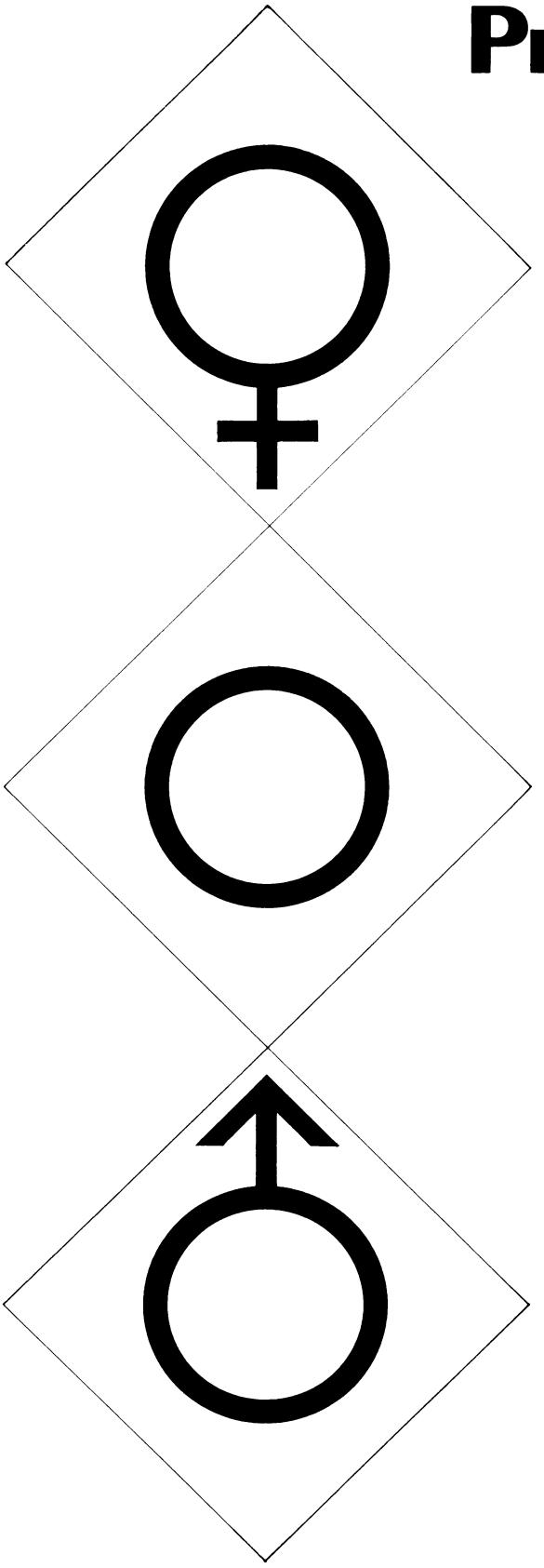

Premarital Counseling in California

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Premarital counseling is required in California, which in November 1970 became the first and only State in the country to require such counseling for teenagers (under 18) before a marriage license will be issued. The County of Los Angeles Health Department was the first health department to include this type of counseling as part of its health delivery system.

The health department social workers use their knowledge and expertise, gained from crises intervention (*1*), to work with teenagers who want to marry. The following account of a young couple who came to the department's El Monte Health Center illustrates the counselor's preventive approach in working with these teenage couples.

A young white couple, the boy 16 and the girl 15, lived together in California for more than a year before they decided to get married. They were devoted to one another and had sound plans for their future, especially about continuing their education. The boy was working and going to school part time.

In an interview with a premarital counselor, the girl said that she loved the boy and had intercourse with him, but always did so to please him rather than because of any enjoyment she derived from it. After questioning the girl further, the counselor learned that she had been raped when she was 12 years old and was now frigid. The counselor directed the girl to a private psychiatrist. She emphasized the need of individual help for the girl. At the same time she tried to reinforce the girl's devotion to the young man.

