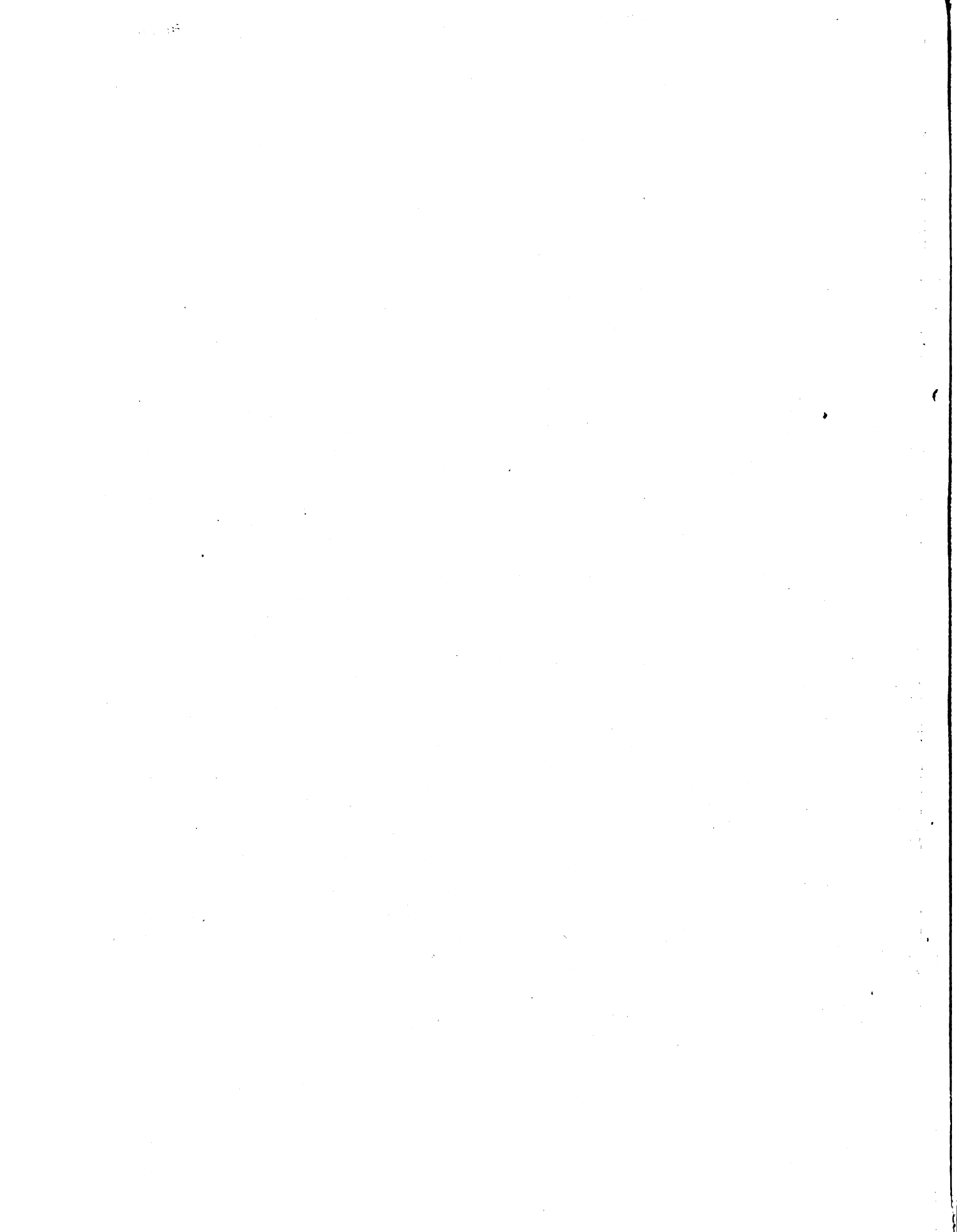


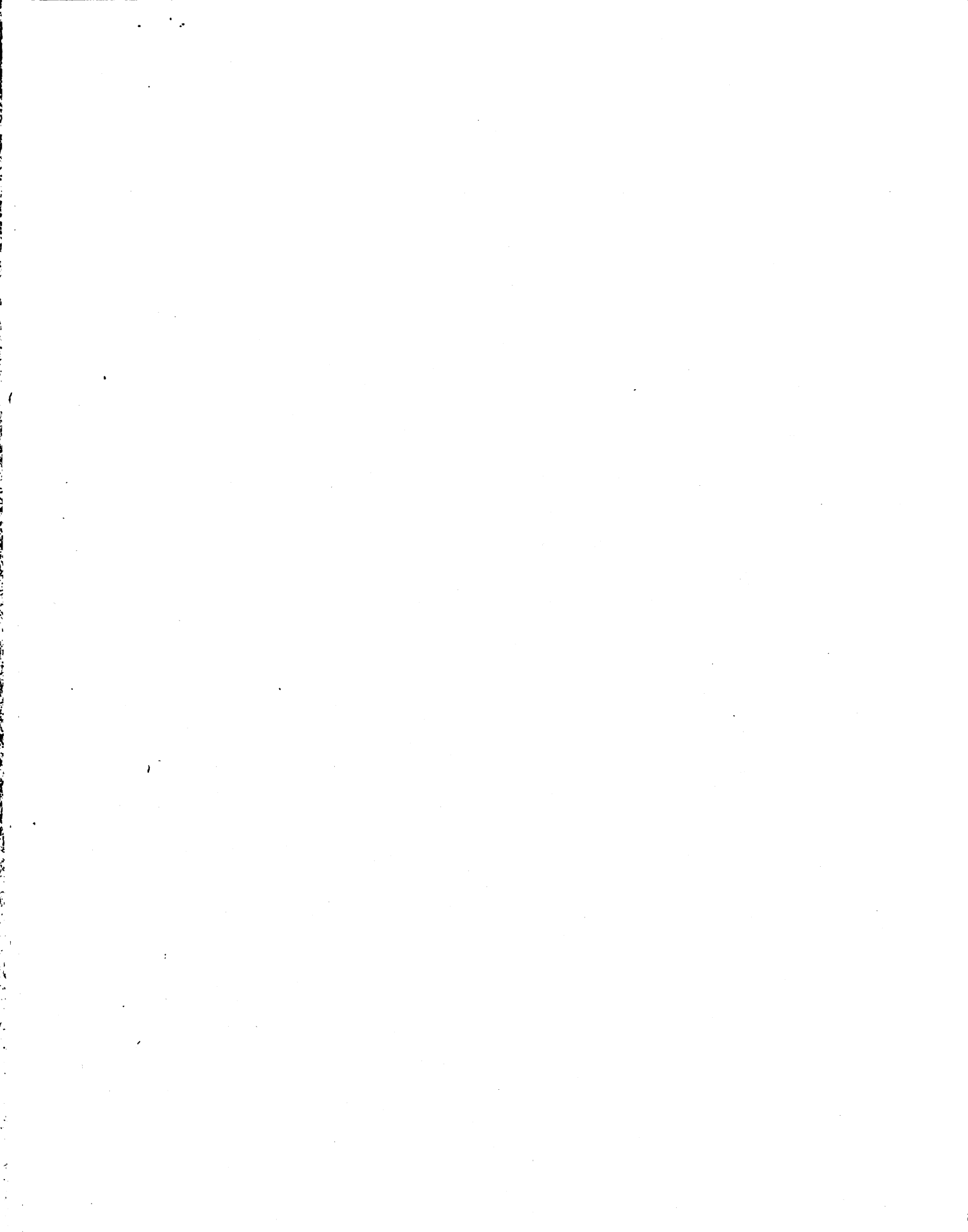
MARRIAGE COUNSELING IN THE
LANSING COMMUNITY

Thesis for the Degree of M. A.
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G. Roderick Youngs

1940





MARRIAGE COUNSELING
IN THE
LANSING COMMUNITY

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Preface

This study was undertaken during the summer of 1939 in the Sociology Department of Michigan State College. The preliminary outline was drawn up in consultation with Dr. Meyer Nimkoff, Professor of Sociology at Bucknell University, and Guest Professor at Michigan State that summer. The primary object of this study was to arrive at an estimate of the amount of counseling in the field of marital and premarital counseling in the Lansing community, and to determine which problems appeared most frequently in such counseling.

The author has long been interested in marital and premarital counseling, and has for two years been the director of marriage education and counseling at the local Young Men's Christian Association. In addition he has appeared before church groups and other organizations as a lecturer on marriage problems and preparation for marriage.

The author wishes to acknowledge his debt to the constant help of his wife; to Dr. Meyer Nimkoff of Bucknell University; to Dr. Robert Breakey, M.D., and Mrs. Breakey; to Dr. Harold Miller, M.D. Valuable

suggestions were received from Dr. Ernest Harper and Mr. Duane Gibson of the Sociology Department. The value of this study has been increased by the guidance given by my faculty sponsor, Dr. Charles R. Hoffer of the Sociology Department, Michigan State College.

G. Roderick Youngs.

Lansing, Michigan.

May 18, 1940.

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Chapter I

Introduction

A. The Growing Interest in Marital Counseling.

The growing volume of books, pamphlets, and magazine articles dealing with marriage and the family is an indication of a growing concern with the various problems in these fields. Along with the recent development of interest in these problems, existing facilities to meet them were modified, or new agencies developed. In previous civilizations the medicine man, the village sages, the priest, the philosopher, and the pastor were the wise men to whom the people of the community turned for advice. In primitive societies the adults prepared the adolescents for marriage and adult responsibility by means of initiation ceremonies and education. The activities of ministers, physicians, psychologists, psychiatrists, and sociologists in marital and premarital counseling is therefore nothing new. It is only with the growth of the Social Sciences that anything like a scientific approach to marriage and marriage problems has been made.

Various surveys of the remedial agencies dealing with the family and marital problems have been made. Some of these are published in books, pamphlets, and magazine articles. Among the important reviews of the agencies in the field is that by Ralph Bridgman, "Guidance for Marriage and Family Life", Annals of the American Academy of Political and Social Science, March, 1932. Another in the same issue is by Joanna Colcord, "Remedial Agencies Dealing with the American Family," The Journal of Social Hygiene, January, 1936, gives a list of Family Consultation Centers, and of references concerning these agencies, pp. 34-37. There were in 1936 some thirty two family consultation centers, most of which were located in the Eastern part of our country. How many are in existence today is unknown, since no survey similar to that in the Journal of Social Hygiene just referred to has been published since that time. The list there reported was limited to centers under the auspices of welfare societies, social hygiene associations, churches, and other incorporated institutions or organizations. No attempt was made to report those centers whose services can scarcely be differentiated from private practice.

The review of the remedial agencies by Bridgman,

mentioned above, is concerned largely with the approach to marriage problems of the various agencies dealing with these problems. He points out that the prevailing philosophy of guidance work is realistic in that it aims at the adjustment of the individuals concerned, and not at the preservation of existing institutions or forms. The trend is toward concentrating all contacts with each client in one worker. The general conclusion drawn by Bridgman is that in the long run and to most people, guidance for marriage and family life is going to be given by local professionals in social work, religion, medicine, law, and education, in whom the general public has confidence. His conclusion is very interesting in view of the fact that this survey is an attempt to discover what is being done in the field of marriage counseling in the Lansing area.

There are a few works dealing with the minister and the physician as marital counselors. Among these are Dexter, R., and E., THE MINISTER AND FAMILY TROUBLE, Harper's, 1938; Jacoby, G. W., PHYSICIAN, PASTOR, AND PATIENT, Harper's, 1936; Doheny, W. J., MARRIAGE CASES, Bruce, 1938; Dickinson, R. L., THE DOCTOR AS A MARRIAGE COUNSELOR, Williams and Wilkins, 1936. These and others are included in the bibliography.

These books and articles deal mainly with the type of services offered by the various agencies and professions, and give little information as to the frequency with which certain problems appear and little with respect to the amount of counseling actually being done. Katharine Davis in her book, *FACTORS IN THE SEX LIFE OF 2200 WOMEN*, and R. L. Dickinson and L. Beam in their book *ONE THOUSAND MARRIAGES*,¹ come the closest to giving data on the frequency with which problems appear in counseling. However, both studies are limited to women, the one of Davis being wider in scope than the field of marriage and that of Dickinson being the expansion of the case records of a gynecologist.

In brief, scientific data on the amount of counseling being done by various agencies throughout the United States is not available, as the scientific approach to counseling is comparatively recent, and such data have not been collected. In many cases accurate records are not kept, and so are not at the disposal of students.

B. The Purpose of this Study.

This study is an attempt to make a survey in metropolitan Lansing with respect to marriage counseling. The

metropolitan area includes East Lansing, Haslett, Okemos, Holt, and Dimondale. The population of this area is about 100,000. Lansing and its environs are in the northwest corner of Ingham County, Michigan, in the center of a good farming country. Lansing is a manufacturing community, its main industries being in the automotive field, though many others are also represented. Since Lansing is the State Capitol, many are employed in the various state and federal offices. East Lansing is chiefly known as the location of Michigan State College, and its main service area is Lansing.

There are many cultural advantages to those living in Lansing and its environs. Two libraries are in the city, one the property of the city, and the other being the State library. An excellent library is also open to the public at Michigan State College in East Lansing. There are several good music conservatories in addition to the music department of the college, three symphony orchestras, and two concert courses are available to those interested. Two lecture series are offered each year in the community. There are three hospitals in addition to the college health service, a Childrens' Center in charge of a psychiatrist, an isolation hospital for contagious diseases, a tuberculosis sana-

torium, and a maternal health clinic. The city also maintains a venereal disease clinic and a health service for indigent persons besides the city public health department. The religious needs of the citizens are met by nearly one hundred churches and other religious organizations, a community church in East Lansing, the YMCA, and the YWCA. All of the major denominations of Protestant Christianity are represented, and a large number of the minor church groups. Lansing is also the seat of a bishopric of the Roman Catholic Church.

