





# Married Individuals' Attitudes Toward Family and Couple Therapy: A Qualitative Study in the Turkish Context

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## ABSTRACT

This qualitative study explored married individuals' attitudes and perceptions toward family and couple therapy. Semi-structured interviews were conducted with 15 participants of varying ages, occupations, and marriage durations, and the data were analyzed thematically. Findings indicated generally positive attitudes toward couples therapy, alongside significant barriers to seeking help, including privacy concerns, social stigma, traditional coping strategies, financial difficulties, lack of information, and misconceptions about therapy. Younger, more educated, and relationally open participants viewed therapy more favorably, whereas older individuals showed greater resistance. Identifying personal, cultural, and social factors influencing help-seeking may reduce barriers and promote professional support for couples.

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## Introduction

The family, one of the most fundamental and deeply rooted institutions of social structure, plays a central role in individuals' participation in social life, the fulfillment of their emotional needs, and the achievement of psychological adjustment. Defined as the primary environment where individuals gain their first social experiences and acquire value systems, belief structures, norms, and behavioral patterns, the family plays a vital role in maintaining social order and transmitting cultural values across generations (Hasanova, 2022). At the core of this institution lies marriage, a union based on mutual commitment, support, trust, and sharing, which also reflects cultural, social, and individual dynamics (Canel, 2012). Research indicates that married individuals have higher levels of life satisfaction and psychological resilience compared to unmarried individuals (Dilmaç & Sakarya, 2020).

Although marriage is often associated with increased life satisfaction, it is also susceptible to various challenges that may arise over time, such as role conflicts, communication problems, economic difficulties, trust issues, emotional distancing, and mismatched expectations (Berge et al., 2021). When these issues remain unresolved, both individual and relational functioning weaken, leading to negative emotional consequences such as depression, anxiety, and anger (Epstein et al., 2002). These difficulties not only threaten emotional well-being but also jeopardize the sustainability of relationships and often result in divorce. Divorce statistics also underscore the severity of the issue. According to data from the Turkish Statistical Institute (TÜİK., 2025), the crude divorce rate has risen to 2.19 per thousand, with the number of divorces increasing from 173,000 to 187,000 in a single year. The same data show that between 2002 and 2023, the marriage rate in Turkey decreased by 8%, while the divorce rate increased by 89%. The decline in marriages and the rapid increase in divorces point to a serious issue that directly affects the social structure and the future of the family institution.

In response to these transformations in family structures, the President of the Republic of Türkiye has declared 2025 as the “Year of the Family” (ASHB, 2025). This initiative has been regarded as an important step toward strengthening the family institution and has triggered new policy initiatives and projects aimed at supporting families. In this context, couple and family therapy, seen as a potential tool for strengthening family structures and preventing divorce, emerges as an important element that could enhance the effectiveness of these initiatives and serve as a starting point for this research. Research shows that while marriage can be a factor that enriches individuals’ lives, it can also be a significant source of stress. When coping mechanisms become blocked, seeking professional help becomes necessary. However, this search is not a linear process. Recognizing one’s need, accepting it, finding the right specialist, and most importantly, convincing one’s spouse to participate in this process is a journey fraught with complex psychosocial barriers (Yazar & Tolan, 2021).

Couples and family therapy is a scientifically based intervention method that aims to help individuals better understand relationship dynamics, establish empathetic bonds, restructure attachment processes, and develop conflict resolution skills (Nichols & Schwartz, 1984). This approach, grounded in systems theory, emphasizes that problems cannot be addressed solely at the individual level but must be understood within the context of marriage, family, and other relational systems (Goldenberg et al., 2016). Couple and family therapy, which serves multidimensional goals such as identifying unhealthy dynamics, establishing healthy boundaries, and rebuilding emotional bonds, has become a critical tool in resolving marital problems.

The literature strongly indicates that couples and family therapy is highly effective in increasing marital satisfaction, improving conflict resolution skills, and supporting psychological well-being (Halford et al., 2008). Lebow et al. (2012) note that such interventions significantly reduce divorce rates by resolving relational problems between partners. However, individuals remain reluctant to seek therapy. Although there is considerable evidence for the effectiveness of these interventions, attitudes toward therapy, social norms, family structures, and personal beliefs vary greatly across cultural contexts. For example, Hubbard and Anderson (2022) found that couples in the US often delay therapy due to concerns about time, cost, privacy, and their partner's reluctance. Similarly, Kahveci and Aydemir (2024) study with 341 participants in Sivas showed that couples often avoid seeking therapy due to time constraints, discomfort sharing family problems with strangers, and the spouse's refusal to consent. Broader studies across Turkiye also reveal that attitudes toward seeking psychological help are largely negative (Kahraman, 2024).