Background of Legislation

In January 1970, California Assemblyman James A. Hayes introduced a bill requiring minors (under 18 years of age) applying for a marriage license "to participate in premarital counseling concerning social, economic, and personal responsibility incident to marriage. . . ." This requirement was an addition to previous requirements for parental and court consent. Hayes' bill was adopted by the California Legislature, signed into law by Governor Reagan on July 10, 1970, and implemented on November 23.

Hayes' interest in teenage marriages and in the high percentage of failure among these marriages crystallized while he was conducting hearings on California divorce laws. He learned that of 90,000 couples who were divorced in 1969 in California, 40 percent were teenagers when they had wed, 30 percent had three or more children when they were divorced, and 80 percent had one child or more when they were divorced.

The hearings confirmed that teenagers who drop out of school to marry rarely return to school and that pregnancy occurs early for teenage brides, ending their hopes for careers or more education. The personal suffering and social problems that this situation creates have been well documented.

From these hearings came the Family Law Act, effective January 1970, which radically changed the divorce laws of the State from an adversary proceeding to one permitting the dissolution of a marriage.

Hayes was persuaded that if family breakdowns are to be prevented, counseling for teenagers before marriage might be of great value. Hence the bill that he presented. The counseling requirement of the bill is enforced at the discretion of a judge. The law permits professionals such as clinical social workers and marriage counselors, as well as the clergy, physicians, and lawyers, to offer premarital counseling. The law does not define what constitutes such counseling.

Social Agency Role

The Superior Court of California turned to the social agencies in the Los Angeles area for help in offering premarital counseling. This request was necessary because neither the legislation nor the court had provided for funding a staff for this service. The County of Los Angeles Health Department, through its bureau director of social work, Mrs. Patricia Dear, was one of the first agencies to respond to the court's request by making its social work staff available for the service.

That the County of Los Angeles Health Department was among the first to realize the importance of this legislation for preventive health services was not unusual. We had long offered prenatal services to large numbers of women, many of them teenagers, and from this experience we had learned the health risks to mother and child. We knew that premarital counseling could be a service to a young couple who needed information and advice on important matters before problems arose rather than after they developed. Gilbert and Becky are a case in point.

Gilbert, 19, and Becky, 17, had been courting for 1 year. Gilbert earns $125 a week as a machinist; he is very ambitious and has many outside interests. Gilbert is Mexican-American, and Becky is Anglo-American. Becky is not pregnant.

The counseling session at the El Monte Health Center got around to children and birth control. Becky insisted that she did not want to use contraceptives; Gilbert did not have any objection to using them. Becky said she "didn't believe in it." She said she had no personal or religious beliefs against family planning. She did not regard contraceptives as injurious or dangerous to health. She considered them effective in controlling pregnancy but still "didn't believe in it."

The counselor anticipated the couple's future in simple arithmetical terms. Becky, at 17, had approximately 33 years of fertility ahead. Possibly she could have 33 children. If she became pregnant only half of the time, she might have 16 or 17 chil-

dren. At this point Gilbert had "turned white," and a heated discussion followed. It developed that Becky wanted to become pregnant immediately, and that was why she didn't believe in birth control. The couple agreed on two or three children, but Gilbert insisted that the family should not be started for a year. He is involved in drag racing on weekends, and it is important to him that he be free to do this at will.

The meaning of an immediate pregnancy was explored. As each of the young people shared with the other his hopes and dreams, a compromise was worked out. They decided to wait 6 months before attempting pregnancy, and they were referred to a family planning program.

Many teenagers see marriage as a solution to an untenable home situation. Their unplanned pregnancies are the accidental outcome of sexual relations that reflect not only mutual love but also a need for attention and a search for alternatives to loneliness and the feeling of isolation (*2*).

Premarital Counseling Model

Few guidelines are available for premarital counseling. A public health model calls for primary prevention (that is, for measures like inoculations to prevent disease); for secondary prevention through casefinding, diagnosis, and treatment; and for tertiary prevention, which is largely concerned with rehabilitation.