This survey seeks to discover, as far as is possible, the amount of counseling being carried on in the Lansing area. The full amount of counseling in any given community can probably never be fully determined. Some counselors will be unwilling or unable, because of group regulations or tabus, to cooperate with this project. Also there is a certain amount of non-professional counseling, such as advice given by respected neighbors, midwives, practical nurses, Sunday School teachers, and relatives. This type of counseling cannot well be estimated. It is probable that some lawyers attempt to preserve marriages through counseling when their professional advice is sought concerning divorce; but when a lawyer is consulted with a view to the procurement of a divorce, the particular marriage situation is such

that little can be done to preserve the union.

This study then is limited to the more professional type of marriage counseling. It includes the physician, the minister, YMCA and YWCA secretaries, the Maternal Health League, the College Health Service, the Friend of the Court, Red Cross, Social Case Work Agencies, the Visiting Nurses, and the Children's Center.

The problem of course is not only the volume of counseling in a given community, but also its quality. The survey therefore seeks to determine also the preparation the counselor has had, or has obtained himself for marital counseling. Both experience and adequate scientific information are requisites for the good counselor.

This study seeks to determine which problems present themselves most frequently to the physician, to the minister, and to the other agencies concerned. It might be expected, for instance, that the physician would be largely concerned with problems of a medical or psycho-sexual nature, and that the minister would be concerned more with problems of a spiritual nature. But is the physician, for instance, counseling only within his field of specialization, or are people seeking spiritual advice from physicians? If it is true that the physicians' counsel is being sought on problems apart from his

specific training, then it is also true that the practice of medicine is wider in scope than the field of pure medicine. The purpose of this survey is to determine the actual situation in this community. In discovering which problems in the field of marriage loom as most important in actual practice, it is possible to place the proper emphasis in preparation for giving counsel.

C. The Methods Used in the Survey.

The questionnaire method was used in this project, and was supplemented with interviews where the latter were necessary. A copy of the two questionnaires is found in Appendix A. The attempt was made to obtain numerical results in as far as possible. Because these questionnaires were sent to busy professional people, they were made as brief as clarity and the needed information would allow. The form sent to the doctors was drawn up in consultation with a practicing physician, a urologist who was chairman of the State Medical Society Committee on Venereal Disease, Lecturer on Sex Hygiene in the school system of Lansing, and Lecturer on the Marriage Education Series at the YMCA.

While the questionnaire method was used in the survey, as being the most efficient means of obtaining information from busy professional people, it has also its disadvantages. The replies to a questionnaire are apt to be selective, and not representative, and as a rule are too brief for more than factual reporting. The factor of selectivity however, is of no particular disadvantage as far as this survey is concerned, since it is designed to discover what is being done in the community in the way of marital counseling. Because this study is a survey, the facility of contact offered by the questionnaire and the anonymity of the replies which induces a larger return, the use of the questionnaire as a fact-finding method was felt to be justified.

A word of explanation is necessary about the use of a rating system in question 5 because many doctors would not take time to thoroughly sift their files and compile numerical results. Most physicians are familiar with the system of grading employees, and use it as an estimate of frequency in other surveys. In this system the grades range from 0 to four plus. If the figure 0 is marked after a particular problem, it means that the doctor does not meet this problem in his practice. The figure plus-minus, ⁺-, means that the doctor does not meet the problem often enough to consider it significant.

When a problem is graded one or one plus, the doctor sees it frequently enough to consider it significant. The grade of two or two plus means that the problem is of average frequency and significance. The grade of three or three plus indicates that the problem is met frequently, while four or four plus indicate a very frequent occurrence of the problem in the doctor's practice. While a rating scale does not give absolute accuracy, the law of compensating error would operate here however, and the results be sufficiently accurate for the purposes of this study. Only simple analysis of the data is used in presenting material, since the data do not warrant the use of advanced treatment, nor is such treatment essential in this particular problem.

D. The Distribution of the Questionnaires.

The questionnaires to physicians were sent to the active members of the Ingham County Medical Society, and were restricted to include only those who practiced medicine for fees. The group was further limited to those doctors in the metropolitan area of Lansing as above defined. The resulting list of doctors contained one hundred and twenty one names. After the questionnaire

had been sent to this list it was discovered that several of these doctors could not be expected to reply because of their field of practice. A brief enumeration of these will show why they should have been excluded from the questionnaire. There were in this group eye, ear, nose and throat specialists, proctologists, ophthalmologists, radiologists, industrial surgeons, and a state medico-legal specialist. In all, the number was sixteen. Therefore replies were expected from one hundred and five doctors, while seventy two actually did reply, or 68.6%.

Five of the seventy two returned questionnaires were blank. Therefore the effective replies number sixty seven, or 63.8% of the replies that could be expected to the questionnaire. Whether the total number of replies that were received be considered, or only those who actually answered the questionnaire, we find approximately a two-thirds return, which was judged a sufficiently representative sample.

As a further test of the adequacy of this sample we might consider how many doctors in the various classifications answered the questionnaire as compared to the number in that same classification in the official roster of the American Medical Association, edition of 1938.

This information is given in the following table.

Table 1. Percentage of Physicians Replying
According to Field of Practice.

<u>Specialty</u>	<u>No. of Phys.</u>	<u>No. Replying</u>	<u>No. not Replying</u>	<u>Percentage Replying</u>
Gen. Pract.	60	43	17	71.6
Surgeons	16	7	9	48.7
Ob. & Gyn.	12	6	6	50
Pediatr.	6	3	3	50
Urolog.	4	3	1	75
Other Class.	7	5	2	71
<u>Totals</u>	<u>105</u>	<u>67</u>	<u>38</u>	

It will be noticed that only one of these groups has a percentage below 50%, namely the surgeons. The nature of a surgeon's work is such that for many physicians the only contact with patients is during the course of an operation, or during post-operative procedures. It seems then that we have a sufficiently high return to render the results trustworthy.

The questionnaires sent out to the ministers differed slightly from those sent to the doctors. No classification of the ministers was attempted since in general so few were found of each denomination that comparisons were not practical. A question concerning the types of service

the minister renders in his parish was substituted for the question on field of practice.

This questionnaire was also restricted to metropolitan Lansing as previously defined. It was sent only to active members of the Lansing Ministerial Association. The number who received questionnaires was sixty seven, and twenty four or 36% of the questionnaires were returned. Of the twenty four, only twenty answered the questions, or 29.8% of the questionnaires sent. This is a much lower figure than that for the physicians. Twenty of the ministers who did not reply the first time were contacted again, by personal interview or postal card. Of these nine refused to cooperate, and eleven reported that they did no counseling of any significance. Since most of the Catholic counseling is done in the confessional, it follows that the Catholic clergy would be among those not cooperating in this study. Among the others not cooperating were some ministers of extreme Fundamentalist persuasion, and some Lutheran pastors. These men do not cooperate with the program of the Ministerial Association either. It would seem then, that replies to the questionnaire were received from most of the ministers who are doing any amount of marital counseling, and that the results therefore represent the nature of the counseling being done by the ministers in the Lansing area.

The other agencies, such as the Social Service Bureau, the Maternal Health Clinic, the Friend of the Court, the Visiting Nurse Association, the Children's Center, the YMCA and the YWCA were all visited personally, and interviewed according to the scheme of the questionnaire. In this way results similar to the major part of the survey were obtained.

Chapter II
The Activities of Physicians in Marital
Counseling.

A. The Distribution of Physicians According to Specialty.

The replies of physicians were classified according to the nature of their practice. Those engaged in general practice were the largest group, forty three in number. The next group was designated as specialists, and it contained twenty members. The third group was designated in the schedule as "Other Classification." These men were also specialists, but their work is of such a nature that few would be expected to give counseling service. However, replies were received from seven, of which five were blank.

The specialists were further classified as surgeons, pediatricians, obstetricians and gynecologists, urologists, neurologists and psychiatrists. There are of course other kinds of medical specialties, but these are the main groups that would be likely to deal with marriage problems. It is of some interest to see how these specialists are classified numerically, and this is shown in Table 2.

Table 2. Distribution of Specialists
According to Specialty.

<u>Specialty</u>	<u>Number of Physicians.</u>
Surgeons	9
Pediatricians	3
Obst. & Gynecol.	6
Urologists	3
Neur. & Psych.	1
Dermatol.	1
<u>Pub. Health</u>	<u>1</u>
Total	24

Included in the group listed as "other classification" were two eye, ear, nose, and throat men, two ophthalmologists, two industrial surgeons, two public health doctors, and one proctologist.

B. The Number of Cases Seeking Marital Advice.

One of the first things that we are interested in learning is how many people are seeking the doctors' advice concerning problems in their marital life. We know that many today are not seeking such a remedy for their marital ills, but are turning to divorce as a way out

of their difficulty. The problem asked the doctors was, "How many persons consult you for marital advice?"

Only three of the sixty six doctors who replied to this question list no cases coming into their offices for help. Twenty four doctors list one to three cases a month, twenty doctors list four to six cases a month, sixteen physicians list seven to ten cases, and three doctors list eleven to fifteen cases per month. This gives an average for all doctors in the survey of 4.8 cases per month. Thus on an average, three hundred and twenty four people are seeking a doctor's counsel twelve months of the year. Over the span of a year approximately 3,888 individuals approach the physicians of the Lansing area with marriage problems, or 3.8 percent of the entire population. Seen in this light, the problem looms large indeed, and presents itself as one worthy of careful study.

Not only do the physicians see a considerable number of cases seeking marital advice, but they also spend much time in counseling these individuals who come to them. There were sixty seven doctors who replied to this question, and ^{only} six spent no appreciable time in this way, thirty one doctors spend one to three hours in counseling,

eighteen doctors spend four to six hours, four doctors spend seven to ten hours, five physicians spend eleven to fifteen hours, two spend sixteen to twenty hours, and one doctor spends an average of twenty one hours or more. This is an average of 4.6 hours per month for all doctors in the survey, and shows that they spend on an average almost one hour per patient per month. The data are summarized in tables 3 and 4.

Table 3. Average Number of Cases Per Month of Marital Counseling Met by Physicians.

<u>Average No. of Cases Per Month</u>	<u>No. of Physicians</u>
0	3
1-3	24
4-6	20
7-10	16
11-15	3

The detailed replies show that three physicians spent more than 11-15 hours in counseling, while none reported more than 11-15 cases of counseling a month. This indicates that some of the doctors spent more than an hour

in counseling for each case reported.

Table 4. Average Number of Hours Per Month Spent in Marital Counseling by Physicians.

<u>Average No. of</u> <u>Hours Per Month</u>	<u>No. of</u> <u>Physicians.</u>
0	6
1-3	21
4-6	18
7-10	4
11-15	5
16-20	2
21 plus	1

Included in the cases coming into the doctor's office are those who come for advice before marriage. In the questionnaire this question was separated from the question pertaining to married people so that there might be no ambiguity and no duplication of numbers. A question as to the effect of Michigan's premarital venereal disease examination on the numbers coming into the doctor's office for premarital advice was included in the schedule. The doctors were asked to give their opinion as to whether the law had increased the number who sought other advice, or whether the number had not increased.

When we turn to the data we find that twelve doctors list no cases of premarital advice per month, five doctors have an average of one case every two months, nine doctors have an average of one per month, three doctors have one and a half per month, eight physicians have an average of two a month, one doctor has two and a half per month, five doctors have three per month, seven have an average of three and a half cases per month, seven have an average of four cases, and four, five cases. One doctor reports six cases per month, one eight, and one nine, while three doctors have an average of ten cases per month. This gives an average for all doctors in the survey of 2.6 cases of premarital advice per month. This means that on an average one hundred and seventy four young people are seeking premarital advice per month, or approximately two thousand and ninety in a year's time.

Table 5. Average Number of Cases of Premarital Counseling Per Month for all Physicians in the Survey.

<u>Average No. of Cases Per Month</u>	<u>No. of Physicians</u>
0	12
Less than 1	5
1-2	21
3-4	19
5-6	5
7-8	1
9-10	4

Eleven doctors made no reply to the question concerning the effect of the premarital examination law. Of these eleven, only three equal or exceed the average number of 2.6 cases of premarital advice per month. As a group therefore they are probably not seeing enough people a month to express an opinion on this point, and probably do not see many to take the premarital test required by law in this state.

Twenty four doctors answer that in their opinion the law has not affected the number who come into their offices for premarital counsel. But as a whole these twenty four doctors have a group average of 1.9 cases a month. Because they are below the general average they

are definitely seeing less cases than other doctors, and therefore feel that the law has not had an effect on their practice.

Thirty two doctors answer that the law has increased the number of young people who seek other premarital advice. The average number of cases for these doctors is 3.3 per month. It thus appears that those who believe that the premarital examination law has had an influence in bringing young people to them for counsel, are seeing more of these young folks in their practice than those who do not believe that the law has had such an effect. A majority of the doctors who reply to this question believe that the law has increased the number who seek premarital counsel from the doctor.

C. The Doctor and Marriage Problems.

In this section we shall analyze briefly the problems suggested by the questionnaire, and those submitted by the doctors themselves. There were eleven specific problems mentioned in the questionnaire, and in addition a twelfth space in which the physicians could suggest problems not listed in the schedule.

Four doctors list no problems at all, one lists one problem, four doctors list two problems, ten list three problems, five list four problems, eight list five,

three list six and four list seven problems, nine doctors list eight problems and eight list nine problems, four list ten, three list eleven, and four doctors list all twelve problems. This gives an average for the entire group of six problems per doctor.

Table 6. Number of Problems Listed by Physicians.

Number of Problems	Number of Physicians
0	4
1-2	5
3-4	15
5-6	11
7-8	13
9-10	12
11-12	4

1. The specific problems the doctor was asked to grade were listed in question 9. The first of these problems was that of the technique of sexual intercourse. In asking the doctor to rate the frequency with which this problem appears in his practice, we have a more objective standard than the doctor's subjective opinion of the importance of the problem.

The data show that the doctors did not find the

problem of the technique of sexual intercourse to be a very important problem in their practice. Yet the problem appears frequently enough to warrant preparation for giving counsel.

Thirty seven doctors did not meet the problem at all in their practice. One doctor rates the problem plus-minus, an indication that although the problem is met, it is not seen frequently enough to count it significant. Sixteen doctors grade 1 plus, and therefore find the problem of significance in their practice. Seven of the physicians grade the problem 2 plus, indicating that it is of average frequency. Two doctors grade 3 plus, meeting the problem frequently. Four doctors grade 4 plus, showing that they meet this problem very often in their practice. It is interesting that the six doctors who meet the problem frequently or very frequently are all men in general practice, and five of the seven doctors who grade it of average frequency are also in general practice. It is apparently not a problem that comes frequently to the attention of the specialist.