The Theory of Planned Behavior (Ajzen & Fishbein, 2000) provides a useful framework for understanding help-seeking behavior. According to this theory, individuals' intentions to seek therapy depend on their attitudes toward therapy, perceived social norms, and perceived control over the help-seeking process. Furthermore, research shows that couples' help-seeking behaviors are consistent with the Health Belief Model (HBM). A study conducted on 347 individuals found that help-seeking behavior is shaped by components such as perceived benefit, perceived barriers, seriousness, and sensitivity (Hubbard & Anderson, 2022). Similarly, Karakurt and Silver (2014) emphasize that help-seeking behavior is shaped not only by relational problems but also by individuals' beliefs about therapy, past experiences, and cultural values. In collectivist cultures such as Turkiye, concerns about privacy, fear of social exclusion, and stigma make it difficult for couples to seek therapy (Çiftçi, 2013). One of the strongest psychological barriers to therapy is stigma. A study by Demoe (2015) found a significant relationship between stigma tolerance and the desire to seek help. Also, Corrigan (2003) notes that therapy is often stigmatized as a sign of weakness or even "madness," which reinforces negative attitudes. Other factors, such as educational level, psychological awareness, previous therapy experience, age, gender, and socioeconomic status, also play a significant role in seeking therapy (Doss et al., 2003). In a recent study, Sadeghian et al. (2025) found that married individuals prefer self-help books over counseling services to resolve relational issues, reflecting their reluctance to seek professional support.

In another study, the reasons why married individuals do not seek therapy despite needing it have been categorized as structural and relational

barriers. In this regard, the high cost of therapy was cited as the biggest obstacle by 43% of women and 31% of men. Additionally, factors such as therapy being “too time-consuming” (14% of husbands, 11% of wives) and “transportation difficulties” were mentioned as deterrents in the fast pace of modern life. In particular, the overlap between work hours and therapy hours and the lack of someone to look after the children (35% of men, 42% of women) were cited as making therapy practically impossible. It has been noted that barriers that are more difficult to overcome than structural obstacles are related to individuals’ beliefs and relationship dynamics. Accordingly, the spouse’s reluctance represents the most critical impasse in couples therapy. 36% of women and only 14% of men cited “spouse’s unwillingness” as an obstacle. This shows that women are the initiators of therapy, while men are the gatekeepers. Furthermore, 27% of men believe that “individual counseling” would be more beneficial, while 18% believe that “family/friend support” would be more beneficial. This suggests that men tend to view relationship problems not as a “systemic” problem, but as an individual issue or a simple matter that can be solved with social support (Williamson et al., 2019).

Scales developed to measure married individuals’ attitudes toward therapy reveal the multidimensional nature of the subject. For example, although 13-item scales have been developed in thesis studies on “Attitudes Towards Family Counseling,” it is noted that there are partial problems in their factor structures. This situation suggests that the perception of therapy in Turkish society has not yet been clearly defined and fluctuates according to situational and cultural variables (Baloğlu, 2024).

Therefore, when evaluating family therapy practices in Turkey, it is essential to understand the cultural codes of the concept of privacy. In Turkish culture, the family is regarded as a sacred and untouchable domain. As stated, family privacy is both a structural protective shield and a psychological support mechanism. It protects the integrity of the family by preventing outside interference. However, this protective reflex can become a resistance in the therapy process. Discussing a problem within the family with an outsider expert may be perceived as revealing the family’s secrets and damaging the family’s honor or image (Tepeler & Macit, 2025).

When all these findings are considered together, it is evident that the need for professional support in sustaining marital relationships is becoming increasingly apparent in modern societies. However, participation in couples and family therapy remains quite limited in Türkiye. Considering the increase in divorce rates and the critical importance of protecting the family as the cornerstone of society, this study aims to examine married individuals’ attitudes, perceptions, and approaches toward couple and family therapy in depth. Such an examination will not only make the challenges faced by families visible but will also contribute to the sustainability of

the family institution, the reduction of domestic violence, the promotion of healthy communication-based relationship models, and the dissemination of a culture of seeking psychological help, thereby supporting social well-being at multiple levels.

## **Method**

### ***Research Aim***

The primary aim of this study is to examine the attitudes, perceptions, and approaches of married individuals toward family and couples therapy from a comprehensive and multidimensional perspective. In this context, the research seeks to answer the following question: “What are married individuals’ attitudes, perceptions, and tendencies toward family and couples therapy?” The study focuses on participants’ views on therapy, their general impressions, their willingness or unwillingness to seek help, their beliefs about the potential of therapy to resolve relationship problems, the meanings they attribute to therapy from a couple’s perspective, and their expectations of therapists. Additionally, the study aims to reveal common beliefs and prejudices about therapy in society. In this regard, the study seeks to provide a comprehensive understanding of both individual experiences and societal perceptions of couples therapy.

The findings are expected to contribute to raising awareness about couples therapy, identifying factors that shape couples’ help-seeking behaviors, and clarifying personal, cultural, and environmental factors that influence decisions to seek psychological support. Ultimately, it is anticipated that the results will reduce barriers to therapy and increase the likelihood that couples experiencing relationship difficulties will seek professional support.

### ***Research Design***

This study employed a qualitative research design, utilizing a case study approach, to investigate the views of married individuals regarding family and couple therapy. A case study allows for an in-depth examination of a specific phenomenon, group, or process within its natural context through various data collection techniques (Stake, 1995). Qualitative research, characterized as a subjective and interpretive approach, addresses problem situations from a holistic perspective, employing interviews, observations, and document analysis as its primary methods (Yıldırım & Şimşek, 2013). According to Creswell and Creswell (2009), qualitative research begins with a clearly defined research question, followed by a systematic data collection process that involves interviews, observations, or document

analysis. The analysis process progresses from general to specific through the stages of coding, thematization, and interpretation, culminating in a comprehensive report. All stages identified by Creswell were meticulously followed in this study. A semi-structured interview form comprising 15 questions was developed based on the opinions of field experts and utilized as a data collection tool. The interviews were conducted with 15 married individuals aged 18 and above, and in-depth data on the research topic were obtained.