For primary prevention we discuss family life, budget management, education in sex and family planning, and recreation. Casefinding is obvious in terms of treatment and referral for service to the various facilities in the health department. Rehabilitation concerns people who require a specific service. With this basic theoretical approach, we began to develop our model of what premarital counseling should comprise.

The department held 10 seminars for licensed clinical social workers who would be counseling the young people. We emphasized adolescence and the stresses and strains in today's society that make this period in life even more tumultuous than it used to be. We included topics on the anatomy of sex and reproduction because our experience in prenatal clinics with the unwed teenager showed how sadly lacking she is in accurate information about sex. Other topics were human sexuality, sociocultural factors and their impact on marriage, and the use of leisure time. We also reviewed the techniques of interviewing.

The seminars clarified other theoretical considerations. We saw premarital counseling as anticipatory guidance on the problems that all couples face: the stresses and strains of a boy and a girl learning to live together, the importance of communication between them, the sharing of feelings, and the changes in their life styles that the marriage evokes.

We saw that in some ways premarital counseling could follow the knowledge and expertise gained from crisis intervention (*1*). Not that marriage should be seen as a crisis, but many couples experience premarital counseling as a crisis. They had planned their wedding, sent out invitations, and had gone to the marriage license bureau only to learn that they must have evidence of premarital counseling before their request for a license would be considered.

The undertaking of marriage, as most people know, is an emotionally hazardous situation, and an emotional disturbance of this kind is one determinant of a crisis. As Selby (*3*) has said, "Crisis is not an illness nor is it to be equated with psychopathology, although it may be superimposed on psychopathology." A crisis may be a new situation or a transition in roles; it is always a challenge that carries with it a mixture of anxiety and hope.

We view a couple's request for marriage as a challenge to them, accompanied by some anxiety and much hope. We see it as our opportunity to intervene by mobilizing the strength of the couple for problem solving by addressing ourselves to their cognitive understanding of marriage and its implications and responsibilities.

From these considerations we evolved a model for counseling that calls for three sessions with the couple. During the first session the counselor sees the young couple together. She obtains information about their backgrounds and finds out why they have decided to marry at this time; she asks what plans they have for work, school, children, and living arrangements. She assesses the couple's ego strengths, their patterns of communicating with each other, and their hopes and mutual feelings for one another.

During the second session the counselor interviews each teenager alone to assess individual weaknesses and strengths in greater depth. Then she brings the couple together again and discusses matters that have come up in the individual sessions—always with the individual's consent—emphasizing for the couple the importance of communication and honesty between them.

Teenagers seen at the Southwest Health Center, City of Los Angeles, are predominantly black

In the final session the couple and their parents meet with the counselor. During this session the couple's plans for living arrangements and their plans and hopes for the future are reviewed. Many parents attend these sessions, and many have approved the early marriage. Most parents express gratitude at being involved in the interview, indicating that frequently this meeting is the first time they have been able to speak with their children about their marriage plans. Most parents have expressed the wish that such counseling had been available to them when they were married.

The couples and their parents have found most helpful the discussions concerning family planning, spacing of children, raising of children, and the importance of sharing in decision making. Our model, or theoretical framework, has been reinforced by the third session many times over. Including the parents was based on our understanding of the importance of contact with members of the family. In beginning a marriage, we feel that the couple should have resources beyond themselves available in times of need. Bringing the parents into the premarital counseling process is a step in this direction. The young couple knows that their parents are available if they need them.

The three sessions, spaced 1 week apart if possible, total 4 or 5 hours of counseling. If a couple is eager to get a marriage license, we see them daily if we can. We base our model on the reality of the couple's hopes and plans and on their expectations in a marital role.