Table 7. Frequency of Technique of Sexual Inter-
course as a Marital Problem as Rated by Physicians.

<u>Rating of Frequency</u>	<u>Number of Physicians</u>
0	37
+ —	1
1+	16
2+	7
3+	2
4+	4

2. The problem of the fear of sex. This was, of course, a very general question, and it was meant to be. The fear of pregnancy is often the basic fear of a whole complex that includes everything connected with sex. But Dr. R. L. Dickinson reports that out of two hundred and nineteen cases of fear of sex,¹ one hundred and forty six were sex repulsion, sixty three were fear of pregnancy, and ten were fear of venereal disease. However, his figures based on case records show that a more generalized type of fear of sex, usually resulting from childhood training and experiences, is more frequent than fear of pregnancy.

¹

Dickinson, R. L., and Beam, L., ONE THOUSAND MARRIAGES, Williams and Wilkins, Baltimore, 1931, p. 336. (Research study from medical case records of factors which affect marriage favorably or otherwise.)

The doctors in this survey also find that fear of sex enters as a marriage problem into their practice quite frequently. Twenty seven, or 40%, of the doctors in the survey meet the problem, though they do not rate it a very important one.

Forty doctors do not meet the problem in their practice, sixteen grade the problem one plus, eight grade two plus, one grades three plus, and two doctors grade four plus. These figures show that only eleven doctors, or 16%, rate the problem of fear of sex as average or more than average in frequency in their practice.

Table 8. Frequency of Fear of Sex as a Marital Problem as Rated by Physicians.

<u>Rating of Frequency</u>	<u>Number of Physicians</u>
0	40
1	16
2	8
3	1
4	2

3. The problem of contraception. This question seeks to determine how frequently the problem appears in the practice of the physician. No attempt was made to discover the reasons which impel married people to seek

contraceptive advice. Hamilton and MacGowan found that out of two hundred people in their study only nine had never used contraceptives, and the reason assigned for non-use was in each case sterility.¹ Davis in her study of 2200 women had a group of nine hundred and eighty five² who answered a questionnaire on birth control. Of the nine hundred and eighty five women, 74% admitted the use of contraceptives. The problem of contraception seems to be a very important and frequent one. What was found in our study?

Only six of the sixty seven doctors do not meet the problem at all in their practice. Two of the six who did not meet it are doctors in general practice, but they not only do not list this problem, they do not list any problem. Two of the six are pediatricians, so they naturally would not meet many cases of this kind. The other two are surgeons, and one of them is an industrial surgeon whose field of practice would not involve such cases. Thus for the six physicians who do not meet this problem we can assign good reasons why they do not encounter it in their practice.

Thirty one doctors grade the problem 4 plus, ten grade 3 plus, ten grade 2 plus, and ten grade 1 plus. It

1

Hamilton, G. V., and MacGowan, K., WHAT IS WRONG WITH MARRIAGE?, Boni, N.Y., 1930, p.98. (Summary of psychiatric study of 100 husbands and 100 wives.)

2

Davis, K.B., SEX FACTORS IN THE LIVES OF 2200 WOMEN, Harper's, N.Y., 1929, p.14.

is therefore evident that the majority of physicians in the survey find the problem of contraception a very important one. Almost one half of the doctors give this problem the highest possible grade, and fifty one doctors, or 76%, rate it as average or more than average in frequency of appearance in their practice.

Table 9. Rating of Frequency of Contraception as a Marital Problem by Physicians.

<u>Rating of Frequency</u>	<u>Number of Physicians</u>
0	6
1	10
2	10
3	10
4	31

4. The problem of masturbation. This problem was included in the questionnaire in order to obtain an estimate of the frequency with which the physician meets it in his practice. Dickinson does not believe that auto-erotic practices play a large role in the field of marital problems. He believes that auto-eroticism is a typical experience before marriage, but that its continuance in marriage is exceptional. ¹ That may be true; however, twenty five of the sixty seven physicians reporting in this study encountered the problem of masturbation in their practice. Slightly more than one third of the phy-

sicians replying met the problem frequently enough to consider it significant. Only four physicians graded it of average or more than average frequency. Therefore the data indicate that while a considerable number of physicians met the problem, not many found it to be very frequent in their practice.

Forty two of the sixty seven doctors did not meet the problem of masturbation and graded it 0, one doctor graded plus-minus, twenty rated it 1 plus, one graded 2 plus, one 3 plus, and two 4 plus.

Table 10. Rating of Frequency of Masturbation as a Marital Problem by Physicians.

<u>Rating of Frequency</u>	<u>Number of Phys.</u>
0	42
	1
1	20
2	1
3	1
4	2

5. The Problem of Menopausal Phenomena. Questions concerning the menarche appear quite frequently in the syndicated newspaper articles of Dr. William Brady. Books written on the sex life refer to it also. And with just ordinary observation of acquaintances one notices that

the menopause seems often to bring with it marital difficulties. Dr. W. J. Robinson in his book, WOMAN; HER SEX AND LOVE LIFE,¹ points out that the organic changes involved in the menopause frequently cause a temporary emotional and psychic instability, and then states that during this time the woman is in special need of sympathy and support from her husband. Since the menarche usually extends over a considerable period of time, the possibilities of tension and discord are evident.

The majority of physicians in the survey found menopausal phenomena to be a marital problem. Only nineteen doctors did not meet the problem at all. Five physicians grade it 1 plus, eight rate it 2 plus, seven grade 3 plus, and twenty eight grade 4 plus. More than one half of the doctors grade the problem frequent or very frequent, and almost two thirds of the doctors rate it average or more than average in frequency. This problem, then, is important both because of the large number of doctors who meet it in their practice, and because of the frequency with which it appears as a problem in the doctor's office.

1

Robinson, W. J., WOMAN: HER SEX AND LOVE LIFE, Eugenics Publ. Co., N. Y., 1931, pp. 128-132.

Table 11. Rating of Frequency of Menopausal Phenomena
as a Marital Problem by Physicians.

<u>Rating of Frequency</u>	<u>Number of Physicians.</u>
0	19
1+	5
2+	8
3+	7
4+	28

6. The problem of sterility. The census of 1930 showed that 23% of married couples are childless, but the question is, of course, how much of this is due to sterility. Dr. Meyer Ninkoff of Bucknell University, says in his class notes in the Summer Session at Michigan State College, that one out of ten marriages is sterile. Dickinson says that a third of the cases that came to him were concerned with sterility.¹ However, since Dr. Dickinson is a specialist in gynecology it is natural that he should get a high proportion of such cases. But there is evidence from the data of our survey that the problem is widespread in the Lansing community, since forty six of the sixty seven doctors meet the problem in their practice, and forty five of the forty six consider it significant.

¹

Dickinson, R. L., op. cit., p. 436.

Twenty one doctors grade the problem of sterility 0, indicating that they do not meet it in their practice. One doctor grades plus-minus, twenty three grade 1 plus, ten grade 2 plus, three grade 3 plus, and nine grade 4 plus. Twenty two doctors find the problem of average or more than average frequency in their practice. Six of the nine doctors who give this problem the highest grade are specialists, four of the six are gynecologists, one is a urologist, and one a surgeon. These facts show that in this community sterility is a real marital problem, occurring frequently and being met by two thirds of the doctors.

Table 12. Rating of Frequency of Sterility as a Marital Problem by Physicians.

<u>Rating of Frequency</u>	<u>Number of Physicians</u>
0	21
+ -	1
1+	23
2+	10
3+	3
4+	9

7. The problem of venereal disease. The attention of

the entire country has been focused on the general problem of venereal disease through the drive initiated by the Surgeon General of the United States. This survey seeks to determine the frequency with which the presence of venereal disease led at least one of the married couple to seek not only the medical aid of the physician but his counsel as well. In his 1008 case records¹ Dickinson found ninety four cases where venereal disease entered the picture. This represents about one twelfth of his cases.

In this survey only thirteen of the sixty seven physicians do not meet the problem at all in their practice. This means that fifty four, or 81%, of the doctors in the survey meet the problem. Of the fifty four who met it, fifty one find it to be significant. The problem of contraception is the only problem that more doctors found significant than the problem of venereal disease.

Three of the doctors in the survey rate the problem plus-minus, fifteen rate it 1 plus, seventeen grade 2 plus, four doctors grade 3 plus, and fifteen grade 4 plus. Thirty six doctors consider this problem average or more than average in frequency of appearance in their practice. Nineteen physicians rate it frequent or very frequent. The data indicate that this is an important one because

¹ Dickinson, R. L., op. cit., p. 435.

of the large number of doctors who meet it, and because of the frequency with which it appears in their practice.

As the problem of venereal disease is so widespread, and appears so often as a marital problem, evidently the physician should be prepared to deal with it as a matter of counseling, even though he may turn over the medical treatment to a specialist in the field.

Table 13. Rating of Frequency of Venereal Disease as a Marital Problem by Physicians.

<u>Rating of Frequency</u>	<u>Number of Physicians.</u>
0	13
1 -	3
1+	15
2+	17
3+	4
4+	15

8. The problem of financial difficulties. With this problem we leave the field of medical questions, and seek to determine the frequency with which the physician is consulted about other problems. Of course these problems are not entirely separated from the medical field since an inadequate income may result in malnutrition and disease, but this survey is concerned only with the question

whether the doctor does or does not give counsel with respect to such problems.

Hamilton and MacGowan found forty two cases of marital friction because of finances.¹ This is a little over one fifth of their two hundred subjects in the research. The majority of these were dissatisfaction with income.

This study is not concerned whether size of income or disbursement of income is the cause of friction. It seeks only to determine if friction is present, and if the doctors' advice is sought in the matter.

Thirty six physicians did not meet the problem at all in their practice. Three doctors graded the problem plus-minus, twelve graded 1 plus, six graded 2 plus, three graded 3 plus, and 7 doctors graded 4 plus. The majority of physicians did not find the problem to be significant in their practice. Sixteen doctors found the problem average or more than average in frequency of appearance. This means that the majority of doctors who found the problem of financial difficulty significant also found that problem to be average or more than average in frequency in their practice. Only three of the doctors who found the problem average or more than average in frequency

¹

Hamilton and MacGowan, op. cit., p. 70.

were specialists. It seems to be a problem that is met most frequently by the general physician.

Table 14. Rating of Frequency of Financial Difficulties as a Marital Problem by Physicians.

<u>Rating of</u> <u>Frequency</u>	<u>Number of</u> <u>Physicians</u>
0	36
+ -	3
1+	12
2+	6
3+	3
4+	7

9. The problem of the wife working out. At first sight this problem and that of financial difficulties may seem closely connected. There is a connection, but also a real difference. The working wife generally faces the difficulty of working at two jobs, and the problem calls for great cooperation on the part of both husband and wife. Where this cooperation is lacking, conflict may and frequently does result. There may be difficulty also simply because of strain from overwork. This survey seeks to determine the frequency with which the physician is consulted in such cases. In general, relatively few of the doctors found the problem of any significance.

Forty seven of the doctors did not meet the problem at all in their practice, one doctor grades plus-minus, fourteen doctors grade 1 plus, three grade 2 plus, one grades 3 plus, and one grades 4 plus. Only five physicians rate the problem of the working wife as average or more than average in frequency, and only two doctors rate the problem frequent or very frequent. Though the doctors do not rate the problem as appearing very frequently in their practice, almost a third of them do meet it at least occasionally.

Table 15. Rating of Frequency of Wife Working Out as a Marital Problem by Physicians.

<u>Rating of Frequency</u>	<u>No. of Physicians</u>
0	47
+ -	1
1+	14
2+	3
3+	1
4+	1

10. The problem of personality differences. Dr. Meyer Nimkoff of Bucknell University contends that the basic problem in marital adjustment and maladjustment is a personality problem.¹ He may be perfectly correct in this contention, but it is equally true that this basic

¹

Nimkoff, M. F., Class Notes, M. S. C. Summer Session, 1939.

problem may never reach the surface and receive treatment by the consultant. In this survey we seek to determine the frequency with which the physicians met the problem.

Almost one half of the doctors met the problem in their practice, thirty one physicians finding it significant. Thirty six doctors did not meet the problem at all in their practice. Eighteen doctors grade 1 plus, eleven grade 2 plus, one doctor rates 3 plus, and one 4 plus. Thirteen doctors find the problem average or more than average in frequency, though only two doctors find it frequent or very frequent. Although not quite one half of the doctors meet the problem of personality differences, yet a sufficient number do to give it some importance.

Table 16. Rating of Frequency of Personality Differences as a Marital Problem by Physicians.

<u>Rating of Frequency</u>	<u>Number of Physicians</u>
0	36
1+	18
2+	11
3+	1
4+	1

11. The problem of religious differences. This might be considered a problem for the pastor, and not for the physician. The only reason for raising it here is to

determine if people whose religious differences are causing marital rifts are seeking the advice of the physician on this point. It does not seem that they are. Only fifteen of the nineteen doctors who meet the problem consider it significant, and only six doctors rate it average or more than average in frequency.

Forty eight doctors do not meet the problem at all in their practice. Four doctors rate the problem plus-minus, nine doctors grade 1 plus, five grade 2 plus, and one grades 4 plus. Only one doctor finds the problem of more than average frequency, and only five rate it average.

Table 17. Rating of Frequency of Religious Differences as a Marital Problem by Physicians.

<u>Rating of Frequency</u>	<u>Number of Physicians</u>
0	48
	4
1+	9
2+	5
3+	0
4+	1

12. The problems submitted by the physicians themselves. Twenty one doctors list problems, but only six list more than one problem. Three doctors list two problems,

and three doctors list three. Of the doctors who list problems and grade them almost one half consider these problems as average or more than average in frequency.

Impotence, infidelity, frigidity, and difference in libido are mentioned four times. One doctor mentions the triangle situation, which brings the mention of infidelity up to five. One doctor also mentions vaginismus as a problem, and since that is connected with the problem of frigidity the mention of frigidity is increased to five times. Dyspareunia is mentioned by two doctors. Care of one's self, perversions, pre-adolescent problems, incompatibility, in-laws, artificial insemination, adoption, celibate nervousness, and problems of middle age each are mentioned once.

