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Belief in astrology and attitudes toward seeking professional psychological help: The role of age among young and middle adults

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Abstract

This study examined the relationships among Belief in Astrology, Attitudes toward Seeking Professional Psychological Help, and whether age moderates this relationship among young and middle adults in India using a quantitative, correlational, cross-sectional design. Belief in astrology was measured using the Belief in Astrology Scale, and help-seeking attitudes were assessed using the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form. The sample comprised 278 participants divided into young adults (18–28 years) and middle adults (29–44 years). A significant negative correlation was observed between belief in astrology and help-seeking attitudes. Significant age differences were found in belief in astrology, with middle adults scoring higher than young adults. Significant age differences were also observed in help-seeking attitudes, with young adults reporting more favourable attitudes than middle adults. Moderation analysis indicated that age did not significantly moderate the relationship between belief in astrology and help-seeking attitudes. The findings suggest that higher belief in astrology is associated with less favourable attitudes toward professional psychological help-seeking, although age does not alter the strength of this relationship.

Keywords: Belief In Astrology; Help-Seeking Attitudes; Young and Middle Adults; Age Moderation; Indian Context; Social Psychology

1. Introduction

Belief systems play an important role in shaping how individuals interpret psychological distress and decide whether to seek professional help. Human behaviour, including responses to emotional difficulties, is influenced not only by the presence of distress but also by cultural frameworks, personal beliefs, and socially shared explanations of life events [1, 2, 3]. In the Indian sociocultural context, astrology continues to function as a widely practised interpretative system through which individuals attempt to understand uncertainty, personal struggles, and future outcomes [4, 5]. Many individuals consult astrologers for guidance regarding important life decisions such as relationships, career choices, and health concerns, reflecting astrology's continued social legitimacy and cultural relevance [4]. At the same time, attitudes toward seeking professional psychological help are shaped by stigma, cultural beliefs, and perceptions of mental health services [3, 6].

Help-seeking behaviour is influenced not only by the severity of psychological distress but also by individuals' beliefs about mental illness and their perceptions of therapy. Research consistently demonstrates that attitudes toward professional psychological services are among the strongest predictors of help-seeking intentions and service utilisation [7]. Negative perceptions of therapy, concerns about stigma, and lack of awareness about mental health services may discourage individuals from seeking professional support even when they experience significant distress [3, 8].

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Consequently, many individuals rely on informal coping strategies, social networks, or culturally embedded belief systems when dealing with emotional difficulties.

In many cultural contexts, including India, explanations of distress often incorporate spiritual or supernatural interpretations alongside biomedical and psychological frameworks. Individuals may attribute emotional difficulties to fate, spiritual imbalance, or external influences, and such interpretations may influence the type of help they seek. Previous research indicates that individuals who attribute psychological difficulties to supernatural causes are more likely to seek guidance from religious leaders, astrologers, or traditional healers before consulting mental health professionals [6, 9]. These explanatory models can influence whether professional psychological services are perceived as necessary or appropriate.

Astrology represents one such culturally embedded belief system that offers explanations for life events and personal experiences. From a psychological perspective, belief in astrology has been linked to attributional styles and perceptions of control. Individuals who strongly endorse astrological explanations may attribute life outcomes to planetary influences rather than personal actions or situational factors. Such beliefs have been associated with an external locus of control, where individuals perceive events as determined by fate or external forces [10, 11]. In this sense, astrology may function as a framework for meaning-making, providing structure and reassurance during times of uncertainty [12, 13]. Within the Indian cultural context, astrology is often integrated into everyday decision-making and coping processes [5, 14].

While astrology may provide individuals with explanations and reassurance, it may also influence how people interpret personal difficulties and determine appropriate forms of support. Individuals who rely strongly on astrological explanations may turn to astrological consultations for guidance during challenging situations. However, it remains unclear whether belief in astrology discourages individuals from seeking professional psychological help or whether these belief systems coexist with modern mental health frameworks without necessarily influencing help-seeking attitudes. Empirical research examining the relationship between belief in astrology and attitudes toward seeking professional psychological help remains limited.