### Participants

The research was conducted with 15 married individuals aged between 24 and 57 in 2025. In the sampling process, purposive sampling was employed to ensure that participants represented a diverse range of experiences, based on their gender, occupation, length of marriage, and past relationship histories. Besides, convenience sampling was employed to make the selection process more practical and accessible. This approach was used to determine participants who were easily reachable, given time and logistical constraints. A pool of 32 participants was created, comprising individuals deemed capable of meeting the purposive sampling criteria. The relevant pool included individuals from various social networks, such as colleagues, friends, and neighbors, who met the criteria (being married). These identified individuals were contacted in person or by phone to provide them with more information about the study, its purpose, and the expectations of participation. Ultimately, 15 individuals who agreed to participate in the research were selected as participants.

As shown in Table 1, participants differ in terms of age, occupation, duration of marriage, and duration of premarital relationships. Participants' ages range from 24 to 57. The sample consists of eight men ( $n=8$ ) and

**Table 1.** Demographic characteristics of participants ( $N=15$ ).

Gender	Age	Occupation	Marriage Duration	Pre-Marriage Duration	Previous Therapy	Therapy Attitude
Female	50	Homemaker	30	1	No	Negative
Female	57	Homemaker	26	3	No	Negative
Male	40	Civil servant	10	3	No	Positive
Male	35	Teacher	7	2	No	Positive
Female	38	Academic	5	3	No	Positive
Male	42	Lawyer	8	4	Yes	Positive
Male	40	Construction	15	1	No	Negative
Female	38	Homemaker	10	1	No	Positive
Female	24	University student	1	2	No	Positive
Male	36	Marketing	7	2	No	Positive
Male	37	Police officer	9	2	No	Positive
Male	56	Retired	25	1	No	Negative
Female	42	Teacher	15	2	No	Positive
Female	30	Homemaker	5	1	No	Positive
Male	38	Mechanic	7	2	No	Negative

seven women ( $n=7$ ), including housewives ( $n=4$ ), teachers ( $n=2$ ), civil servants, academics, lawyers, marketing specialists, police officers, retirees, repairmen, and university students. This diversity allows for the reflection of different socioeconomic and cultural backgrounds. The participants' marriage durations ranged from 1 to 30 years, while their premarital relationships lasted between 1 and 4 years.

The vast majority of participants ( $n=14$ ) had no prior experience with couples therapy, while only one participant had such experience. This suggests that the responses obtained reflect social perceptions, beliefs, and expectations rather than direct experiences. However, when asked about their impressions of therapy and their willingness to seek it, 10 participants expressed positive attitudes, while 5 participants expressed negative attitudes. Those who exhibited negative attitudes were generally older and in longer marriages, while younger participants with shorter marriages demonstrated a more open approach to therapy. This generational difference constitutes an important finding of the study.

### **Procedure**

Semi-structured interview questions were used to reveal participants' views on family and couples therapy. The development process for these questions was carried out systematically in line with the principles of qualitative data collection. Semi-structured interview questions were developed based on comprehensive literature reviews, and it was determined that the most appropriate theoretical framework to support the research objective was the Theory of Planned Behavior. This theory explains individuals' decisions to perform or not perform a behavior based on three key factors: attitude toward the behavior, subjective norms, and perceived behavioral control (Ajzen & Fishbein, 2000). In the current study, it was assumed that these three factors influence individuals' intentions and behaviors regarding participation in family and couples therapy. The interview questions were developed based on this theoretical framework. Based on this, 25 questions were formulated to explore the main themes identified in the reviewed literature, aiming to reveal the attitudes of married individuals toward family and couples therapy from various perspectives. To ensure clarity, appropriateness, and relevance, the interview questions were reviewed by field experts and refined based on their feedback. A pilot interview was conducted with a participant not included in the sample to ensure the validity of the interview questions. Subsequently, 15 questions were identified focusing on themes such as perceptions of therapy, personal experiences with relationship problems, and potential barriers to seeking therapy. The questions were formulated to reveal individuals' attitudes and beliefs about therapy and to gain insight into how their cultural and social