Table 18. Problems suggested by Physicians, Arranged
According to Frequency of Mention.

<u>Problem</u>	<u>Times Mentioned</u>
Infidelity	5
Frigidity	5
Impotence	4
Difference in Libido	4
Dyspareunia	2
Care of Self	1
Perversions	1
Pre-adolescent Problems	1
Incompatibility	1
In-laws	1
Artificial Insemination	1
Adoption	1
Celibate Nervousness	1
Middle Age	1

D. Summary

The first part of this study shows that the physicians in the Lansing community are meeting a large number of cases in which their advice concerning marriage problems is sought. The physicians also are spending a considerable amount of time per case and per month. They

are also meeting a large number of young people who seek the physician's counsel before marriage.

The problems that appear most important, as judged by the number of doctors who met them and by the estimated frequency with which the problems appear in the doctor's practice, listed in the order of importance or frequency are: the problem of contraception, the problem of venereal disease, of menopausal phenomena, of sterility, and the problem of personality differences.

The less important problems, also judged as above are: the problem of the technique of sexual intercourse, the problem of financial difficulties, of fear of sex, of masturbation, of working wife, and the problem of religious differences.

The most important problems listed by the doctors themselves are, infidelity, frigidity, impotence, difference in libido, and dyspareunia. The first four of these are mentioned often enough to be included in some further study of the problem of marital counseling.

In general, the doctors found those problems most closely connected with medical practice to be the most frequent. The one exception to this is the problem of personality differences. The problem of religious differences is the one that the physicians meet the least. But even

so, nineteen doctors meet this problem, and fifteen found it significant. This indicates that the doctors are doing a considerable amount of counseling in fields not strictly medical.

Table 19. Number of Physicians Considering Problems Significant.

Problem	No. of Phys.	Percent of Total No. (67)	
1. Contraception	- 61 -	91	-
2. Venereal disease	- 57 -	84	-
3. Menopausal Phenomena	- 48 -	72	-
4. Sterility	- 45 -	67	-
5. Personality Differences	- 31 -	46	-
6. Technique of Sex Intercourse	- 29 -	43	-
7. Financial Difficulty	- 28 -	42	-
8. Fear of Sex	- 27 -	40	-
9. Masturbation	- 24 -	36	-
10. Wife Working Out	- 19 -	28	-
11. Religious Differences	- 15 -	22	-

Thus out of every hundred doctors ninety would meet the problem of contraception compared to twenty who would meet the problem of religious differences. More than one half of every hundred doctors would meet the problems of

contraception, venereal disease, menopausal phenomena, and sterility. Almost fifty percent of the physicians would meet the problem of personality differences. The problems of sexual technique, financial difficulties, and fear of sex would be met by four of every ten doctors. One third of the physicians would meet the problem of masturbation, one fourth the problem of the wife working outside the home, and one fifth the problem of religious differences.

Chapter III
The Age of Physicians in
Relation to Marital Counseling

A. The Distribution of Physicians According to Age.

1. The average age for all physicians who replied was 42.3 years. This figure is for sixty nine doctors since three did not give their age. The median age was 42 years and the modal age 38 years. When the distribution was ranked by five year age groups there were fifty two physicians 50 years of age and under, and seventeen above the age of 50. The youngest doctor listed was 29 years of age, and the oldest was 72 years old.

Table 20. Age Distribution of 69 Physicians
Replying to questionnaire.

Age Group	Number of Physicians
26-30	3
31-35	14
36-40	13
41-45	10
46-50	12
51-55	7
56-60	4
61-65	4
66-75	2

2. The Division of the Physicians into Older and Younger Age Groups.

The doctors were divided into these two groups for the purpose of comparing the answers submitted in the questionnaire, and also to determine whether the older or younger doctors are consulted most frequently by people with marital problems. The age of 50 years roughly divides the physicians into two groups, since the introduction of special preparation for marital counseling in the regular medical curriculum is comparatively recent. Whether the doctors are ranked by five year age groups, or by ten year groups, the mid-age is 50 years. Therefore it was selected as the dividing point between the younger and the older doctors.

When the doctors are classified in age groups as in Table 20, it is evident at once that the physicians below the age of 51 are definitely in the majority. Since there are only seventeen doctors above the age of 50, comparison of replies to the questionnaire will be made only with respect to the two large groups of younger and older doctors. This is done because the number of physicians in the five year groups, especially above the age of 50, is too small for significant comparison. Also in this section of the survey the findings by age groups regardless of the field of practice will be reported.

3. The Age of the Physician in Relation to the Number of Cases and the Number of Hours Spent in Counseling.

1. As indicated in the previous chapter, the doctors were requested to give a monthly average for the past year of the number of people who came into their offices solely for marital advice.

Three physicians report no cases at all, twenty four doctors report an average of 1-3 cases a month, twenty doctors report an average of 4-6 cases per month, sixteen physicians report 7-10 per month, and three doctors list 11-15 cases a month. This gives an average for the doctors replying of 4.82 cases a month.

Table 21. Average Number of Cases Seeking Marital Advice of Physicians Classified According to Age.

Age	No. of Phys.	No. of Cases				
		0	1-3	4-6	7-10	11-15
26-30 years	3	0	1	1	1	0
31-35 "	14	1	3	5	5	0
36-40 "	11	0	4	3	3	1
41-45 "	10	1	3	3	2	1
46-50 "	11	0	5	3	3	0
51-55 "	7	1	3	1	1	1
56-60 "	4	0	2	1	1	0
61-65 "	4	0	2	2	0	0
66-75 "	2	0	1	1	0	0
Totals	66	3	24	20	16	3

The average number of cases of marital counseling per month for the forty nine doctors 50 years of age or younger is 5.1, and the average for the seventeen physicians over the age of 50 is 3.9 cases per month. These figures indicate that proportionately the younger doctors are meeting more people per month who seek their advice on marital problems.

2. The physicians were also requested to give the average number of hours per month for the past year spent in counseling the cases in section 1 above. By placing the question concerning time immediately after the question on the number of cases, and by inserting the words "such counselling" the attempt was made to avoid including the time spent in pre-marital counseling. As a check, five of the physicians were consulted in person with respect to this point. These five doctors were selected at random. None reported including premarital cases in this question.

Six doctors list no amount of time spent in counseling, thirty one doctors report an average of 1-3 hours so spent per month, eighteen report 4-6 hours, four doctors report 7-10 hours, five report 11-15 hours on an average per month, two doctors list 16-20 hours, and one physician reports more than 21 hours. This gives an average for all doctors of 4.6 hours per month in marriage counseling.

Table 22. Average Number of Hours Per Month Spent in Marital Counseling by Physicians Classified According to Age.

Age	No. of Phys.	Number of Hours						
		0	1-3	4-6	7-10	11-15	16-20	21
26-30 years	3	0	1	0	2	0	0	0
31-35 "	14	1	6	4	2	0	0	1
36-40 "	12	1	3	3	0	4	1	0
41-45 "	10	1	3	4	0	1	1	0
46-50 "	11	2	8	1	0	0	0	0
51-55 "	7	0	4	3	0	0	0	0
56-60 "	4	1	1	2	0	0	0	0
61-65 "	4	0	3	1	0	0	0	0
66-75 "	2	0	2	0	0	0	0	0
Totals	67	6	31	18	4	5	2	1

Here again it is evident that the younger men are more active in counseling. None of the physicians listed above the age of 45 spends more than 4-6 hours a month in counseling. If we again take as our mid-age the age 51 the contrast is very marked. The physicians 50 years of age or less spend on an average 5.2 hours per month in counseling, while those above the age of 50 average only 2.6 hours per month. The younger men thus reported twice the amount of time spent with the cases that they meet in their practice.

3. The younger doctors are seeing more people who request pre-marital advice than are the older doctors. The average number of cases per month for the doctors 50 years of age or less is 3, and for the doctors over 50 years of age is 2.1 per month. None of the doctors past the age of 50 report more than an average of eight cases a month, while three of the younger doctors report ten cases, one reports nine, one six, and four report five a month.

The first three sections of this survey then, show a definite trend toward the younger doctors. Proportionally more people are seeking them out for counseling than are seeking the older physicians. The younger doctors also spend more time with their cases than do the older men.

Table 23. Average Number of Cases of Premarital Counseling
by Physicians Classified According to Age.

Age	No. of Phys.	Per Month						
		0	Less than 1	1-2	3-4	5-6	7-8	9-10
26-30 years	3	0	0	0	3	0	0	0
31-35 "	14	1	2	0	7	6	0	0
36-40 "	12	2	1	3	2	2	0	2
41-45 "	10	2	1	3	2	2	0	0
46-50 "	11	2	1	5	0	1	0	2
51-55 "	7	3	0	1	2	0	1	0
56-60 "	4	1	0	1	2	0	0	0
61-65 "	4	1	0	3	0	0	0	0
66-75 "	2	0	0	1	1	0	0	0
Totals	67	12	5	21	19	11	1	4

4. The Effect of the Premarital Examination Law.

Eleven doctors made no reply to the question whether in their opinion the premarital examination law had increased the number who sought advice on other problems before marriage. Twenty four physicians replied that the law had not increased the number, and thirty two doctors replied that in their opinion the law had increased the number. Therefore of the doctors who reply to this question the majority believe that the law has had the effect of increasing premarital consultations, but the opinion is so evenly divided that conclusions cannot be drawn from their replies.

When those who give no reply to this question are not considered, the data show more of the younger doctors proportionately answer that in their opinion the law has increased the number of young people who seek other premarital advice. Two thirds of the younger doctors reply affirmatively while two thirds of the older doctors say that the law has not had such an effect on their practice.

C. The Age of the Physician in Relation to the Frequency With Which Marital Problems are Met in Practice.

In this section a double analysis will be made. The first is an attempt to discover whether more of the younger or of the older physicians are meeting the problems of

marriage in their practice. The second is an attempt to discover whether the older or younger physicians are meeting the problems more frequently as indicated by the grade given the problems.

If we look first of all at the number of problems listed by the physicians the average number for all physicians is six problems. However, the physicians below the age of 51 years grade on an average 6.5 problems, while the men above the age of 50 have an average of 4.8 problems. The difference between the two groups is not so marked at this point, and yet there is a difference of nearly two problems per doctor. This is an indication of the fact that the younger physicians are meeting a wider variety of marital problems in their practice than are the older physicians. This survey does not set up any causal factors for this disparity, but only points out the fact.

1. The Problem of the Technique of Sexual Intercourse.

The evidence gathered in this survey reveals that in this community the younger doctors are meeting more frequently questions concerning the technique of sexual intercourse. Only one doctor past the age of

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Table 24. Rating of Frequency of Technique of Sexual Intercourse as a Marital Problem by Physicians Classified According to Age.

Age	No. of Phys.	0	Rating of Frequency				
			+	-	1+	2+	3+
26-30 years	3	0	0	2	0	0	1
31-35 "	14	4	1	6	1	1	1
36-40 "	12	5	0	2	3	1	1
41-45 "	10	6	0	2	2	0	0
46-50 "	11	9	0	1	0	0	1
51-55 "	7	5	0	2	0	0	0
56-60 "	4	3	0	0	1	0	0
61-65 "	4	3	0	1	0	0	0
66-75 "	2	2	0	0	0	0	0
Totals	67	37	1	16	7	2	4

2. The Problem of the Fear of Sex.

This problem was not met by as many physicians as that of the techniques of sexual intercourse. The data again reveal a sharp trend toward the younger men among the physicians who found this problem significant. Only three doctors above the age of 50 so listed the problem, and none of them found it to be of average or more than average frequency.

Almost one half of the doctors 50 years of age

or less list this problem as occurring frequently enough to be significant, while less than one fifth of the physicians over the age of 50 so found it. None of the ten physicians past the age of 55 even mention the problem. Only two doctors past the age of 45 found the problem of even average frequency in their practice. The results of the survey show that this is a problem that is definitely being reported by the younger doctors, and not by the older physicians. With respect to this problem also, it is probable that the training of the younger physicians is a factor in the frequency with which they report it.

Table 25. Rating of Frequency of Fear of Sex as a Marital Problem by Physicians Classified According to Age.

Age	No. of Phys.	Rating of Frequency				
		0	1+	2+	3+	4+
26-30 years	3	0	3	0	0	0
31-35 "	14	5	4	5	0	0
36-40 "	12	6	3	1	1	1
41-45 "	10	6	3	0	0	1
46-50 "	11	9	0	2	0	0
51-55 "	7	4	3	0	0	0
56-75 "	10	10	0	0	0	0
Totals	67	40	16	8	1	2

3. The Problem of Contraception.

Sixty one doctors met this problem of contraception, and almost one half of them gave it the highest rating in

50 rated the problem of average or more than average frequency, while twelve of the younger doctors so rated it. One half of the younger physicians considered it a significant one, while less than one quarter of the doctors over the age of 50 did. This problem seems to be one found by the younger doctors, for only the first three age groups have a majority who found the problem significant. Only six physicians found questions concerning sexual technique to be frequent or very frequent, and all six were 50 years of age or less.

While this study did not attempt to find causative factors for the results obtained, it is the opinion of the author that the disparity between the older and younger doctors on this question is in part due to the difference in training. Emphasis on sexual matters as factors in marital difficulties is found in the literature today, and this emphasis was lacking in years past. It is therefore probable that the younger physicians meet the problem more frequently because they are making inquiry about it in cases of marital problems that come to their attention. The exact figures, as given in Table 24, show that of the twenty nine physicians who found the problem of sexual technique significant in their practice, twenty five are 50 years of age or less.

the scale. The factor of age seems to have less influence on the frequency with which the problem of contraception appears than on the preceding problems discussed in this section. In strange contrast to the previous trend toward the younger doctors we find that of the six doctors who grade 0, five are 40 years of age or less, and only one is past the age of 50. Proportionately more of the older doctors are meeting the problem. Sixteen, or 94%, of the doctors past the age of 50 do so, while forty five, or 90%, of the younger doctors met it.