Another factor that may influence both belief in astrology and help-seeking attitudes is age. Generational differences often shape exposure to mental health awareness, cultural beliefs, and perceptions of psychological services. Younger adults today are increasingly exposed to discussions surrounding mental health through education, digital platforms, and public awareness initiatives. At the same time, astrology has also gained renewed popularity among younger generations through social media, online platforms, and astrology applications [15]. As a result, younger individuals may simultaneously engage with both psychological discourse and astrological belief systems.

Previous studies suggest that younger adults may demonstrate greater openness toward professional psychological services due to increasing awareness and changing societal attitudes toward therapy [16]. However, help-seeking behaviour may also be influenced by peer norms and social encouragement [17, 18]. In contrast, middle adults may rely more strongly on established cultural beliefs and traditional coping strategies when dealing with life challenges [19, 20]. Despite these differences, limited research has examined whether age influences the relationship between belief systems and attitudes toward seeking professional psychological help.

Although astrology has been examined as a cultural belief system and help-seeking behaviour has been widely studied in psychological research, these two areas have rarely been investigated together. Very few empirical studies have explored whether belief in astrology influences attitudes toward seeking professional psychological help, particularly within the Indian sociocultural context.

Therefore, the present study aims to examine the relationship between belief in astrology and attitudes toward seeking professional psychological help among young and middle adults. Additionally, the study explores whether age moderates the relationship between these variables, contributing to a more culturally informed understanding of mental health attitudes and help-seeking behaviour.

Objectives

- To examine the relationship between belief in astrology and attitudes toward seeking professional psychological help.
- To examine differences between young adults and middle adults in belief in astrology.
- To examine differences between young adults and middle adults in attitudes toward seeking professional psychological help.

- To examine whether age moderates the relationship between belief in astrology and attitudes toward seeking professional psychological help.

1.1. Hypotheses

- **H₁:** There will be a significant negative relationship between belief in astrology and attitudes toward seeking professional psychological help.
- **H₂:** There will be a significant difference between young adults and middle adults in belief in astrology.
- **H₃:** There will be a significant difference between young adults and middle adults in attitudes toward seeking professional psychological help.
- **H₄:** Age will significantly moderate the relationship between belief in astrology and attitudes toward seeking professional psychological help.

2. Methodology

2.1. Research

The present study adopts a quantitative, non-experimental, correlational, and cross-sectional research design with a moderational framework.

2.2. Sample

The present study included 278 young and middle-aged adults who were recruited using purposive sampling. Participants who fell within the defined age groups (18-44 years) and consented to participate were included in the study. Participation was voluntary, and respondents were informed about the purpose of the study before data collection. Demographic details such as age and gender were collected to understand the composition of the sample.

2.3. Instruments

- **Belief in Astrology Inventory (BAI):** The Belief in Astrology Inventory is a unidimensional 24-item scale developed by Chico and Lorenzo-Seva in 2006 to assess belief in astrology. It has 24 positive statements to which the participants must agree on a scale of 1 to 5, ranging from completely disagree to completely agree. Although all statements are positive, some of them are reverse-worded. The scale also uses reverse scoring, and the maximum score of the scale is 120. The internal consistency (alpha coefficient) of the scale was 0.93. Overall, the scale showcased very good internal consistency.
- **Attitudes Toward Seeking Professional Psychological Help Scale—Short Version (ATSPPH-SF):** The Attitudes Toward Seeking Professional Psychological Help Scale—Short Version (ATSPPH-SF) is derived from the original scale, consisting of 29 items to improve its psychometric properties. It was developed by Fisher and Turner in 1970 to assess the beliefs and willingness of individuals to seek help. ATSPPH-SF is a 10-item scale, where participants answer on a 0 to 3 Likert scale, ranging from Disagree to Agree. The maximum score of the scale is 30. The internal consistency of the scale was 0.84. The ATSPPH-SF had shown evidence of adequate internal consistency reliability and convergent validity [21].

2.4. Procedure

An information sheet that included information about the purpose of the study, qualifications and contact information of the author and supervisor, inclusion criteria, a section about confidentiality, and potential risks and benefits was given to participants. The survey, created on Google Forms, included a mandatory informed consent checkbox and was structured in the following order: demographics, BAI, and ATPPHS-SF to reduce priming effects. Only those who gave their consent were allowed to proceed with the study. After consenting to the study, the participants were asked about their initials, age group they belonged to, gender, city of residence, socio-economic status, educational attainment, and work status. Following this, the participants responded to items on both the scales and their responses were recorded.