In 1938 Levy (*4*) wrote: "A healthy family is one that is able to work out its problems rather than one that is problem free." We want to help young couples understand that there will be stresses and strains in their marriage as well as satisfactions—that these are a part of all family life. The primary focus of our

Counselors at Los Angeles County's Florence-Firestone Health Center help a teenage population that is largely black and Mexican-American

counseling is education rather than treatment. It is designed to teach attitudes and behavior. If individual counseling is needed, we make the necessary referrals.

The Counselor's Role

The counselor must let the young couple know that she is there not to prevent their marriage but to carry out a legal requirement of the State which may help them understand marriage better. The counselor must be honest and direct and create an atmosphere of acceptance and freedom—requirements no different from those expected of any other counselor. But she must emphasize one fact. In working with adolescents she must be "tuned in" to their hopes and plans for the future and not just to pathology. The counselor must listen and not force her ideas on the couple; she should act as a catalyst, a supporter, at times as a challenger, and as a frank information giver.

The counselor should emphasize at all times the strength of the couple rather than pathology, although she cannot deny its existence. If indicated, she will refer the couple for further counseling or more intensive care.

The marriage counselor needs to be particularly aware that in today's world, with its rapid change of mores and life styles, confusion abounds in what to expect of a marriage. The counselor's resourcefulness and flexibility are important. Her approach is a "here and now" one,

with the focus on the immediate plans of the couple, as shown in the following case example.

When Frank, 20, and Vivian, 15, went to the courthouse to pick up a marriage license, they were informed that premarital counseling was required. They contacted the Southwest Health Center, close to their home, and were given an appointment the following morning.

Frank is 6 feet tall, soft spoken, pensive. He is a high school graduate who lives with his parents and four siblings. He works full time with his father, who is a plaster contractor; his salary is $200 a month. Frank is on probation for wreckless and drunk driving. His probation period will be terminated in approximately 4 months.

Vivian is attractive and of average size. She seems to act impulsively when making decisions. She is expecting her first child in May. About the time she and Frank applied for a marriage license, she moved into the home of Frank's parents. She did not return to school after the Christmas vacation, but she planned to transfer to the program that was available for pregnant girls.

Vivian was reared mostly by her mother; her parents separated when she was 3 years old. Vivian does not know her father. He neither visits nor writes to her or her mother. Vivian has a younger sister and an older brother.

During an individual interview with Frank he expressed the feeling that he was being "coerced" into marriage. Frank's feelings did not crystallize until the counselor and he discussed what marriage meant to him and how their plans had developed. His mother and Vivian thought marriage was the ideal solution. Frank felt that Vivian's pregnancy was her way of forcing him to marry her. He had not told her so because he "did not want to hurt her." Frank's unreadiness for marriage and his strong feelings about being "tricked" were pointed out.

In the joint discussion Frank's feelings were revealed. The two realized that their marriage plans resulted from a hasty reaction to the pregnancy and that the important factors of mutual concern and respect for each other were missing. The couple decided not to go through with the marriage.

Instead, counseling at this point was directed toward plans for the baby. Vivian definitely wanted her child. During the first trimester abortion had been considered, but Vivian had not wanted an abortion. The roles of father and mother were discussed, and various ways of dealing with their situation were brought out.

Health Department Experience

The County of Los Angeles Health Department has 23 health centers located throughout the county. Each health center has a clinical social worker who does premarital counseling in addition to her other functions.

From November 25, 1970 (inception of the program), through December 1971, a total of 580 couples had been counseled. Of these couples, more than two-thirds were of minority groups: 43 percent were Mexican-Americans, 24 percent were blacks, 6 percent were mixed couples, and the remaining 27 percent were whites.

More than half of the girls were pregnant when they applied for a marriage license; some already had a child. Almost 80 percent of the girls were about 16 years old, and more than half of the boys were under 18, although a sizable number were over 21. Most of the boys were high school graduates; most girls were high school dropouts. Most couples had known each other for at least 1 year, and many much longer. In no instance did a couple just meet and decide to get married, so one can infer that these relationships had meaning.