When the frequency ratings are examined however, the trend toward the younger doctors occurs again. Thirty four, or 68%, of the younger doctors met the problem frequently or very frequently in their practice, while seven, or 42%, of the older doctors found the problem to be that important.

It is evident that the problem of contraception is one that is met very frequently by the physician. There is not a large difference in the relative number of older or younger physicians meeting the problem, but there is a difference in the relative number who met the problem frequently.



Table 26. Rating of Frequency of Contraception as a Marital Problem by Physicians classified According to Age.

Age	No. of Phys.	Rating of Frequency				
		0	1+	2+	3+	4+
26-30 years	3	0	0	0	1	2
31-35 "	14	1	2	2	1	8
36-40 "	12	1	2	1	2	6
41-45 "	10	2	0	1	2	4
46-50 "	11	0	0	3	1	7
51-55 "	7	1	1	0	3	2
56-60 "	4	0	0	2	0	2
61-65 "	4	0	2	1	0	0
66-75 "	2	0	2	0	0	0
Totals	67	6	10	10	10	31

4. The Problem of Masturbation.

This survey does not seek to determine how much of this problem is a carry-over from the auto-erotic experiences previous to marriage. It only seeks to determine the estimated frequency with which this problem appears in the offices of the physicians in the Lansing area.

Not many physicians found auto-erotic practices after marriage a very frequent problem. Only four report it to be of average or more than average frequency. All four are below the age of 46. None of the ten doctors past the age of 55 even lists the problem, probably because their training was not such as to make them aware of it.

Although only a few doctors found the problem very frequent, twenty five of the physicians occasionally met it in their practice, and twenty four of them met it often enough to rate it significant. Of the twenty four who found the problem significant, twenty one were 50 years of age or less.

It is again evident that the younger doctors in the community are the ones meeting this problem.

Table 27. Rating of Frequency of Masturbation as a Marital Problem by Physicians Classified According to Age.

Age	No. of Phys.	Rating of Frequency					
		0	+	-	1+	2+	3+
26-30 years	3	2	0	1	0	0	0
31-35 "	14	9	1	3	0	0	0
36-40 "	12	7	0	2	1	0	2
41-45 "	10	6	0	3	0	1	0
46-50 "	11	3	0	8	0	0	0
51-55 "	7	4	0	3	0	0	0
56-75 "	10	10	0	0	0	0	0
Totals	67	42	1	20	1	1	2

It is interesting to note that three of the four physicians who rate masturbation as average or more than average in frequency are specialists, one a psychiatrist,¹ one a pediatrician, and one a urologist.

¹

5. The Problem of Menopausal Phenomena.

The problems connected with the menarche are with rare exceptions the problems of middle age. The question therefore is whether these middle-aged people are seeking advice from older physicians, from those approximately their own age, or from the younger physicians.

More than one half of the physicians rated the problem frequent or very frequent, and almost three fourths of the doctors rated it significant, which would indicate that the occurrence of the problem is quite general.

Proportionately more of the younger doctors met this problem. Thirty seven, or 74%, of the doctors 50 years of age or less rated the problem significant, while eleven of the doctors past 50, or 65%, did so. This difference, while not as large as on some previous problems, does show that there is a trend toward the younger doctors in seeking medical advice regarding this difficulty.

With respect to the rating of frequency there were relatively more of the younger doctors who rated the problem of menopausal phenomena as frequent or very frequent than of the doctors past the age of 50 years. Twenty seven, or 54%, of the younger doctors so listed the problem compared with eight, or 47%, of the older doctors. Again the difference between the two groups is not as great as

in some other problems, but relatively the younger men are meeting more cases seeking advice where menopausal phenomena are causing marital rifts.

Table 28. Rating of Frequency of Menopausal Phenomena as a Marital Problem by Physicians Classified according to Age.

Age	No. of Phys.	Rating of Frequency				
		0	1+	2+	3+	4+
26-30 years	3	0	1	2	0	0
31-35 "	14	3	1	1	5	4
36-40 "	12	4	0	3	0	5
41-45 "	10	4	2	0	1	3
46-50 "	11	2	0	0	1	8
51-55 "	7	3	1	0	0	3
56-60 "	4	2	0	0	0	2
61-65 "	4	1	0	0	0	3
66-75 "	2	0	0	2	0	0
Totals	67	19	5	8	7	28

6. The Problem of Sterility.

The physicians, by about two to one, found that sterility was a significant problem in their practice. While two-thirds of the physicians found the problem significant, less than one fifth found the problem frequent or very frequent in their practice.

Relatively more of the younger doctors found the

problem to be significant. Thirty-six, or 72%, of the doctors 50 years of age or less so found the problem as compared with nine, or 50% of the doctors past 50 years of age.

In rating the frequency with which the problem of sterility was met, proportionately more of the younger physicians rated the problem of average or more than average frequency. Nineteen of the younger doctors so listed the problem compared to three of the older doctors. However, there is not any significant difference in the relative number in the two groups who rate the problem frequent or very frequent.

The data therefore again show a definite trend toward the younger doctors as marital counselors, as far as the relative number of physicians meeting the problem is concerned.

It is interesting to note that there is just one age group, that of 46-50 years, in which no physician grades 0. Seven of the eleven doctors in this group are specialists, three are gynecologists, three are surgeons, and one is a pediatrician.

Table 29. Rating of Frequency of Sterility as a Marital Problem by Physicians Classified According to Age.

Age	No. of Phys.	Rating of Frequency					
		0	+	-	1+	2+	3+
26-30 years	3	1	0	1	0	1	0
31-35 "	14	3	0	4	5	0	2
36-40 "	12	5	0	4	2	0	1
41-45 "	10	4	1	2	1	0	2
46-50 "	11	0	0	6	2	0	3
51-55 "	7	2	0	4	0	1	0
56-60 "	4	2	0	1	0	0	1
61-65 "	4	2	0	1	0	1	0
66-75 "	2	2	0	0	0	0	0
Totals	67	21	1	23	10	3	9

7. The Problem of Venereal Disease.

The physicians were asked to evaluate the problem of venereal disease as it affects marriage by causing marital difficulties. This question in the schedule was not meant as an attempt to discover the frequency of venereal disease among married people. Rather its purpose was to find the frequency with which the presence of the problem causes at least one of the couple to seek the doctors' counsel.

More than three fourths of the physicians found the problem of venereal disease in their practice. A relatively

larger number of the younger physicians rated the problem significant than of the older doctors. Forty, or 80%, of the doctors 50 years of age or less so rated the problem compared to eleven, or 64%, of the doctors past 50 years of age.

When the relative number of doctors who considered the problem average or more than average in frequency is computed, the younger physicians again have proportionately the larger number. Twenty eight, or 56%, of the younger age group rate the problem of venereal disease as average or more than average in frequency as compared with eight, or 47%, of the older doctors. There is no significant difference in the relative number in the two groups who rate the problem as frequent or very frequent.

The study of the data show only that the younger doctors considered the problem of venereal disease as being more serious than did the older physicians.

Table 30. Rating of Frequency of Venereal Disease as a Marital Problem by Physicians Classified According to Age.

Age	No. of Phys.	Rating of Frequency					
		0	+	-	1+	2+	3+
26-30 years	3	0	0	0	1	0	2
31-35 "	14	1	0	4	6	0	3
36-40 "	12	3	0	3	1	1	4
41-45 "	10	3	0	1	3	1	2
46-50 "	11	1	2	4	4	0	0
51-55 "	7	3	1	2	1	0	0
56-60 "	4	1	0	1	0	1	1
61-65 "	4	1	0	0	1	0	2
66-75 "	3	0	0	0	1	1	0
Totals	67	13	3	15	17	4	15

8. The Problem of Financial Difficulties.

The data for this problem, as found in the survey, do not reveal a clear cut trend toward either the younger or older doctors. With respect to the relative number of physicians who found the problem significant, the doctors over 50 years of age have the lead. In rating the problem average or more than average in frequency the younger physicians are proportionally more numerous.

Of the seventeen doctors past the age of 50, eight, or 47%, found the problem significant compared to twenty, or 40%, of the fifty doctors less than 51 years of age.

The younger doctors have a relatively larger number who rate the problem average or more than average in frequency. Thirteen, or 26,5 of the doctors 50 years of age or less so rate the problem of financial difficulties, compared to three, or 13,5 of the physicians past the age of 50 years. It will be noticed that the relative difference between these two groups is almost equal in these two comparisons.

The only conclusion that can be drawn from this data is that while a relatively larger number of the older doctors met the problem of financial difficulties, the younger doctors rated the problem as more frequently occurring in their practice.

Table 31. Rating of Frequency of Financial Difficulties as a Marital Problem by Physicians Classified According to Age.

Age	No. of Phys.	Rating of Frequency					
		0	+	-	1+	2+	3+
26-30 years	3	1	0	0	1	0	1
31-35 "	14	6	0	3	3	2	0
36-40 "	12	7	0	2	0	0	3
41-45 "	10	7	0	2	0	1	0
46-50 "	11	6	3	0	1	0	1
51-55 "	7	3	0	3	0	0	1
56-60 "	4	3	0	0	1	0	0
61-65 "	4	1	0	2	0	0	1
66-75 "	2	2	0	0	0	0	0
Totals	67	36	3	12	6	3	7

9. The Problem of the Wife Working Outside the Home.

In general, relatively few of the physicians in the survey found the problem of the working wife of any significance, only nineteen of the sixty seven doctors so listing the problem. Two of the seventeen physicians over 50 years of age consider the problem of average frequency, and none rated it more than average. Three of the doctors 50 years of age or less rated it average or more than average in frequency, one of the three grading frequent, and one grading very frequent.

The older doctors have a relatively larger number who found the problem of the working wife significant in their practice. Six, or 35%, of the physicians past the age of 50 rated the problem significant compared to thirteen, or 26%, of the doctors less than 50 years old. The trend toward the younger doctors is reversed in this problem.

Although the problem of the wife working outside the home does not occur as frequently as most of the other problems in the schedule, yet it was met frequently enough in the doctor's practice to be considered of some importance. Nearly 30% of the physicians met the problem, and 29% rated it significant in frequency.

Table 32. Rating of Frequency of Working Wife as a Marital Problem by Physicians Classified According to Age.

Age	No. of Phys.	Rating of Frequency					
		0	+	-	1+	2+	3+
26-30 years	3	2	1	0	0	0	0
31-35 "	14	8	0	3	1	1	1
36-40 "	12	8	0	4	0	0	0
41-45 "	10	9	0	1	0	0	0
46-50 "	11	9	0	2	0	0	0
51-55 "	7	3	0	3	1	0	0
56-60 "	4	3	0	0	1	0	0
61-65 "	4	3	0	1	0	0	0
66-75 "	2	2	0	0	0	0	0
Totals	67	47	1	14	3	1	1

10. The Problem of Personality Differences.

Almost one half of the physicians met this problem, although only two rated it more than average in frequency. As one might expect the psychiatrist, psychologist, or minister to meet this problem frequently, it is interesting to note that so many physicians were consulted concerning personality differences as these caused marital difficulties. It is probable that because people consult the physician for advice concerning other marital problems, they also seek his counsel when differences of personality are the cause of disharmony in the marriage.

None of the physicians past the age of 50 rated the problem even average in frequency, while thirteen, or 26%, of the younger doctors rated the problem average or more than average in frequency. This indicates that the younger doctors met the problem more frequently in their practice.

The data therefore indicate that the difference between the two groups of physicians is very marked, and probably points to a greater awareness of psychological factors as they affect marriage problems on the part of the younger physicians.

Table 33. Rating of Frequency of Personality Differences as a Marital Problem by Physicians Classified According to Age.

Age	No. of Phys.	Rating of Frequency				
		0	1+	2+	3+	4+
26-30 years	3	2	0	1	0	0
31-35 "	14	6	6	2	1	0
36-40 "	12	5	3	4	0	0
41-45 "	10	5	2	2	0	1
46-50 "	11	6	3	2	0	0
51-55 "	7	5	2	0	0	0
56-60 "	4	3	1	0	0	0
61-65 "	4	2	2	0	0	0
66-75 "	2	2	0	0	0	0
Totals	67	36	18	11	1	1

11. The Problem of Religious Differences.

The physician is not consulted on problems of a spiritual nature because he is an expert in religion, but because he is so often the family confidant with respect to other difficulties.

Nineteen physicians met this problem but only fifteen rated it significant. Six of the fifteen doctors grade it average or more than average in frequency. The data do not show this problem to be very important as compared to the other problems in the survey. Moreover, there is no marked trend observable regarding the age of physicians. The relative number who found the problem significant is about equal in both the younger and older group of doctors. Only one of the physicians over 50 years of age rates the problem of religious differences as even average in frequency, while four of the younger doctors do so. Only one physician rates the problem as occurring very frequently in his practice.

Table 24. Rating of Frequency of Religious Differences as a Marital Problem by Physicians Classified According to Age.

Age	No. of Phys.	Rating of Frequency						
		0	+	-	1+	2+	3+	4+
26-30 years	3	1	0	0	0	1	0	1
31-35 "	14	11	0	1	2	0	0	0
36-40 "	12	10	0	2	0	0	0	0
41-45 "	10	8	1	1	0	0	0	0
46-50 "	11	6	2	2	1	0	0	0
51-55 "	7	4	1	2	0	0	0	0
56-60 "	4	3	0	0	1	0	0	0
61-65 "	4	3	0	1	0	0	0	0
66-75 "	2	2	0	0	0	0	0	0
Totals	67	48	4	9	5	0	1	

12. The Problems Submitted by the Physicians.

This section of the analysis is concerned only with the number of problems submitted by the physicians, and with the frequency rating given them by physicians of different ages. The problems themselves are discussed in Chapter II.

Twenty one physicians listed problems met in their practice which were not found in the questionnaire, but only six of the twenty one listed more than one problem. Three doctors list two problems and three list three problems.

Eighteen of the physicians under 51 years of age list problems they considered significant, while three of the physicians over 50 submitted problems. Thus proportionately more of the younger men suggested problems.

Table 35. number of Problems Submitted by Physicians
Classified according to Age.