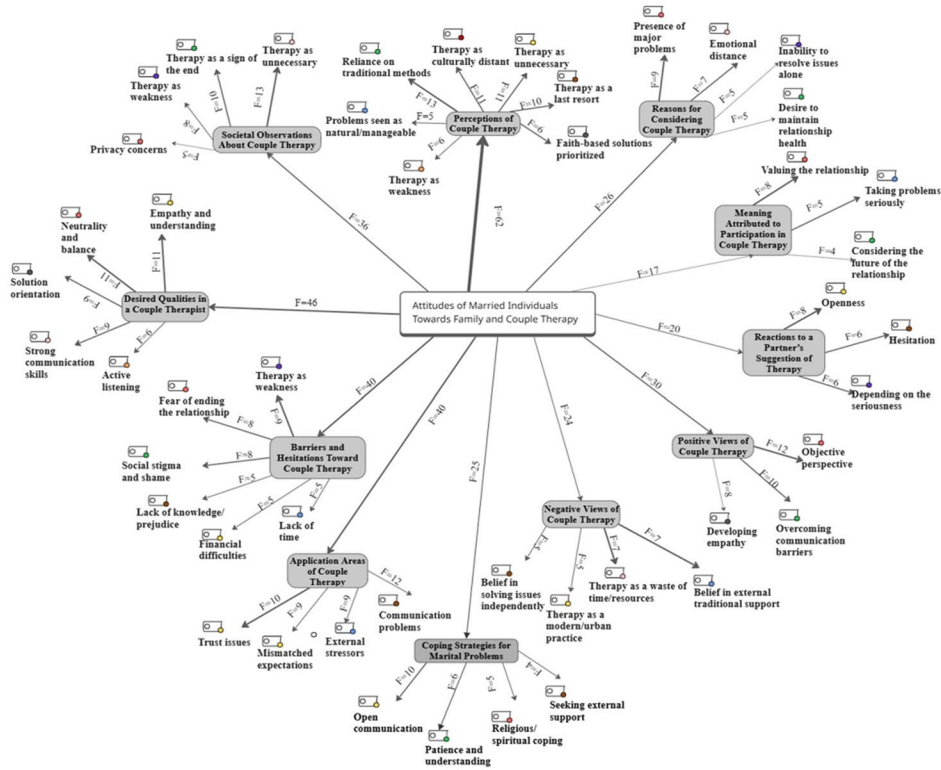
contexts shape their help-seeking behaviors. By contextualizing the questions within the theoretical framework and relevant literature, the study ensured that the semi-structured interview questions effectively reflected the cultural nuances and individual perceptions underlying the research objectives. Please refer to [Appendix A](#) for the demographic questions addressed to participants and to [Appendix B](#) for the semi-structured interview questions.

Approval was obtained from the ethics committee of the relevant university for the research (Approval No: 49/05, 03.07.2025). Prior to the interviews, participants were informed about the purpose, scope, potential benefits, and risks of the research, and they provided informed consent based on their voluntary participation. The principle of confidentiality was strictly maintained throughout the process, and participants were assured that the data collected would be used solely for academic purposes.

In addition to demographic questions (age, occupation, duration of marriage, duration of premarital relationships, previous therapy experience), the interviews included open-ended questions aimed at measuring perceptions, attitudes, and motivation toward therapy. Each interview lasted approximately 15–20 min and was conducted face-to-face. Audio recordings were taken with the participants' consent for analysis.

### **Data Analysis**

The data were analyzed using the thematic analysis method, a qualitative technique used to identify, analyze, and report patterns (Clarke & Braun, 2014). This analysis method is particularly well-suited to qualitative research that aims to thoroughly explore complex phenomena in depth, as it yields rich descriptive insights based on participants' perspectives. The analysis process consisted of the following stages: The audio recordings were transcribed verbatim and then transferred to the MAXQDA 2025 program for systematic coding. The interview transcripts were carefully read, and meaningful text units were extracted and labeled with initial codes. The codes were then categorized according to similarities and differences. The categories were grouped under general themes reflecting the main aspects of the participants' views on therapy. These themes were consistent with the research questions and provided a comprehensive overview of attitudes toward therapy. The themes were interpreted within the broader framework of family therapy and help-seeking behavior in Turkish society. MAXQDA 2025 was utilized for coding and creating thematic maps. (Please see [Figure 1](#)) The creation of this figure enabled a systematic and structured approach to the data, making the results both transparent and interpretable. Two strategies were applied to ensure the reliability of the research. First, the interview transcripts were also analyzed



**Figure 1.** Examination of married individuals’ perceptions on family and couples therapy - MAXQDA Map. *Note.* Figure 1 shows the data created using MAXQDA Map (2025). Own work.

using ChatGPT-4o, and triangulation was achieved by finding that the themes obtained were largely consistent with those identified in MAXQDA. Second, an independent researcher coded the data in parallel. The inter-coder agreement rate, calculated using Miles and Huberman’s (1994) formula, was found to be 80%, indicating a high level of reliability.

**Trustworthiness**

To ensure the credibility of the study, the guidelines of Lincoln and Guba (1982) were adhered to. Credibility was assured through pilot interviews, triangulation (by comparing MAXQDA coding with AI-assisted coding), and the incorporation of direct participant quotes to reinforce the analysis. The themes were repeatedly reviewed and revised in line with participants’ feedback, ensuring that the study remained faithful to their perspectives and experiences. To ensure contextual depth, detailed demographic information about participants (age, occupation, marital status, etc.) was provided, making the findings transferable to similar contexts. Systematic documentation of all phases of the study, from data collection to analysis, resulted in a clear and repeatable process that assured

reliability. Transparency was maintained throughout the research process to ensure the validation of results. An independent researcher was involved in the coding and analysis process to minimize potential bias.

A significant challenge in qualitative research is managing potential biases introduced by the researchers. In this study, the researchers' own cultural backgrounds could have influenced the interpretation of the participants' responses. Several steps were taken to mitigate this. The research was subjected to peer review by colleagues from diverse cultural backgrounds, which helped to identify unconscious biases that could affect the interpretation of participants' views. As mentioned, an independent coder was incorporated into the thematic analysis. The agreement rate between the primary researcher and the independent coder was 80%, indicating that the findings were not overly influenced by the researchers' biases. Furthermore, to cross-check the data and ensure consistency of findings across different methodological approaches, a triangulation process was implemented using MAXQDA and AI-assisted coding. The combination of these strategies helped to reduce bias and enhance the reliability of the results.