Our couples have confirmed the fact that children who begin to date early or to "go steady" when they are 11, 12, or 13 years old tend to have early sexual experiences and to marry early. This fact, then, points to the need for sex education and to free and open provision of contraceptives to prevent unwanted conceptions. Moreover, it points to the greater necessity for providing social and economic opportunities that will enrich the lives of our young people and lift their aspirations beyond the immediate present.

Service Referrals

Referring the couples to other clinics and services in the health department is a most important and meaningful part of our program. The following case example shows that Richard and Shirley definitely needed these specialized services.

Richard and Shirley, 19 and 17, are a nice looking Negro couple. Richard talked freely and sincerely to the counselor at the Florence-Firestone Health Center, but Shirley had difficulty in expressing herself. She appeared to be preoccupied, and her eyes were half shut during the interview—as if she were sleepy or intoxicated with drugs. Their feelings toward each other, their attitudes toward marriage, the nature of the marriage, responsibility of marriage partners,

financial management, and so on, were discussed. Shirley was completely at a loss to know what to say. Both Richard and the counselor attempted to help her in verbalizing her feelings, but she said little.

Richard described himself as a scapegoat of the family, but he is a kindhearted man who has good, steady employment as a truckdriver. He said that he had never received recognition from his parents or his two older brothers. He expressed his deep sympathy for Shirley. He believed that she would be a good wife to him. He said that Shirley's mother had made every effort to keep Shirley in jail. He wanted to marry her so that the mother would not be able to have her arrested again.

Shirley was born out of wedlock, an unwanted child. Her mother introduced her to sexual relations with men at the age of 6. Unknown to her mother, she slept with her stepfather for 6 or 7 years, until the age of 13. She then had a son by her stepfather's brother. Since that time, because of her mother's accusations, she has been in and out of jail. Her son has been cared for by her mother since he was born.

Shirley is a confused, immature girl who suffers from a personality disorder. Her inability to relate to others and to assume a parental role indicate her unreadiness for marriage.

Richard was able to gain a good understanding of Shirley's behavior pattern and accepted her unreadiness for marriage. Furthermore, he indicated his willingness to help her in seeking the psychiatric treatment recommended by the counselor.

We advise all couples of the various services available in the County of Los Angeles Health Department and make specific referrals to the family planning service and prenatal and well baby clinics. Our ability to provide such resources to the couples is a preventive function (*5–7*). We can offer education and help to control conditions that potentially could hamper their social functioning.

Research and Evaluation

Part of the premarital counseling program in the health department is collecting data through a reporting form. The form is not a sophisticated research tool, but it gives us factual data about the couple's education, ages, beginning of dating, family backgrounds, and plans for living arrangements. We believe that the data are rich in information and useful in any evaluation of the program.

The University of Southern California School of Social Work has agreed to do a study of our premarital counseling program, under the direction of Dr. Barbara Solomon, professor of social work at the university. She plans to do an exploratory, descriptive study to identify those factors that have motivated a couple to seek premarital counseling from the health department, to determine the extent to which the counseled couples have health-related problems, and to determine whether the counseling has been of value to the couples. We are excited about this research.

Conclusion

Attempts have been made outside of California to offer premarital counseling, but this is the first time that such counseling has been made mandatory in a county as large as Los Angeles. In entering this uncharted territory of counseling, we have drawn on our experience with people who have faced the problems of marriage. We have developed a model offering guidance concerning problems that all people might anticipate.

We believe that our program is valuable, but both the model and its results will be evaluated by the research of USC. Certain findings have emerged before the research, however. Social health or a state of well-being is now accepted as an important aspect of health services. Marriage, despite its difficulties and a high divorce rate, is still a viable institution, and there is uniform agreement that the family in our culture is still the basic unit for rearing a child. If we can reduce some of the pain in early marriage and ease the strains that lead to early divorce and breakup of the family, with its harmful impact on the children, then premarital counseling is a most worthwhile endeavor. It is preventive health geared to a specific high-risk population—the teenager.

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