Age	No. of Phys.	Number of Problems			
		0	1	2	3
26-30 years	3	2	1	0	0
31-35 "	14	5	6	2	1
36-40 "	12	8	3	0	1
41-45 "	10	6	4	0	0
46-50 "	11	11	0	0	0
51-55 "	7	7	0	0	0
56-60 "	4	3	0	0	1
61-65 "	4	2	1	1	0
66-75 "	2	2	0	0	0
Totals	67	46	15	3	3

None of the physicians in the older group rated the problems they listed as even of average frequency. Ten of the younger physicians rated their problems average or more than average. In addition the younger doctors rated their problems as more frequent in occurrence than

did the older doctors the problems they submitted.

It is apparent that people with difficulties in their married life are turning more frequently to the younger physicians as counselors than to the older ones.

Table 36. Rating of Frequency of Problems Submitted by Physicians Classified According to Age.

Age	No. of Phys.	Rating of Frequency				
		0	1+	2+	3+	4+
26-30 years	3	2	1	0	0	0
31-35 "	14	5	5	2	1	1
36-40 "	12	7	1	2	1	1
41-45 "	10	6	2	1	1	0
46-50 "	11	11	0	0	0	0
51-55 "	7	5	2	0	0	0
56-75 "	10	9	1	0	0	0
Totals	67	45	12	5	3	2

In brief, it may be safely stated that there is a trend toward consulting the younger physicians, and that tendency is marked when the problems are those of technique of sexual intercourse, fear of sex, masturbation, sterility, and personality differences, but less so when the problems are those of contraception, menopausal phenomena, venereal disease, and religious differences. When the problems are those of financial difficulties and of the working wife the tendency is to seek the advice of older physicians.

Chapter IV

The Specialization of the Physician in

Relation to Marital Counseling.

A. The Distribution of Physicians Classified According to Age by Field of Specialization.

There are forty three doctors listed as general practitioners. The average age of these forty three doctors was 44 years, and they ranged from 29 to 72 years of age. There were twenty nine general physicians 50 years of age or less, and fourteen who were more than 50 years old.

There were twenty four doctors classified as specialists. The average age of the specialists was 42 years, running a scale from 31 to 62 years of age. Of the twenty four specialists, twenty one were 50 years of age or less, and three were more than 50 years of age.

The specialists were further classified as surgeons, pediatricians, gynecologists and obstetricians, urologists, psychiatrists, dermatologists, and public health doctors. There are, of course, other medical specialties, but the ones listed here are those giving replies that could be used in this study. There were nine surgeons, three pediatricians, six obstetricians and gynecologists, three urologists, one psychiatrist, one dermatologist, and one public health physician. In Appendix B will be found

tables analyzing the replies of the specialists by their particular specialty. In this section of the study they will be treated as one group.

Table 37. The Distribution of Physicians Classified By Field of Specialization According to Age.

<u>Age</u>	<u>No. of General Practitioners</u>	<u>No. of Specialists</u>
26-30 years	3	0
31-35 "	9	5
36-40 "	7	5
41-45 "	6	4
46-50 "	4	7
51-55 "	5	2
56-60 "	4	0
61-65 "	3	1
66-75 "	2	0
Totals	43	24

B. The Specialization of the Physician in Relation to the Number of Cases and the Number of Hours Spent in Counseling.

1. The Number of Cases of Marital Counseling.

The forty three general physicians had an average of five cases of marital counseling a month. Eighteen of the forty three reported 1 to 3 cases a month, thirteen reported an average of 4 to 6 cases a month, ten reported an average of 7 to 10, and two doctors reported an average of 11 to 15 cases a month.

The twenty four specialists also had a group average of five cases of marital counseling a month. Three of the twenty four reported no cases, six doctors reported an average of 1 to 3 per month, eight reported an average of 4 to 6 per month, five doctors listed 7 to 10 cases a month, and two doctors reported an average of 11 to 15 cases of counseling a month. The three specialists who list no cases lower the average. Two of the three are surgeons and the other is a pediatrician.

Table 33. Average Number of Cases of Marital Counseling Per Month by Physicians Classified According to Specialty.

<u>Number of Cases</u>	<u>Number of General Practitioners</u>	<u>Number of Specialists</u>
0	0	3
1-3	18	6
4-6	13	8
7-10	10	5
11-15	2	2

2. The Number of Hours Spent in Marital Counseling by the Physicians.

The average number of hours per month spent in marital counseling for the forty three doctors in general practice was 4.7 hours. This means that nearly an hour, on the aver-

age, was given to each consultation, as the average number of cases per month was 5 for this group of doctors.

Of the forty three general physicians, one reported no hours spent in counseling, twenty two doctors listed 1 to 3 hours, thirteen spend an average of 4 to 6 hours, three list 7 to 10 hours, two doctors reported 11 to 15 hours of counseling, one physician lists 16 to 20 hours, and one reports more than 21 hours.

The average number of hours spent in marital counseling by the twenty four specialists was 4.5 hours per month. Five of the specialists reported no hours spent in counseling, nine listed an average of 1 to 3 hours, five specialists reported an average of 4 to 6 hours given to counseling, one lists 7 to 10 hours, three reported an average of 11 to 15 hours, and one reported 16 to 20 hours.

Table 39. Average Number of Hours Spent in Marital Counseling by Physicians Classified According to Specialty.

Average No. of Hours	Number of General Practitioners	Number of Specialists
0	1	5
1-3	22	9
4-6	13	5
7-10	3	1
11-15	2	3
16-20	1	1
21 plus	1	0

3. The Number of Cases of Pre-Marital Counseling.

The average number of premarital consultations for the forty three doctors in general practice was 2.7 per month. Only six of the fortythree listed no consultations, three reported less than one a month, fifteen listed an average of 1 to 2 a month, twelve reported an average of 3 to 4 per month, four listed 5 to 6, one reported 8 cases a month, and two doctors listed 9 to 10 conferences per month.

The average number of premarital conferences for the twenty four specialists was 2.3 per month. Table 3 in Appendix B shows that the reason for this low figure is the fact that none of the pediatricians listed any consultations. The nature of their practice is a sufficient explanation for this result.

Six of the twenty four specialists reported no cases, two listed less than one a month, six had an average of 1 to 2 consultations per month, seven reported 3 to 4, one listed 6 cases a month, and two doctors had an average of 10 consultations a month.

The average number of premarital consultations per month for all physicians is 2.6 a month. The specialists

just equal this figure when the three pediatricians are not included in the reckoning. A further explanation of the low average of the specialists is that two of the other physicians who list no consultations could hardly be expected to do so. One of the two is an industrial surgeon, and the other is engaged in public health practice. It over-simplifies the matter to say that the specialists met fewer young people for premarital consultation.

Table 40. The Average Number of Premarital Consultations Per Month by Physicians Classified According to Specialty.

<u>Average Number of Cases Per Month</u>	<u>No. of General Practitioners</u>	<u>No. of Specialists</u>
0	6	6
Less than 1	3	2
1-2	15	6
3-4	12	7
5-6	4	1
7-8	1	0
9-10	2	2

4. The Opinions of the Doctors Concerning the Effect of the Premarital Examination Law in Increasing the Number of Young People Who Seek the Physicians' Advice on Other Problems.

This question was included in the questionnaire in

order to discover whether the premarital examination for venereal disease required by the State of Michigan had affected the number of people who sought the advice of the physician on other questions before marriage. The opinions of the doctors on this point will give an indication of the attitudes of young people toward premarital consultations, since the answers of the physicians indicate that some people take advantage of the opportunity afforded by the law and ask advice on other problems. The replies of the physicians also indicate that in their opinion many young people sought this premarital advice apart from, and previous to the passage of the law.

Five of the general physicians did not express an opinion as to the effect of the law. The rest of the forty three are evenly divided on the question, nineteen answering that in their opinion the law had increased their practice, and nineteen answering that in their opinion the law had not had such an effect.

Six of the twenty four specialists did not reply to the question. Thirteen of the doctors answered that it was their opinion that the law had increased the number of people who sought other advice, and five replied that they considered the law had no effect on their practice with respect to premarital counseling.

Table 41. The Opinions of Physicians Classified According to Specialty Regarding Influence of Pre-marital Examination Law on Pre-marital Counseling.

	<u>No. of General Practitioners</u>	<u>No. of Specialists</u>
No. Replying Law Increased Counseling	19	13
No. Replying Law Did Not Increase Counseling	19	5
No. Expressing no Opinion	5	6

The doctors in general practice and the specialists have the same average number of cases of marital counseling, both groups averaging five cases a month per doctor. But the field of practice of some specialists, such as pediatricians and surgeons, is such that fewer people would consult them concerning marriage problems. The other specialists have a higher average number of cases than the doctors in general practice.

The same causes affect the average number of hours spent in counseling. The data simply shows that the general physicians and the specialists spend approximately the same average amount of time in counseling. But where, because of the field of practice, there is a

lesser amount of consultations, there is also less time spent in giving counsel.

Pediatricians, as baby specialists, would naturally not have much occasion to give premarital advice. But because they are classified as specialists, they reduce the general average of the specialists in premarital consultations. This is also true of industrial surgeons and public health physicians. The unqualified data shows that the physicians in general practice see slightly more young people per month than do the specialists.

The general physicians are evenly divided in their opinions respecting the effect of the state's premarital examination law on premarital consultations. Half of those who express an opinion believe that the law has increased the number who seek other advice from the physician, and half do not believe that the law has had such an effect in their practice.

A majority of the specialists believe that the law has increased the number requesting premarital advice. The number expressing this opinion is greater than the number of those who do not reply to the question and those who do not believe the law affected their practice combined.

C. The Specialization of Physicians in Relation to the Replies Given to the Problems of the Questionnaire.

1. The Problem of the Technique of Sexual Intercourse.

The doctors in general practice found the problem of the technique of intercourse more significant than did the specialists. Twenty, or 47%, of the general physicians found the problem significant compared to nine, or 38%, of the specialists.

Twenty two of the forty three doctors in general practice grade the problem of sexual technique 0, denoting the fact that they did not meet it in their practice. One doctor grades plus-minus to show that the problem was met very infrequently, nine physicians rated the problem 1 plus, indicating that the problem occurred frequently enough to be considered significant. Five of the general practitioners graded the problem 2 plus, signifying that they considered it of average frequency. Two doctors rated it 3 plus, or frequent in occurrence, while four physicians graded 4 plus to indicate that the problem was very frequent in appearing in their practice.

Fifteen of the twenty four specialists did not meet problems concerned with the technique of sexual intercourse. Seven of the doctors graded 1 plus, and two rated the problem 2 plus. None of the specialists considered this problem to be of more than average frequency. Eleven of the doctors in general practice found the problem of average or more than average frequency compared to two of the specialists who so rated the problem.

2. The Problem of the Fear of Sex.

The specialists found fear of sex a less significant problem than did the general physicians. Eighteen, or 42%, of the doctors in general practice reported this problem as significant, compared to nine, or 38%, of the specialists.

Twenty five of the general physicians rated the problem 0, twelve graded 1 plus, three rated it 2 plus, one rated 3 plus, and two doctors graded 4 plus. Thus only six of forty three doctors in this group found the problem of average or more than average frequency.

Fifteen of the specialists did not meet the problem in their practice, four graded 1 plus, and five of the doctors rated it 2 plus. None considered it of more than average frequency, and only five of the twenty four specialists rated the problem that frequent.

While relatively more of the general physicians found the problem of the fear of sex significant, proportionately more of the specialists found the problem of average or more than average frequency.

3. The Problem of Contraception.

The specialists and the general physicians found contraception to be a very frequent problem in their practice. Forty one, or 95%, of the doctors in general practice found it significant compared to twenty, or 84%, of the specialists.

Only two of the forty three general practitioners did not meet the problem in their practice, and so graded it 0. Seven doctors graded 1 plus, seven graded 2 plus, five rated the problem 3 plus, and twenty two rated contraception 4 plus as a marital problem. A majority of the doctors in this group gave the highest rating possible in the scale set up for this questionnaire. Twenty seven, or 63%, of the general physicians rated contraception a frequent or very frequent problem.

Four of the twenty four specialists did not meet the problem and graded it 0. Three doctors graded 1 plus, three rated contraception 2 plus, five doctors graded it 3 plus as a marital problem, and nine specialists rated it 4 plus. Twelve, or 50%, of the specialists rated contraception a frequent or very frequent problem.

A proportionately larger number of the general practitioners met the problem of contraception, and also rated it a more frequent problem than the specialists. However, it is evident that both groups found the problem a frequent one.

4. The Problem of Masturbation.

The specialists reported the problem of auto-erotic practices in marriage more frequently than the doctors in general practice. Thirteen, or 55%, of the specialists found it a significant one compared to eleven, or 48%, of

the general physicians.

Eleven specialists graded the problem 0, ten rated it 1 plus, one rated it 2 plus, one 3 plus, and one doctor graded 4 plus. Thus only three of the twenty four specialists found the problem of masturbation average or more than average in frequency. The one physician who rated it as very frequent was a psychiatrist.

Thirty one of the general physicians did not meet the problem of masturbation in their practice, and graded it 0. One doctor graded plus-minus, ten rated the problem 1 plus, and one doctor rated it 4 plus.

While proportionately more of the specialists reported the problem, neither the specialists nor the general practitioners considered the problem of masturbation as very frequent in their practice.

5. The Problem of Menopausal Phenomena.

Both the specialists and the doctors in general practice found the problem of menopausal phenomena a frequent one, however, relatively more of the general physicians met the problem in their practice. Thirty four, or 79%, of the general practitioners found it a significant problem compared to 14, or 59%, of the specialists.

Nine of the forty three doctors in general practice did not meet the problem, grading it 0. Four doctors rated it 1 plus, seven graded 2 plus, six 3 plus, and seventeen

physicians rated the problem 4 plus. Ten of the twenty four specialists graded the problem 0, one rated it 1 plus, one 2 plus, and one 3 plus. Ten specialists gave the highest rating to the problem, 4 plus.

The two groups of doctors are about equal in their rating of the frequency of this problem. Eleven, or 50%, of the specialists rated the problem of menopausal phenomena frequent or very frequent, compared to twenty three, or 53%, of the doctors in general practice.

6, The Problem of Sterility.