## Findings

The responses obtained from semi-structured interview questions were analyzed to reveal the views of married individuals regarding family and couples therapy. In conclusion to the analysis, a total of 11 main themes and subcodes related to these themes were identified. Below are tables containing the subcodes for each theme, along with the corresponding participant statements.

Table 2 presents the strategies employed by married individuals to manage relationship difficulties. Participants stated that the methods they most frequently resorted to in problem solving were open communication, patience and understanding, religious-spiritual approaches, and seeking external support. Open communication was evaluated as a method that enables problems to be resolved directly before they escalate. Patience and understanding were emphasized as important methods for preventing

**Table 2.** Coping strategies for marital problems.

Codes	Example Quotations	Frequency (f)/15	Percentage (%)
Open communication	<i>"When we face a problem, we usually resolve it by openly talking to each other at home." (P5)</i>	10	67
Patience and understanding	<i>"I tend to be patient, and my spouse is mature and understanding, so problems do not escalate." (P1)</i>	6	40
Religious/spiritual coping	<i>"When I experience a problem, I pray and ask God for patience." (P8)</i>	5	33
Seeking external support	<i>"If a problem becomes too big, we consult our elders in the village. Their advice can help us." (P2)</i>	4	27

conflict. Religious orientations were defined by participants as a source of spiritual peace and strength. In addition, seeking external support from sources such as family elders and neighbors was adopted as an important method for resolving marital problems.

Table 3 reflects participants' perceptions of couples therapy. An examination of participants' statements reveals that couples therapy is perceived as culturally distant and unfamiliar when compared to traditional problem-solving methods. Therapy was considered a modern and urban practice, especially by individuals living in rural areas and attached to traditional values. Participants also emphasized that conflicts are a natural part of relationships and, therefore, therapy is seen as unnecessary or only a last resort during serious crises. Additionally, the perception of therapy as a sign of weakness or inadequacy is noteworthy; this suggests that professional help is often viewed through a stigmatizing lens.

Table 4 shows participants' views on the conditions under which couples therapy may be preferred. The analysis results provide the conclusion that therapy is generally considered when couples face serious problems that they cannot solve on their own. Emotional distance and mismatched expectations were also cited as reasons that could lead couples to seek therapy. Additionally, some participants expressed a desire to use therapy as a tool to preserve and strengthen their relationship. This finding

**Table 3.** Perceptions of couple therapy.

Codes	Example Quotations	Frequency (f)/15	Percentage (%)
Reliance on traditional methods	<i>"In our community, we don't have such things. Family and neighbours help solve problems." (P2)</i>	13	87
Therapy as culturally distant	<i>"Couple therapy seems like something for city people." (P1)</i>	11	73
Therapy as unnecessary	<i>"It feels unnecessary, since we can already solve our problems." (P2)</i>	11	73
Therapy as a last resort	<i>"Going to a therapist means the relationship is broken and it's a final attempt to fix it." (P7)</i>	10	67
Faith-based solutions prioritized	<i>"We always pray and trust God to resolve our problems." (P8)</i>	6	40
Therapy as a weakness	<i>"Going to a therapist means a couple is too incompetent to solve their own issues." (P12)</i>	6	40
Problems seen as natural/manageable	<i>"Disagreements are normal in marriage; we try not to exaggerate them." (P5)</i>	5	33

**Table 4.** Reasons for considering couple therapy.

Codes	Example Quotations	Frequency (f)/15	Percentage (%)
Presence of major problems	<i>"If we had a really big disagreement, we might consider a therapist." (P1)</i>	9	60
Emotional distance	<i>"If we no longer felt close emotionally, professional help might be needed." (P3)</i>	7	47
Inability to resolve issues alone	<i>"If we cannot solve a problem ourselves, then maybe we would get professional help." (P4)</i>	5	33
Desire to maintain relationship health	<i>"It's important to keep our relationship healthy, so sometimes outside help may be necessary." (P5)</i>	5	33

suggests that while a significant portion of participants view therapy as crisis-focused, others approach it with a more positive and growth-oriented perspective.

Table 5 reveals the meanings attributed to participation in couples therapy. Participants viewed therapy not only as an intervention method but also as a sign of valuing the relationship and taking responsibility for it. The therapy process was described as a reflection of the couple's willingness to address their problems seriously rather than ignoring them and their efforts to seek solutions. Seeking therapy was also seen as a concrete step taken by couples who value the future of their relationship and aim to build a healthy and sustainable partnership.

Table 6 presents the participants' attitudes toward their partners' suggestion of therapy. The findings reveal that participants generally responded to therapy with either openness or hesitation. Many participants emphasized that their willingness to seek therapy depended on the severity of the problem. Thus, rather than outright rejection or acceptance, participants demonstrated a flexible attitude, adjusting their stance according to the situation.

Table 7 demonstrates participants' positive views on couples therapy. Participants indicated that an objective perspective can have a positive influence on their relationship dynamics. They emphasized the potential role of therapy in enhancing communication, fostering empathy, and deepening mutual understanding. According to participants, therapy not only provides solutions to current problems but also strengthens the emotional bond between couples.