2.5. Data Analysis

Data analysis was conducted using Jamovi statistical software. Descriptive statistics were first calculated to examine the distribution of the study variables. Spearman's rank-order correlation analysis was then conducted to examine the relationship between belief in astrology and attitudes toward seeking professional psychological help.

Additionally, independent samples t-tests were conducted to examine differences between young adults (18–28 years) and middle adults (29–44 years). A moderation analysis using regression was also performed to determine whether age

group moderates the relationship between belief in astrology and attitudes toward seeking professional psychological help.

2.6. Ethical Considerations

The study followed standard ethical guidelines for research. Participants were provided with an information sheet explaining the study's purpose and their right to withdraw at any time without penalty. Informed consent was obtained electronically before any data was collected. To ensure anonymity, no personally identifiable information was recorded. All data were stored on a secure, password-protected drive to maintain confidentiality. The study involved no deception or risk of harm, and all results were reported honestly to maintain research integrity.

3. Results

The study had 278 total participants, out of which 143 participants belonged to the young adults (18-28) age group and 135 participants belonged to the middle adults (29-44) age group. All the participants were from Indian urban cities including Ahmedabad, Delhi, Mumbai and Bengaluru.

3.1. Descriptive Statistics

Table 1 Descriptive Statistics and Normality Tests for Study Variables

Variable	M	SD	Min	Max	Shapiro-Wilk	P
Astrology	68.90	22.30	24	108	0.932	< 0.001
Help-Seeking	16.30	7.74	0	30	0.946	< 0.001

Note: N = 278. All p-values are based on the Shapiro-Wilk test for normality. $p < 0.05$ indicates a significant deviation from normality.

Descriptive statistics were computed to summarise the distributional characteristics of the study variables, namely belief in astrology and help-seeking attitudes. The analysis was based on data obtained from 278 participants, with complete responses for both variables. The mean, standard deviation, range, and normality statistics are presented in Table 1.

The results indicated that the mean score for Belief in Astrology was $M = 68.90$ ($SD = 22.30$), suggesting a moderately high endorsement of astrological beliefs among participants. The mean score for Help-Seeking Attitudes was $M = 16.30$ ($SD = 7.74$), reflecting a moderate tendency to seek professional psychological help.

To assess the assumption of normality, the Shapiro-Wilk test was conducted for each variable. The results showed significant departures from normality for both Belief in Astrology ($W = 0.932$, $p < 0.001$) and Help-Seeking Attitudes ($W = 0.946$, $p < 0.001$). Since p-values were less than 0.05 for all variables, the data violated the assumption of normality.

Although large sample sizes can mitigate the effects of non-normality through the Central Limit Theorem [22], the consistent significance across all variables warranted the use of non-parametric statistical tests for subsequent analyses. Therefore, Spearman's rank-order correlation (ρ) was employed to examine associations between the study variables, and further inferential analyses were performed using non-parametric approaches.

3.2. Correlational Analysis

Since the data violated the assumption of normality, Spearman's rank-order correlation (ρ) was used to examine the relationship between Belief in Astrology and attitudes toward seeking professional psychological help. This non-parametric test was chosen because it measures the strength and direction of a monotonic relationship between two variables without assuming normality [22].

Table 2 Correlation between Belief in Astrology and Attitudes Toward Seeking Professional Psychological Help

			Astrology	Help-Seeking
Spearman's rho	Astrology	Correlation Coefficient	1.000	- 0.378***
		Sig. (2-tailed)		0.000
		N	278	278
	Help-Seeking	Correlation Coefficient	-0.378***	1.000
		Sig. (2-tailed)	0.000	
		N	278	278

Note: *** $p < 0.001$

The results revealed a statistically significant negative correlation between Belief in Astrology and attitudes toward seeking professional psychological help, $\rho(276) = -0.38$, $p < 0.001$. This indicates that higher levels of belief in astrology are associated with lower tendencies to seek professional psychological help. The correlation coefficient of -0.38 represents a moderate monotonic relationship, suggesting a meaningful negative association between the two variables.

This finding aligns with the existing literature suggesting that supernatural or magico-religious beliefs are associated with help-seeking behaviours and pathways to care [6]. Previous research has shown that individuals who attribute mental health problems to supernatural causes, such as spirit intrusion, magico-religious influences, or astrological forces, are more likely to engage in alternative, non-professional forms of help (e.g., faith healers or rituals) and may delay or avoid seeking formal psychiatric or psychological treatment [9].