Proportionately more of the specialists reported the problem of sterility than of the general physicians. Eighteen, or 73%, of the specialists met the problem compared to twenty eight, or 64%, of the general physicians. Six of the twenty four specialists did not meet it, and graded it 0. One doctor graded plus-minus, eight rated the problem 1 plus, two graded 2 plus, one 3 plus, and six specialists rated it 4 plus. Fifteen of the forty three doctors in general practice grade 0, fifteen rate the problem of sterility 1 plus, eight graded 2 plus, two 3 plus, and three doctors rated it 4 plus.

When the data on this question were examined it was evident that not only do proportionately more of the specialists meet the problem of sterility, but they also consider it a more frequent one than do the general practitioners. Seven, or 29%, of the specialists rated it

frequent or very frequent compared to five, or 12%, of the doctors in general practice.

7. The Problem of Venereal Disease.

Relatively less of the specialists reported the problem of venereal disease in their practice than did the general physicians. Nineteen, or 79%, of the specialists encountered it compared to thirty five, or 81%, of the doctors in general practice. But the difference between the two groups is not very significant.

Eight of the forty three general practitioners did not meet the problem of venereal disease, grading it 0. One doctor graded it plus-minus, ten physicians rated 1 plus, nine rated 2 plus, four graded 3 plus, and eleven doctors rated it 4 plus. Five of the specialists graded 0, two rated the problem plus-minus, five graded it 1 plus, eight 2 plus, and four of the specialists gave venereal disease the highest rating in the scale, 4 plus.

The data indicate that the doctors in general practice consider venereal disease a more frequently occurring problem than do the specialists as a group, but the difference is not very significant. 24, or 55%, of the general practitioners rated it average or more than average in frequency. 12, or 50%, of the specialists so rated the problem. Of the four specialists who rated

venereal disease 4 plus, three were urologists, and one was a dermatologist and syphilologist. These specialists, because of their field of practice, would meet the problem frequently. None of the other specialists rated it as more than average in frequency.

8. The Problem of Financial Difficulties.

There was no difference between the relative number of specialists and general practitioners who found the problem of financial difficulties occurring in their practice. Eleven, or 46%, of the specialists reported it compared to twenty, or 46%, of the general physicians. However, proportionately more of the general physicians found the problem significant, grading it 1 plus or more. Twenty, or 46%, of the doctors in general practice listed it as significant compared with eight, or 26%, of the specialists.

Twenty three of the forty three general practitioners did not meet the problem of financial difficulties. Seven doctors rated it 1 plus, five 2 plus, two 3 plus, and six physicians rated it 4 plus. Thirteen of the twenty four specialists rated the problem of financial difficulties 0, three graded plus-minus, five rated 1 plus, one 2 plus, one 3 plus, and one specialist rated it 4 plus.

The data above indicate that the doctors in general practice rate financial difficulties as a marital problem

relatively more frequent than do the specialists, for 18, or 30%, of the general practitioners rated the problem average or more than average in frequency compared with 3, or 13% of the specialists.

9. The Problem of the Wife Working Outside the Home.

Not many of the specialists reported the problem of the working wife as one concerning which they were consulted. Only four, or 17%, of them did so. But about one third of the doctors in general practice reported the problem.

Twenty seven of the forty three doctors in general practice did not report the the working wife as a marital problem, and graded it 0. One doctor graded plus-minus, eleven rated it 1 plus, three 2 plus, and one 4 plus. Twenty of the twenty four specialists graded the problem 0, three graded 1 plus, and one 3 plus. Only four of the specialists found the problem significant, and only one found it average or more than average in frequency.

Neither the specialists nor the doctors in general practice reported the problems as very frequent, although about 30% of all doctors met the problem in their practice.

10. The Problem of Personality Differences

Proportionately more of the doctors in general practice listed the problem of personality differences as

a marital problem than of the specialists. Twenty one, or 48%, of the general practitioners encountered the problem compared to ten, or 42%, of the specialists.

Twenty two of the forty three physicians in general practice graded the problem 0, ten rated it 1 plus, nine 2 plus, one 3 plus, and one 4 plus. Only two of the doctors in this group met the problem frequently.

Fourteen of the twenty four specialists indicated that they did not meet personality differences as a marital problem by grading it 0. Eight of the specialists rated it 1 plus, and two graded 2 plus. None of the specialists rated the problem more than average in frequency, and only two of the general physicians rated it more than average. On this point there is not much difference between the two groups of doctors. Eleven, or 25%, of the general physicians rated personality differences as a marital problem average or more than average in frequency, compared to two, or 8%, of the specialists. The data therefore indicate that the doctors in general practice reported the problem more frequently than did the specialists.

11. The Problem of Religious Differences.

Proportionately more of the specialists than of the general practitioners met the problem of religious differences in their practice. Eight, or 34%, of the specialists

found it a problem compared to eleven, or 25%, of the doctors in general practice.

Sixteen of the twenty four specialists graded religious differences 0 as a marital problem, three rated it plus-minus, and five graded 1 plus. None of the specialists graded the problem more than 1 plus, and so none considered it even of average frequency. Of the forty three doctors in general practice, thirty three graded the problem 0, one rated it plus-minus, four graded 1 plus, five 2 plus, and one doctor rated it 4 plus. Six of the general physicians rated religious differences as average or more than average in frequency. Thus the data indicate that while proportionately more of the specialists reported the problem, the doctors in general practice rated it a more frequent problem in their practice.

Table 42 on the following page shows the number of physicians classified according to specialty who reported the problems of financial difficulties, of the wife working out side the home, personality differences, and religious differences.

Table 42. Rating of Frequency of Problems of Financial Difficulties, Wife Working Out, Personality Differences, and Religious Differences by Physicians Classified According to Specialty.

Rating of Frequency.	Financial Difficulties		No. of Physicians Reporting		Wife Working Out		Personality Differences		Religious Diff.	
	General Pract.	Specialists	General Pract.	Specialists	General Pract.	Specialists	General Pract.	Specialists	General Pract.	Specialists
0	23	13	27	20	22	14	33	16		
1-	0	3	1	0	0	0	1	3		
1+	7	5	11	3	10	8	4	5		
2+	5	1	3	0	7	2	5	0		
3+	2	1	0	1	1	0	0	0		
4+	6	1	1	0	1	0	1	0		

12. The Problems Suggested by the Doctors.

The content of these problems has been discussed in Chapter II. In this section we are concerned only with the number of problems listed and the grading given them.

In proportion to their number, more of the specialists listed problems than the doctors in general practice. Nine, or 33%, of the specialists suggest a problem in addition to the list contained in the questionnaire, compared with thirteen, or 30%, of the physicians in general practice.

Fifteen specialists did not suggest a problem, seven listed one problem, and two list three problems. Thirty of the forty three doctors in general practice listed no problems, eight suggested one, three suggested two, and two doctors listed three.

Table 43. Number of Problems Suggested by Physicians Themselves Classified According to Specialty of the Physicians.

<u>No. of Problems</u>	<u>No. of General Practitioners</u>	<u>No. of Specialists</u>
0	30	15
1	8	7
2	3	0
3	2	2

Proportionately more of the specialists graded the problems they suggested as average or more than average in

frequency. Five, or 21%, of the specialists so graded the problems suggested compared with seven, or 16%, of the doctors in general practice. Fifteen of the twenty four specialists graded 0, four graded 1 plus, one 2 plus, two 3 plus, and two rated the problems they submitted 4 plus. Thirty of the forty three general physicians graded 0, six graded 1 plus, five 2 plus, and two 3 plus. These figures show that more of the specialists rated the problems they submitted as frequent or very frequent in their practice.

Table 44. Rating of Frequency of Problems Suggested by the Physicians Classified According to Specialty.

<u>Rating of Frequency</u>	<u>No. of General Practitioners</u>	<u>No. of Specialists</u>
0	30	15
1+	6	4
2+	5	1
3+	2	2
4+	0	2

13. Summary .

In summarizing this chapter it must be borne in mind that the specialists are under a distinct handicap when compared to the general physicians. Several of the spe-

cialists who replied to the questionnaire have fields of practice in which they would meet relatively few of the ordinary marital difficulties. The three pediatricians who replied, for instance, would see few if any cases of menopausal phenomena. They are child specialists, and so meet only women of childbearing age. For the same reason they would encounter very infrequently cases of sterility. The doctor whose practice is limited to surgery would not normally meet many of the problems of married life in his practice, since his work would be confined to operative and post-operative procedures. The doctor whose specialty was the field of public health would also not be in contact as a practicing physician with the problems of marriage. Thus the specialists just mentioned lower the general average for the specialists as a group. When these factors are considered the specialists compare very well with the doctors in general practice with respect to marital and premarital counseling.

Such specialists as the obstetricians and gynecologists, and urologists meet the problems of marriage frequently. Their field of practice has a great deal to do with the sexual life, and marriage as an institution is rooted in sex. The tables in Appendix B show that these specialists had a consistently high response to the problems listed in the questionnaire.

The data in this chapter indicate that the general physicians reported more problems in which psychological and sociological factors played the larger part. They outranked the specialists with regard to the following problems; the technique of sexual intercourse, contraception, financial difficulties, working wife, and personality differences.

Proportionately more of the specialists reported the problems of masturbation and sterility. They also submitted more problems not listed in the questionnaire than did the doctors in general practice.

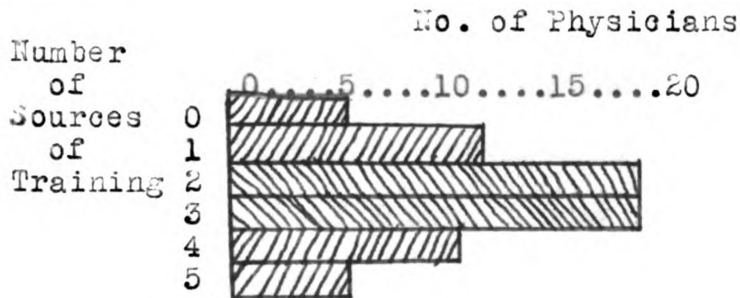
with respect to four of the problems included in the questionnaire the results are balanced between the general practitioners and the specialists. The data on the problems of menopausal phenomena and venereal disease show no significant difference between the two groups of doctors. The doctors in general practice had a larger number proportionately who met the problem of the fear of sex, but a relatively larger number of the specialists rated it of average or more than average frequency in their practice. Proportionately more of the specialists met the problem of religious differences, but a relatively greater number of general physicians rated it of average or more than average frequency.

Chapter V

The Training of Physicians in
relation to Marital Counseling.

One of the problems suggested by this survey is the question if the physicians who have had the most training as marital counselors are actually doing the most counseling. There are thirty four doctors who do not list more than two sources of preparation for counseling, and there are thirty three who list three or more sources. The distribution is almost perfectly balanced; there are five doctors who list no sources, eleven who list one, eighteen who list two, eighteen who list three, ten who list four, and five who list five sources.

Figure 1. Number of Sources of Training Listed by
Physicians.



The five physicians who listed no sources of preparation met an average of three of the problems listed in the questionnaire, while the mean for all doctors in the survey was six problems. They reported an average of 4.2 cases a month of marital counseling, a figure very little lower than the mean of 4.7 cases a month. These five physicians spent an average of 1.8 hours per month in such counseling. This is far below the mean of 4.6 hours reported by all physicians in the survey. Moreover they reported an average of only 1.5 young people consulted concerning premarital problems, again a lower figure, for the mean is 2.6 such conferences a month.

There are eleven doctors who list one source of preparation for counseling. These doctors reported an average of 4.1 cases per month, which is also below the general average of 6 cases. They had an average of 3.5 persons coming into their offices for counseling compared to the general average of 4.7. On this particular point this group is slightly below the previous group, and also below the average. These eleven doctors spent an average of 2.3 hours per month in such counseling, a higher figure than the preceding group, but still well below the average of all doctors, which is 4.6 hours. They met on an average two young people a month for premarital consultations compared to the average of 2.6 for all doctors.

Eighteen doctors listed two sources of preparation. They reported an average of 5.6 problems in their practice, a figure just slightly below the general average of 6, but which does not differ enough to be significant. These doctors fall below the general average for the number of people they consulted on marriage problems, having reported an average of 4.1 per month, while the figure for all doctors is 4.7. While the average number of hours spent in marital counseling was 4.6 hours per month these physicians reported an average of 5.1 hours spent in counseling. They met 1.9 young folks per month for pre-marital consultation, again a lower figure than the general average of 2.6 per month.

With the fourth group of doctors we meet those who listed more than the mean number of sources of preparation. The eighteen doctors in this group listed three sources.

The doctors in this group reported an average of 7.2 problems in their practice. This figure is well above the general average of 6 problems. They met an average of 5.2 patients per month compared to that of 4.7 for all doctors, and spent an average of 5 hours per month in counseling compared to the general mean of 4.6 hours. They met an average of 3 young people seeking pre-marital advice compared to the average for all doctors of 2.6.

There are ten doctors who listed four sources of preparation for counseling. These ten reported an average of 8.2 problems in their practice, a higher figure than that of the preceding group, and also much higher than the general mean of 6 problems. This group meets an average of 6.9 cases of marital counseling per month which is considerably above that of 4.7 for all doctors and they spend an average of 5.9 hours per month in such counseling compared to the mean for all doctors of 4.6 hours per month. These doctors met 2.7 people a month in premarital counseling, again a figure above the general average of 2.6 per month.

In the last group are five doctors who listed all five sources of preparation given in the questionnaire. These men reported the largest number of problems of all the groups with 8.6. However, they did not meet as many persons for counseling as the preceding group, reporting an average of 5.7 per month, nor do they spend as much time in counseling, listing 4.6 hours per month. But these five doctors lead the other groups in the number of young people that they met in premarital counseling with an average of 6.1 per month, a figure far above the other groups, and also far above the general average of 2.6 per month.

These results show that in general as training

and preparation of the doctors increases the more counseling they do, and the more problems they meet. The men with less than three sources of preparation, with only one exception, fall below the general average for all doctors in the survey. The men with three or more sources of preparation for counseling are above the general average for all doctors, with one exception which is just exactly average.

The relationship between the age of the doctor and his preparation for marriage counseling is not entirely clear. In general it appears that the lower the average age the better the preparation. Thus between the five doctors who list no preparation and the five who list all five sources there is an average difference of about eleven years.

