop and test outreach interventions that could help support women unhappy in their relationships by addressing these relational schemas.



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Table 1  
*Means, Standard Deviations, and Intercorrelations among measures (N=302)*

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10	11	12
1. Intention	2.43	1.79	-											
2. Subjective Norms	3.53	1.38	.37**	-										
3. Perceived Behavioral Control	5.15	1.40	.29**	.13*	-									
4. Couple Help-Seeking Attitudes	4.53	1.33	.56**	.44**	.22**	-								
5. Self-Reliance	1.46	.65	.05	.03	-.07	-.01	-							
6. Emotional Control	1.38	.68	-.06	.01	-.05	-.12*	.57**	-						
7. RISC	4.44	1.20	.16**	-.02	.09	.26**	.02	-.02	-					
8. Self-Silencing	2.81	.92	.02	.11	-.07	-.08	.19**	.35**	.07	-				
9. Self-Stigma of Seeking Help	2.05	.75	-.10	-.12*	-.14*	-.18**	.34**	.30**	.19**	.22**	-			
10. Relationship Satisfaction	1.90	1.17	-.02	-.28**	.24**	.13*	-.07	-.13*	.34**	-.11*	.00	-		
11. Past Couple Help Seeking	.37	.49	.24**	.18**	.11	.08	-.02	-.02	-.05	.09	-.21**	-.09	-	
12. Relationship Length	13.3	13.2	-.09	-.04	.11*	-.14*	-.16**	.03	-.16**	.11	-.02	-.11	.15**	-

*Note:* \*  $p < .05$ , \*\*  $p < .01$ . RISC = Relational Interdependent Self Construal.



Table 2

*Bootstrap Analysis of Magnitude and Statistical Significance of Indirect Effects for the Structural Model*

Predictor	Mediator(s)	Outcome	Standardized indirect effect		Bootstrap estimate		95% CI (unstandardized)	
			$\beta$	<i>SE</i>	<i>B</i>	<i>SE</i>	Lower bound	Upper bound
<b>Self-Silencing</b>	<b>Self-stigma→Attitudes</b>	<b>Intention</b>	<b>-.024</b>	<b>.016</b>	<b>-.029</b>	<b>.020</b>	<b>-.079</b>	<b>-.004</b>
<b>Self-Silencing</b>	<b>Self-stigma→PBC</b>	<b>Intention</b>	<b>-.006</b>	<b>.004</b>	<b>-.007</b>	<b>.005</b>	<b>-.022</b>	<b>-.001</b>
Self-Silencing	Relationship satisfaction→SN	Intention	.008	.007	.010	.008	.000	.035
<b>Self-Silencing</b>	<b>Relationship satisfaction→PBC</b>	<b>Intention</b>	<b>-.009</b>	<b>.005</b>	<b>-.011</b>	<b>.007</b>	<b>-.027</b>	<b>-.001</b>
Self-Silencing	Subjective Norms	Intention	.006	.013	.008	.016	-.015	.052
<b>RISC</b>	<b>Self-stigma→Attitudes</b>	<b>Intention</b>	<b>-.028</b>	<b>.014</b>	<b>-.036</b>	<b>.019</b>	<b>-.081</b>	<b>-.008</b>
<b>RISC</b>	<b>Self-Stigma→PBC</b>	<b>Intention</b>	<b>-.006</b>	<b>.003</b>	<b>-.009</b>	<b>.005</b>	<b>-.021</b>	<b>-.002</b>
<b>RISC</b>	<b>Attitudes</b>	<b>Intention</b>	<b>.153</b>	<b>.043</b>	<b>.201</b>	<b>.056</b>	<b>.100</b>	<b>.322</b>
RISC	Subjective Norms	Intention	.011	.015	.014	.019	-.009	.068
RISC	Relationship satisfaction→SN	Intention	-.019	.013	-.024	.016	-.061	.001
<b>RISC</b>	<b>Relationship satisfaction→PBC</b>	<b>Intention</b>	<b>.019</b>	<b>.010</b>	<b>.025</b>	<b>.012</b>	<b>.005</b>	<b>.055</b>
<b>Self-Reliance</b>	<b>Self-stigma→Attitudes</b>	<b>Intention</b>	<b>-.046</b>	<b>.026</b>	<b>-.054</b>	<b>.030</b>	<b>-.132</b>	<b>-.013</b>
<b>Self-Reliance</b>	<b>Self-Stigma→PBC</b>	<b>Intention</b>	<b>-.011</b>	<b>.007</b>	<b>-.013</b>	<b>.008</b>	<b>-.037</b>	<b>-.003</b>
<b>Self-Reliance</b>	<b>Attitudes</b>	<b>Intention</b>	<b>.147</b>	<b>.061</b>	<b>.173</b>	<b>.071</b>	<b>.045</b>	<b>.316</b>
Emotional Control	Self-Stigma→Attitudes	Intention	-.005	.018	-.006	.023	-.047	.039
Emotional Control	Self-Stigma→PBC	Intention	-.001	.004	-.001	.005	-.013	.006
<b>Emotional Control</b>	<b>Attitudes</b>	<b>Intention</b>	<b>-.135</b>	<b>.055</b>	<b>-.168</b>	<b>.070</b>	<b>-.318</b>	<b>-.044</b>

*Note.* Indirect path is significant if the 95% confidence interval (CI) does not include 0. Bold paths are significant. RISC = Relational Interdependent Self Construal. PBC = Perceived Behavioral Control. SN = Subjective Norms.