Table 8 reflects participants' negative views of couples therapy. Participants' statements reveal that, when compared to traditional problem-solving

**Table 5.** Meaning attributed to participation in couple therapy.

Codes	Example Quotations	Frequency (f)/15	Percentage (%)
Valuing the relationship	<i>"We value our marriage, so we take necessary steps to solve problems." (P3)</i>	8	53
Taking problems seriously	<i>"Couple therapy is an important step to recognize and fix issues." (P5)</i>	5	33
Considering the future of the relationship	<i>"We want a healthy future together, so we might go to therapy in difficult times." (P4)</i>	4	27

**Table 6.** Reactions to a partner's suggestion of therapy.

Codes	Example Quotations	Frequency (f)/15	Percentage (%)
Openness	<i>"If my spouse wanted to go to therapy, I would be open to it. It could make our relationship healthier." (P5)</i>	8	53
Hesitation	<i>"If my spouse suggested therapy, I might think about it, but I would hesitate because I am not used to it." (P8)</i>	6	40
Depending on the seriousness	<i>"If the problem was really serious, then yes. But for small issues, we solve them ourselves." (P8)</i>	6	40

**Table 7.** Positive views of couple therapy.

Codes	Example Quotations	Frequency (f)/15	Percentage (%)
Objective perspective	<i>"Sometimes an outsider's perspective can make a relationship healthier. A therapist provides objective guidance." (P3)</i>	12	80
Overcoming communication barriers	<i>"Couple therapy can help us improve communication and teach us better ways to talk." (P4)</i>	10	67
Developing empathy	<i>"Through therapy, we could learn to understand each other better. Empathy would benefit our relationship." (P5)</i>	8	53

**Table 8.** Negative views of couple therapy.

Codes	Example Quotations	Frequency (f)/15	Percentage (%)
Belief in external traditional support	<i>"If we have problems, we seek advice from elders in the village." (P2)</i>	7	47
Therapy as a waste of time/resources	<i>"Why go to a therapist for things we can solve ourselves? It seems like a waste." (P1)</i>	7	47
Therapy as a modern/urban practice	<i>"Couple therapy feels like something modern people do; in our community, no one cares about that." (P2)</i>	5	33
Belief in solving issues independently	<i>"We can resolve problems by talking. Therapy seems unnecessary." (P7)</i>	5	33

approaches, therapy is mostly perceived as unnecessary. Participants believe that family elders can help solve problems and often view professional therapy as a secondary or distant option. Especially in rural or low socioeconomic contexts, therapy has been viewed as an urban and modern practice that is disconnected from local cultural norms. Additionally, participants' self-confidence in solving their own problems has reduced the need for professional help. Some participants have also stated that therapy is a waste of both time and financial resources.

Table 9 provides an overview of participants' perceptions of areas where couples therapy may be effective. Participants identified communication problems, lack of trust, mismatched expectations, and the negative effects of external factors (such as work-related stress and environmental pressures) as areas where therapy could provide support. These findings suggest that participants are aware of therapy's potential to offer solutions for a wide range of relational difficulties.

Table 10 reveals the multidimensional structure of participants' hesitations and barriers to couples therapy. Many participants equated seeking therapy with weakness and interpreted seeking help as a sign of personal or relational inadequacy. Concerns that therapy could be the beginning of separation reinforced avoidance. Social stigma emerged as a significant deterrent, with participants expressing concerns about negative judgments from their social circles. A lack of information about the purpose and process of therapy increased uncertainty, while structural barriers, such as cost and time constraints, also limited access to therapy.

**Table 9.** Application areas of couple therapy.

Codes	Example Quotations	Frequency (f)/15	Percentage (%)
Communication problems	<i>"Sometimes our communication is weak; a therapist could help us." (P6)</i>	12	80
Trust issues	<i>"If we have trust problems, therapy could guide us to rebuild it." (P3)</i>	10	67
Mismatched expectations	<i>"When expectations don't align, therapy could help us find common ground." (P10)</i>	9	60
External stressors	<i>"Work stress or external pressures cause issues. A therapist could help us manage that." (P5)</i>	9	60

**Table 10.** Barriers and hesitations toward couple therapy.

Codes	Example Quotations	Frequency (f)/15	Percentage (%)
Therapy as weakness	<i>"Going to therapy feels like weakness. We try to solve problems ourselves." (P7)</i>	9	60
Fear of ending the relationship	<i>"Therapy feels like the beginning of the end, as if admitting the marriage is over." (P8)</i>	8	53
Social stigma and shame	<i>"I feel ashamed at the thought of going to therapy. People around me wouldn't approve." (P7)</i>	8	53
Lack of knowledge/prejudice	<i>"I don't really know how therapy helps, so I hesitate." (P8)</i>	5	33
Financial difficulties	<i>"Therapy would be financially difficult for us." (P4)</i>	5	33
Lack of time	<i>"With work and responsibilities, finding time for therapy is nearly impossible." (P5)</i>	5	33

**Table 11.** Desired qualities in a couple therapist.

Codes	Example Quotations	Frequency (f)/15	Percentage (%)
Empathy and understanding	<i>"A therapist should be empathetic and truly listen to us." (P9)</i>	11	73
Neutrality and balance	<i>"The therapist must stay neutral and give both partners equal space." (P3)</i>	11	73
Solution orientation	<i>"They should guide us with concrete steps toward a healthier relationship." (P8)</i>	9	60
Strong communication skills	<i>"Good communication from the therapist is key for us to feel understood." (P5)</i>	9	60
Active listening	<i>"Sometimes just being listened to can change everything." (P10)</i>	6	40

Table 11 presents the qualities that participants believe a couple therapist should possess. Participants emphasized empathy, understanding, and impartiality as the fundamental elements of effective therapy. A solution-focused approach was also considered important; participants stated that they expected concrete strategies for improving their relationships. Additionally, effective communication and active listening skills were emphasized as crucial elements for fostering a supportive and constructive therapeutic environment.