3.3. Independent Samples t-Tests

An independent samples t-test was conducted to examine differences between young adults (18–28 years) and middle adults (29–44 years) in Belief in Astrology and Attitudes Toward seeking professional psychological help.

Table 3 Independent Samples t-Test Comparing Young and Middle Adults on Belief in Astrology and Help-Seeking

Variable	Age Group	N	M	SD	T	df	p	Cohen's d
Astrology	18-28	143	64.90	20.86	- 3.09	270	0.002	- 0.37
	29-44	135	73.10	22.98				
Help-Seeking	18-28	143	19.20	5.22	6.68	216	< 0.001	0.81
	29-44	135	13.30	8.79				

Note: M = mean; SD = standard deviation; df reflects Welch's correction for unequal variances. Cohen's d represents effect size.

For Belief in Astrology, results indicated a statistically significant difference between age groups, Student's $t(276) = -3.10$, $p = 0.002$. Middle adults ($M = 73.10$, $SD = 22.98$) reported significantly higher levels of belief in astrology compared to young adults ($M = 64.90$, $SD = 20.86$). The effect size was small to moderate (Cohen's $d = -0.37$), suggesting a meaningful difference between the two age groups.

For Attitudes Toward Seeking Professional Psychological Help, Levene's test indicated a violation of the assumption of equal variances; therefore, Welch's t-test was conducted. The results revealed a statistically significant difference between age groups, Welch's $t(216) = 6.68$, $p < 0.001$. Young adults ($M = 19.20$, $SD = 5.22$) demonstrated significantly more favourable help-seeking attitudes compared to middle adults ($M = 13.30$, $SD = 8.79$). The effect size was large (Cohen's $d = 0.81$), indicating a substantial difference between the two groups. Overall, the findings suggest that middle adults tend to hold stronger astrological beliefs, whereas young adults exhibit more positive attitudes toward seeking professional psychological help.

3.4. Moderation Analysis

A moderation analysis was conducted using multiple regression to examine whether age group (18–28 vs. 29–44) moderates the relationship between belief in astrology and attitudes toward seeking professional psychological help.

Table 4 Model Summary for Moderation Analysis Examining Age Group as a Moderator

R	R ²	F	df1	df2	P
0.462	0.214	24.08	3	274	< 0.001

Note: N = 278

Table 5 Regression Coefficients for Moderation Model Examining Age Group as a Moderator

Predictor	B	SE	t	P	LLCI	ULCI
Intercept	22.42	1.89	11.85	< 0.001	18.69	26.14
Belief in Astrology	- 0.05	0.03	- 1.81	0.072	- 0.11	0.00
Age Group (29-44 vs. 18-28)	- 0.29	2.74	- 0.11	0.917	- 5.69	5.11
Astrology x Age Group	- 0.07	0.04	- 1.85	0.065	- 0.15	0.00

Note: Dependent variable: attitudes toward seeking professional psychological help. Age group was coded as 0 = 18–28 and 1 = 29–44. B = unstandardized coefficient; SE = standard error; LLCI = lower limit of the 95% confidence interval; ULCI = upper limit of the 95% confidence interval.

The overall model was statistically significant, $F(3, 274) = 24.08$, $p < 0.001$, explaining approximately 21.4% of the variance in help-seeking attitudes ($R^2 = 0.214$).

Belief in astrology did not significantly predict attitudes toward seeking professional psychological help ($B = -0.05$, $SE = 0.03$, $t = -1.81$, $p = 0.072$, 95% CI [-0.11, 0.00]). Similarly, age group (coded as 0 = 18–28 and 1 = 29–44) ($B = -0.29$, $SE = 2.74$, $t = -0.11$, $p = 0.917$, 95% CI [-5.69, 5.11]) was not a significant predictor of help-seeking attitudes.

Importantly, the interaction term between belief in astrology and age group was not statistically significant ($B = -0.07$, $SE = 0.04$, $t = -1.85$, $p = 0.065$, 95% CI [-0.15, 0.00]). This indicates that the relationship between belief in astrology and attitudes toward seeking professional psychological help does not significantly differ across young and middle adults.