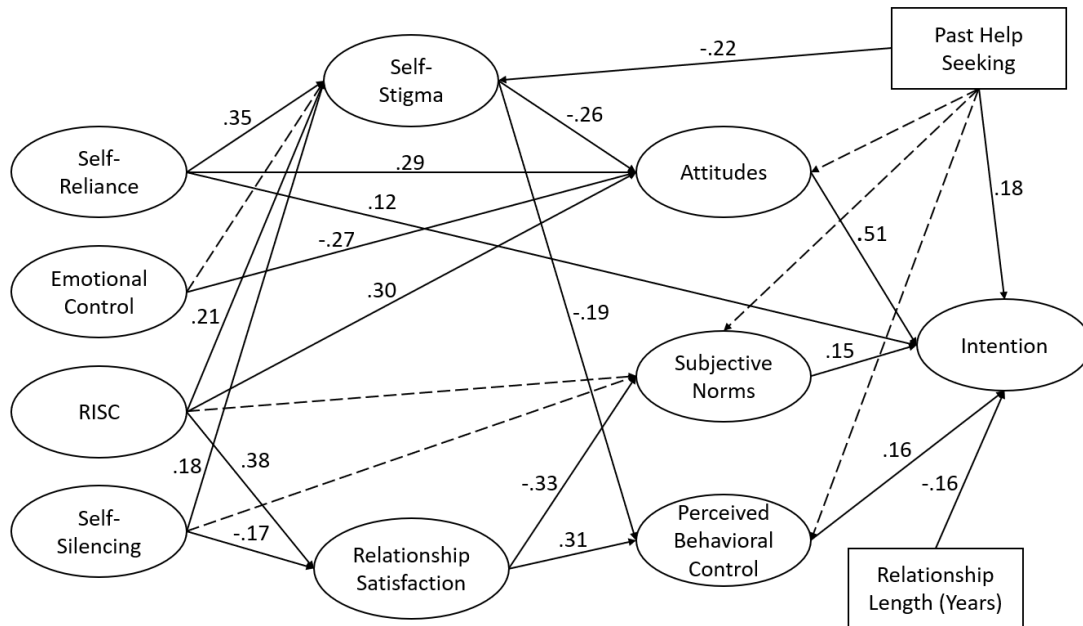


Figure 1. The final structural model. Parameter estimates represent standardized regression coefficients. Dashed lines indicate nonsignificant direct relations and full lines indicate significant direct relations at  $p < .05$ . Error terms, correlations, and indicator factor loadings are omitted for visual clarity.

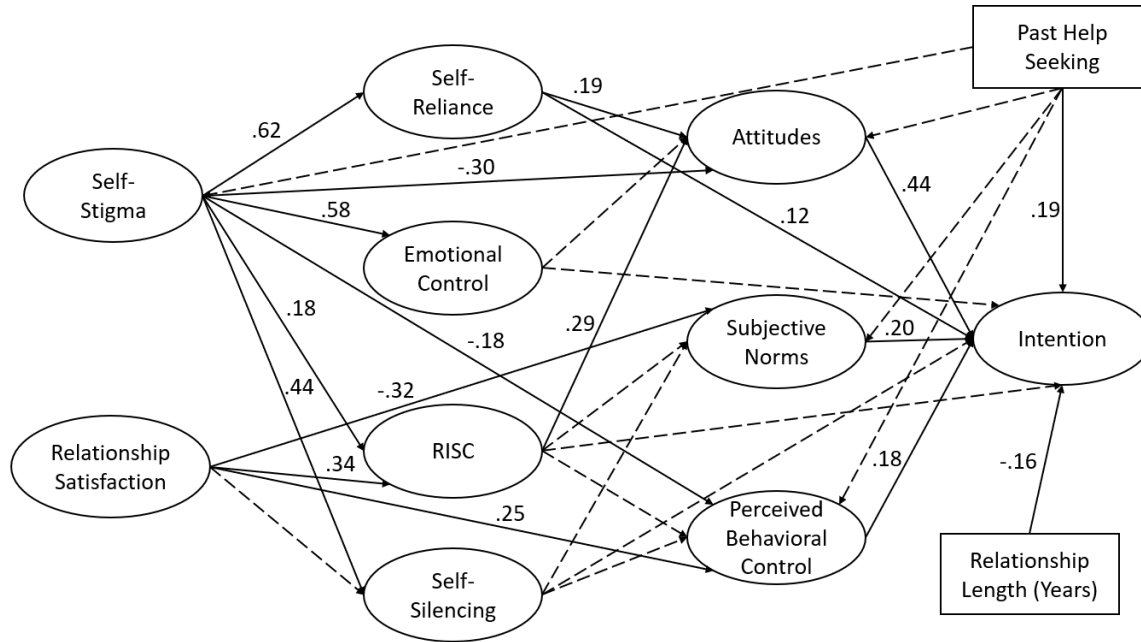


Figure 2. The alternative structural model. Parameter estimates represent standardized regression coefficients. Dashed lines indicate nonsignificant direct relations and full lines indicate significant direct relations at  $p < .05$ . Error terms, correlations, and indicator factor loadings are omitted for visual clarity.