Table 12 demonstrates participants' social perceptions of couples therapy, revealing that these perceptions are largely shaped by negative judgments. Therapy is often equated with weakness, failure, or the end of the relationship, leading couples to avoid therapy due to their anxiety about

**Table 12.** Societal observations about couple therapy.

Codes	Example Quotations	Frequency (f)/15	Percentage (%)
Therapy as unnecessary	<i>"People think therapy is unnecessary. They say, 'Our relationship is fine.'" (P9)</i>	13	87
Therapy as a sign of the end	<i>"Many people think going to therapy means the marriage is over." (P3)</i>	10	67
Therapy as weakness	<i>"In society, going to therapy is seen as weakness, like your marriage has failed." (P7)</i>	8	53
Privacy concerns	<i>"Some believe personal issues should never be shared with outsiders." (P7)</i>	5	33

negative social reactions. In particular, the belief that personal problems should not be shared with others has contributed to the formation of strong resistance to therapy. Additionally, the widespread perception that relationship problems can and should be resolved through individual efforts has reinforced the idea that therapy is unnecessary.

## Discussion

This study employed qualitative research methods to investigate the attitudes, perceptions, and approaches of married individuals toward family and couple therapy. The interviews with the participants led to the conclusion that opinions regarding couples therapy are closely related to individual beliefs, marital experiences, social norms, and cultural context. When the findings of this study are evaluated in conjunction with the existing literature, it is observed that married individuals exhibit multidimensional, culturally intertwined, and predominantly traditional value-based tendencies toward individual and collective family and couples therapy.

During the research process, many participants described couples therapy as a practice that is "culturally distant" and "modern" from their own values. This perspective is particularly evident among older participants and those living in rural areas. These participants stated that they tend to resolve relational problems through the guidance of family elders or religious-spiritual methods. These findings, as noted in the studies by Çiftçi (2013) and Corrigan (2004), indicate that therapy is often perceived as unnecessary and a violation of family privacy in collectivist societies. Additionally, a significant portion of participants viewed couples therapy as a "last resort" to be sought only during serious crises. Similarly, studies by Doss et al. (2003) and Hubbard and Anderson (2022) find that couples are often unaware of the benefits of therapy and tend to seek it only after experiencing serious breakdowns in their relationships.

The study's findings also reveal that attitudes toward couples therapy may vary according to age, education level, and the length of marriage. In this context, it was observed that younger individuals, those with higher education levels, and those with relatively short marriage durations tended

to exhibit more open attitudes toward therapy. These participants viewed therapy not merely as a tool to address relational issues but also as a concrete step toward developing and maintaining healthy relationships. Moore's (2021) study also found that individuals open to relational development approached therapy more positively. Furthermore, the study revealed no significant difference in the approach to therapy between female and male participants. However, contrary to the findings of this study, studies conducted by Kılıçer et al. (2021) and Erdoğan and Delibaş (2020) reported findings indicating that women generally adopted a more active and constructive approach to couples therapy.

On the other hand, some participants stated that relationship problems were natural and that they did not need external support because there were no serious problems in their marriages. Similarly, a study conducted by Onsy and Amer (2014) in Egypt found that individuals who perceived their marriages as healthy had a very limited search for external support. This finding is important as it shows that couples view therapy as a problem-solving tool rather than a preventive and developmental resource.

Participants also expressed the qualities they believe an effective family and couples therapist should possess, including empathy, impartiality, a solution-focused approach, good listening skills, and strong communication skills. In line with this conclusion, Goldenberg et al. (2016) emphasize that the personal characteristics of the therapist are as important as the intervention methods used in the therapeutic process. Participants also mentioned the main benefits of couples therapy as improving communication, building trust, increasing empathy, and strengthening mutual understanding. These functions are supported by studies conducted by Lebow et al. (2012) and Halford et al. (2008), highlighting the relationship-strengthening aspects of couples therapy.

The study also identified several factors that limit individuals' willingness to seek therapy. These include lack of information, concerns about time and cost, fear of social stigma, privacy concerns, and misconceptions that therapy may harm the relationship. These findings suggest that individuals' approaches to couples therapy are shaped not only by personal needs but also by social norms, cultural beliefs, and relational dynamics.

## Conclusion

This study examined the attitudes, perceptions, and approaches of married individuals toward family and couples therapy in the Turkish context. The findings revealed that these attitudes are shaped by the complex interaction of individual beliefs, marital experiences, cultural traditions, and social norms. While some participants view therapy as a tool that enhances

communication, rebuilds trust, and supports relational development, others perceive it as unnecessary, culturally foreign, or merely a last resort to be sought during crisis periods.

Demographic differences are noteworthy: younger and educated participants were more open to therapy, while older and uneducated participants showed more resistance. However, significant barriers, such as fear of stigma, privacy concerns, a lack of information, economic difficulties, and time constraints, also emerged. Participants' responses generally emphasized the importance of the therapist's ability to empathize, maintain impartiality, focus on solutions, and communicate effectively.

### **Final Remarks**

In general, this study reveals that individuals' attitudes toward family and couples therapy are shaped not only by personal and relational needs but also significantly influenced by broader cultural and social norms. By making these dynamics visible, the research contributes to efforts aimed at reducing barriers to therapy access, encouraging the pursuit of professional help, and ultimately strengthening marital relationships and family structures in contemporary societies.