Overall, the findings suggest that age group does not meaningfully alter the association between belief in astrology and professional psychological help-seeking attitudes within the present sample.

4. Discussion

The results revealed a significant negative correlation between belief in astrology and attitudes toward seeking professional help (Spearman's $\rho = -0.378$, $p < 0.001$), suggesting that as endorsement of astrological frameworks increases, openness to clinical intervention decreases. This relationship is best understood through the lens of locus of control theory, where astrology's emphasis on cosmic influence aligns with an external orientation [23]. Individuals who view their life path as pre-determined by celestial forces may feel a reduced sense of personal agency, making them less likely to engage in proactive, self-directed coping strategies like psychotherapy [24]. While the moderate strength of this link indicates that factors such as social stigma and mental health literacy are also at play [25], astrology remains a significant cultural lens through which individuals interpret psychological distress [3].

Clear generational gaps also emerged in this study, as middle adults (29–44 years) reported significantly higher belief in astrology ($M = 73.10$) than young adults ($M = 64.90$, $p = 0.002$). This could be due to middle adults facing complex life transitions where structured, deterministic belief systems provide a sense of order and predictability [26, 27]. Conversely, young adults (18–28 years) displayed far more favorable help-seeking attitudes ($M = 19.20$) compared to middle adults ($M = 13.30$, $p < 0.001$). This large effect size (Cohen's $d = 0.81$) likely reflects the impact of modern mental health awareness campaigns and reduced stigma among younger Indians [25].

Interestingly, the moderation analysis was not statistically significant ($p = 0.065$), showing that age does not fundamentally change how astrology impacts help-seeking. Even though middle adults believe in astrology more, the "astrology effect" acts as a consistent barrier to professional care for both age groups. This stability suggests that the underlying cognitive reliance on external explanations operates similarly across adulthood. Ultimately, by connecting these variables within an Indian context, the study highlights how culturally embedded systems, which are often studied in isolation actually interact to influence professional mental health pathways [11, 21].

4.1. Implications

The findings of this study carry important theoretical and practical implications. Theoretically, the results extend existing help-seeking research by demonstrating that culturally embedded belief systems, such as astrology, may be associated with attitudes toward seeking professional psychological help. This highlights the importance of incorporating culturally rooted explanatory frameworks into contemporary psychological models of help-seeking, particularly within non-Western contexts like India. Practically, the findings suggest that mental health awareness initiatives may benefit from acknowledging culturally prevalent belief systems rather than dismissing them outright. Understanding how beliefs in astrology may shape individuals' perceptions of distress, control, or coping can assist mental health professionals in designing culturally sensitive psychoeducation and outreach programs. Furthermore, the observed age-based differences in help-seeking attitudes indicate that awareness and engagement strategies may need to be tailored differently for younger and middle-aged adults in order to promote greater acceptance of professional psychological services.

4.2. Limitations

Despite its contributions, the present study has several limitations. First, the cross-sectional design limits causal interpretation, as the findings indicate associations but do not establish whether belief in astrology directly influences attitudes toward seeking professional psychological help. Second, the use of self-report measures may introduce response biases, including social desirability and subjective interpretation of questionnaire items. Third, the sample was obtained using purposive sampling and consisted primarily of individuals aged 18–44 residing in urban areas, which may limit the generalizability of the findings to rural populations or other age groups. Finally, while age was examined as a moderating variable, other potentially relevant factors such as education level, religious orientation, socioeconomic status, and mental health literacy were not included and may also influence the relationship between cultural beliefs and help-seeking attitudes.

5. Conclusion

The results of this study indicate that belief in astrology is significantly and negatively associated with attitudes toward seeking professional psychological help, suggesting that individuals who more strongly endorse astrological beliefs tend to report less favourable attitudes toward seeking formal mental health support. In addition, significant age differences were observed: middle adults reported higher levels of belief in astrology, whereas young adults demonstrated more positive attitudes toward seeking professional psychological help.

However, age did not significantly moderate the relationship between belief in astrology and help-seeking attitudes. This suggests that although generational differences exist in the overall levels of these variables, the negative association between astrology belief and professional help-seeking remains relatively stable across adulthood.

Overall, the findings emphasise the importance of considering culturally embedded belief systems when examining mental health attitudes and provide a more culturally grounded understanding of help-seeking behaviour within the Indian context.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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