### **Implications of the Research**

The findings reveal various implications for both the theory and practice. Theoretically, the study emphasizes that attitudes toward therapy are shaped by the complex interaction of cultural norms and social values. In collectivist societies such as Turkey, marital problems are seen not only as an individual issue for the couple but as a problem that concerns the entire family. This situation coincides with "system theory," which suggests that relational problems should be addressed within the broader family dynamics. Including religious and spiritual coping mechanisms, which are often overlooked in Western models, can help clients feel more comfortable and undergo a culturally sensitive treatment process.

From a practical standpoint, therapists should be trained on the impact of family hierarchy, communitarian values, and religious practices on the process. To bridge the gap between traditional solutions and professional intervention, the involvement of family elders or religious leaders in the process may be considered. Also, since going to therapy can be perceived as a "failure" in society, awareness campaigns should be conducted emphasizing that therapy is a proactive tool that strengthens relationships. Additionally, by organizing MOOCs and online training programs for the public (Bulut et al., 2025) in the field of family and couples therapy,

knowledge and skills aimed at improving healthy communication, conflict resolution, emotional awareness, and relationship satisfaction can be made accessible to a wider range of people.

Furthermore, the high cost and inaccessibility of treatment, particularly in rural areas, pose a significant barrier to care. Therefore, free or subsidized community-based services should be promoted through collaboration between the government and civil society organizations. Therapy should be positioned not only as a solution sought during crises, but as a preventive and developmental tool (such as relationship education) sought before problems become entrenched. Moreover, therapist training and public education campaigns should be funded through state policies such as the “Year of the Family.”

### **Limitations**

Limited direct experience in therapy: The lack of previous therapy experience among most participants led to responses being shaped by assumptions.

Only individual perceptions: No data on interaction at the couple level was obtained.

Limited data collection methods: Data was collected solely through perceptions.

Researcher’s position: The researcher’s cultural background can influence the interpretation of data, as personal experiences, beliefs, and values are shaped by the researcher’s own cultural context, which can impact how they perceive and analyze information. Cultural differences can lead to participants’ responses, behaviors, or attitudes being interpreted in varying ways. The researcher may unintentionally incorporate their own cultural perspectives into the analysis process, potentially leading to a subjective understanding of the data. This may not fully align with the meanings participants intended to convey, particularly if the researcher’s cultural norms diverge substantially from those of the participants.

### **Future Research Directions**

Based on the limitations, future research should be conducted with larger and more diverse samples to identify differences between demographic groups. Comparative studies can examine how factors such as age, gender, educational level, marital duration, and rural–urban residence influence attitudes toward therapy. Mixed-method designs and cross-cultural comparisons will contribute to a deeper understanding of cultural differences in help-seeking behavior.

In addition, quantitative research can systematically examine these patterns; the development of standardized scales to measure attitudes toward

therapy, biases, knowledge levels, and help-seeking tendencies can support this process. Longitudinal studies, particularly in contexts of rapid social and cultural change, can reveal how attitudes toward therapy evolve over time.

## Disclosure Statement

No potential conflict of interest was reported by the author(s).

## Ethical Approval

Ethical approval was obtained from [University Ethics Committee] (Approval No: 49/05, 03.07.2025).

## Informed Consent

Informed consent has been obtained from all participants included in the study.

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## Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request. Data produced and/or analyzed in the study can be obtained from the relevant author upon reasonable request.

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## Appendix A

### Demographic Questions

1. What is your name and surname?
2. What is your gender?
3. May I ask your age?
4. What is your marital status?
5. How many years have you been married?
6. Could you tell me the duration of your relationship prior to marriage?
7. How would you describe your relationship with your spouse? Could you briefly explain in general terms?
8. When you experience a problem in your relationship with your spouse, how do you cope with it?
9. Have you previously had any experience with couples therapy?
10. (If yes: When did you attend? How long did you continue? What was your experience during this process? Do you think the process was beneficial?)

## Appendix B

### Semi-Structured Interview Questions

1. What do you know about family and couples therapy?
2. In your opinion, who seeks couples therapy?
3. What does being a couple who attends couples therapy mean to you?
4. What are your general thoughts about family and couples therapy?
5. In your view, what types of problems that occur in a relationship can family and couples therapy address?
6. How willing are you to start couples therapy? Do you think you have any reservations or barriers regarding this?
7. What do you think prevents people from seeking couples therapy? Based on your own experiences or observations, what have you noticed in your surroundings?
8. If your partner suggested attending family and couples therapy, how would you respond to this proposal? What would your thoughts be about seeking therapy?
9. Do you think the difficulties and conflicts you experience in your relationship can be resolved through therapy? To what extent do you think family and couples therapy could be effective in resolving problems in your relationship?
10. In your opinion, what factors contribute to change during the couples therapy process? Do you think couples can change and relationships can transform as a result of therapy?
11. What do you think might be the differences between couples therapy and individual therapy?
12. What kind of approach would you expect therapists to adopt when addressing relationship problems?
13. What qualities do you think a family and couples therapist should possess?
14. What are the common views about couples therapy in society, in your opinion? How do people around you perceive therapy?
15. Do you think there is prejudice or a negative perception toward therapy in society? Would such perceptions influence your decision to seek therapy?