Table 45. Average Age of the Physicians in Relation to the Number of Sources Reported.

<u>Number of Sources Reported</u>	<u>No. of Phys.</u>	<u>Average Age of Physicians.</u>
0	5	52.2 years
1	11	45.5 "
2	18	43.3 "
3	18	41.2 "
4	10	45.6 "
5	5	41.4 "

The reason that the average age of the men with more preparation is not lower than it is, is the fact that many of these doctors are specialists, and consequently begin practice at a more advanced age than the general practitioner.

The problems found to be most important, as judged by the frequency with which they are reported and by the average grade given, are listed in table 46. The table indicates which problems were found to be important by the physicians classified according to the number of sources of training reported.

Four problems were mentioned by all six groups; contraception, menopausal phenomena, sterility, and venereal disease. When the above listings are put into a composite arrangement, the problem of contraception easily takes first place, menopausal phenomena are rated the next important problem, and sterility and venereal disease are ranked equally in third place. It is interesting to note that the doctors with the greatest amount of preparation dissent quite sharply from the total result, placing both sterility and venereal disease before contraception.

Table 46. Problems Rated Most Important by Physicians Classified According to Number of Sources of Preparation Listed.

Number of Sources Listed	Number of Phys.	Problems Listed in Order of Rating				
		1	2	3	4	5
0	5	Contraception	Menopausal Phenomena	Sterility	Veneral Disease	
1	11	Contraception	Veneral Disease	Menopausal Phenomena	Sterility	
2	18	Contraception	Menopausal Phenomena	Veneral Disease	Sterility	Financial Difficulty
3	18	Contraception	Menopausal Phenomena	Technique of Sex Intercourse	Veneral Disease	Sterility
4	10	Contraception	Sterility	Menopausal Phenomena	Veneral Disease	Masturbation
5	5	Sterility	Veneral Disease	Contraception	Masturbation	Menopausal Phenomena

One conclusion drawn from this study is that the doctors with the greater amount of preparation found more important problems than did the doctors with less preparation, finding an average of two more important problems.

The general conclusion on the basis of the data submitted is that the doctors with more preparation met a larger number of people for marital and premarital counseling. They found more problems in their practice and graded them as of higher importance. They found a greater number of important problems than did the physicians with less training. Thus the doctors with the greater amount of training are doing more counseling than the other doctors in the survey.

Chapter VI

Ministers and Other Agencies Concerned with Marital Counseling.

The questionnaires were sent to the ministers in the Lansing area in order that their replies might be a check upon those of the physicians. It was also judged desirable to discover what was being done in the field of marital counseling by the pastors of this community. In order to obtain as complete a report of the counseling in the field of marriage problems as possible, the work of the Visiting Nurses, Social Service Bureau, Maternal Health Clinic, Young Men's Christian Association and Young Women's Christian Association, Children's Center, Friend of the Court, and the College Health Service, were investigated, and are reported in this chapter.

The first section of this chapter is concerned with the work of the ministers as marriage counselors, and in the second section the work of the other agencies just listed is presented.

I. The Ministers as Marriage Counselors.

A. Distribution of the Ministers According to Age and Denomination.

1. The questionnaire sent to the ministers was

identical with that sent to the physicians with the exception of the first question. Instead of the field of practice, the ministers were asked to check the services they rendered in their parish. Twenty three of the twenty five ministers who returned the questionnaire reported preaching as one of the services rendered. Twenty one reported counseling on personality problems, twenty one listed counseling on social problems, twenty one ministers reported marital counseling, and twenty listed premarital counseling. It is therefore indicated that twenty of the twenty five ministers returning questionnaires were active in counseling in various fields, including marital and premarital consultations.

This number represents approximately 80% of the ministers who received the questionnaire. Because this return is not very high, twenty ministers, selected at random, were approached a second time, either by personal interview or postal card. Of these twenty ministers, nine were unwilling or unable to cooperate, and eleven replied that they did no marital counseling of sufficient frequency to report. This made a total of 45, or 67%, of all the ministers to whom the questionnaire was sent and from whom some reply was obtained. It would seem, then, that replies were received from most of the clergy who are active in marital counseling.

2. The Age of the Ministers.

Only eighteen of the ministers gave their ages in reply to the question. The youngest minister reporting was 28 years of age and the oldest was 62. There were only four ministers 50 years of age or more. The average age of the eighteen who replied was 39 years. The average age for the physicians was 46 years. The average for the ministers was four years less than that of the physicians.

Because so few of ministers over 50 years of age returned the questionnaire, it is not possible to compare the replies by groups of older and younger ministers.

3. The Denominational Affiliation of the Ministers.

There were eleven denominations represented among the twenty five returned questionnaires. Five of the ministers who replied were Presbyterian, four were Methodist, four were Congregational, three were Baptist, and three Lutheran. The following groups were represented by one minister in the returned schedules; Church of Christ, Christian Reformed, Episcopalian, Jewish, Nazarene, and Seventh Day Adventist.

There were, however, twenty five denominations and religious groups not connected with any denomination represented in the official directory of the Lansing Ministerial Association for 1929. This means that many

groups were not represented in the survey as far as the questionnaires returned are concerned. Some were not represented because the minister had not been located long enough in the community to be able to reply. Others were not represented because the clergymen were not in sympathy with the purpose of the survey, and felt that traditional church teaching was opposed to this kind of research. Still others were not represented because the pastors simply were not engaging in definite marital and premarital counseling.

B. The Activities of the Ministers in Counseling.

1. The Number of Cases of Marital Counseling.

The twenty five pastors had an average of 2.8 cases of marital counseling a month. The physicians had an average of 4.7 cases per month. The ministers then are seeing on an average two cases a month less than the physicians. The average of 2.8 cases means that approximately seventy cases of marital difficulty a month come to the attention of the twenty five pastors as a group.

Six of the twenty five ministers reported no cases of marital counseling, fifteen listed an average of 1 to 3 cases per month, two reported 4 to 6 a month, one minister listed 7 to 10, and one reported more than 21 cases a month. The pastor who reported more than 21

cases of counseling a month has the custom of having what he calls a "Listening Hour" one evening a week. At this time people with difficulties, marital or otherwise, are invited to come and discuss their problems. This practice accounts for the large number of cases reported.

Table 47. Number of Cases of Marital Counseling
Reported by Ministers.

<u>Average No. of Cases Per Month</u>	<u>No. of Ministers</u>
0	6
1-3	15
4-6	2
7-10	1
11-15	0
16-20	0
21 and over	1

3. The Number of Hours Spent in Marital Counseling.

The twenty five ministers reported an average of 4.1 hours per month given to counseling people with marital problems. This compares quite closely with the average amount of time reported by the physicians. The average number of hours spent by the doctors in counseling was 4.6 per month.

While the averages of the total number of hours spent in counseling by the ministers and physicians compare quite closely, there is some difference between the two groups when the number of hours spent is considered in relation to the number of cases reported. Since the physicians reported an average of 4 to 7 cases of counseling a month, they spent on an average an hour with each case reported. The ministers, however, reported an average of only 2 to 3 cases a month, and therefore spent an average of an hour and half with each case listed. In proportion to the number of cases the ministers gave more time to marital counseling than did the physicians.

Seven of the twenty five pastors reported no time spent in marriage counseling, nine listed 1 to 3 hours per month, four reported 4 to 6 hours, three spent an average of 7 to 10 hours a month, one reported 16 to 20 hours, and one 21 plus per month.

Six of the seven ministers who reported no time spent in counseling also reported no cases of marital counseling, while one pastor reported an average of one to three cases a month, but failed to list the amount of time spent in this counseling.

Table 48. Number of Hours Per Month Spent in Marital Counseling by Ministers.

<u>Average No. of Hours Per Month</u>	<u>Number of Ministers.</u>
0	7
1-3	9
4-6	4
7-10	3
11-15	0
16-20	1
21 and over	1

4. The number of Cases of Premarital Counseling.

The ministers reported an average of about two cases of premarital consultations a month compared to the physicians who listed an average of 2.6 per month. There is not a great deal of proportionate disparity between the two groups on this point.

Twelve of the twenty five ministers reported no premarital consultations. One pastor reported one case in the course of a year. Five ministers listed an average of 1 conference a month, three reported an average of 4 a month, one minister listed 5, one 6, one 7, and one pastor reported an average of 12 a month. Seven ministers reported four or more consultations a month, compared to seventeen physicians who listed four or more a month.

Proportionately there are more ministers who list four or more cases a month than there are physicians. There are twelve ministers who reported no cases of premarital counseling compared to twelve physicians who listed no cases. Thus almost one half of the ministers reporting did no premarital counseling, while less than one fifth of the doctors did not report such conferences.

Table 49. Number of Cases of Premarital Counseling Reported by Ministers.

<u>Average No. of Cases per Month</u>	<u>Number of Ministers</u>	<u>**</u>
0	12	
1	5	
4	3	
5	1	
6	1	
7	1	
<u>8 and over</u>	<u>1</u>	

** One minister reported one case in the course of an entire year.

5. The Average Number of Hours Spent in Premarital Counseling.

The ministers spent on an average a little more than an hour with each case that came to them for counsel, the average being just a little over 2 hours per month.

Thirteen pastors reported no time spent in premarital counseling, almost twice the number that reported no marital counseling. One minister listed an average of one half hour a month, four listed an average of one hour a month, one reported two hours, one three hours, one six hours, two ministers listed an average of eight hours, one reported ten, and one listed twelve hours per month. This question was not included in the schedule sent to the physicians, and so there can be no comparison between the two groups on this point.

C. The Minister and Marriage Problems.

The average number of problems listed by the ministers was 2.6. This was a considerably lower figure than that of the doctors, who averaged 6 problems. Six of the twenty five ministers listed no problems whereas only four of the sixty seven physicians did. It is probable that the ministers reported a smaller variety of problems because they came in contact with a lesser number of cases than did the physicians.

Ministers did not meet the problem of the technique of sex intercourse very frequently, as only four of the twenty five reported it as significant. None of the ministers rated the problem more than 1 plus. Thus the data indicate that no many of the ministers met the problem, and of those that did, none considered it even of average frequency. Only four, or 16%, of the ministers

rated sexual technique a significant problem compared with twenty nine, or 48%, of the physicians. Apparently when people had questions concerning sexual technique they sought the advice of a physician and not of a minister.

Not many of the ministers met the problem of the fear of sex as defined earlier. Twenty one of the twenty five pastors did not meet it. Three of the ministers rated the problem 1 plus, and one graded it 2 plus. Thus only four found the problem to be significant in their counseling. In contrast twenty seven, or 40%, of the physicians found fears connected with sex a significant problem, while only four, or 16%, of the ministers met it. It is again evident that when people had a problem connected with specifically sex matters they consulted the physician and not the minister. That is true, whether the question be of a medical or psychological nature.

It is known that some religious organizations are opposed to the limitation of the size of the family by so-called "unnatural methods." Included in these organizations were some of the regularly established denominations as well as those not so established. It might be expected therefore that the conflict between traditional religious mores and the economic and social pressure of

today toward family limitation would bring many to the pastor for counsel. The fact is, however, that only four ministers reported this problem while twenty one did not.

Two of the four ministers who found the problem of contraception significant in their counseling graded it 1 plus. The other two graded it 4 plus, thus indicating that they thought it was very significant. Both of the pastors who found the problem frequently are known in the community for their work in counseling. Thus while 84% of the ministers did not meet this problem, 91% of the physicians did meet it in their practice. The data show that people are seeking the advice of the physician rather than the minister on this problem.

The ministers were almost unanimous in reporting that masturbation was not found as a marital problem in their counseling. Twenty four out of the twenty five ministers graded it 0, and only one found the problem significant, grading it 1 plus. On the other hand more than one third of the physicians found masturbation to be a marital problem.

More of the ministers met the problem of menopausal phenomena than those previously mentioned. Nevertheless eighteen did not meet it at all and accordingly graded it 0. Seven ministers found it to be sig-

nificant. Two of the pastors graded it 1 plus, three 2 plus, and two 4 plus.

The doctors far outranked the ministers in reporting this problem. Forty three, or 64%, of the doctors found the problem average or more than average in frequency compared to five, or 20%, of the ministers. The physicians therefore also rated the problem of menopausal phenomena as occurring much more frequently than did the ministers.

The Bible is the accepted religious book of the Christian denominations. In it are found references to the blessings attendant on the presence of children in the family. For this reason when childlessness is found among church families it is reasonable to expect that the pastor be consulted. But the great majority of ministers who returned the questionnaires did not report the problem of sterility in marital counseling.

Nineteen of the twenty five ministers did not meet the problem of sterility, and graded it 0. Four ministers rated it 1 plus, one rated it 2 plus, and one 3 plus. As one would expect, again the ministers fell far behind the physicians in reporting this problem.

With many of the stricter Protestant groups as with the Catholic church, the problem of venereal disease is not regarded as a purely medical or social problem. To

then it is also a moral and religious problem, involving the breaking of the seventh commandment of the Decalogue. Churches, as the Reformed, may also require a confession of sin when the breaking of the commandment is established. Thus it might be expected that the ministers would be consulted about this problem, but twenty two of the twenty five ministers did not meet it at all.

Twenty two of the ministers graded the problem 0, two rated it 1 plus, and one rated it 2 plus. None of the ministers considered it as more than average in frequency. The data on the physicians presents a great contrast to that on the ministers. The doctors rated it to be the second most important problem of all those listed in the questionnaire.

Table 50 on the following page shows the rating of frequency by ministers of the first seven problems listed in the questionnaire.

The problem of financial difficulties is the first one in the questionnaire which was met by a majority of the ministers. Eleven of the ministers did not meet the problem, grading it 0. One minister rated it plus-minus, five graded 1 plus, three 2 plus, three 3 plus, and two ministers graded 4 plus.

Proportionately more of the ministers met the problem of financial difficulties. Fourteen, or 56%, of the

Table 50. Rating of Frequency of Selected Problems Listed in the Questionnaire by Ministers.

Rating of Frequency.	Number of Ministers Reporting						
	Technique of Sexual Intercourse	Fear of Sex	Contraception	Masturbation	Menopausal Phenomena	Sterility	Veneral Disease
0	21	21	21	24	18	19	22
+-	0	0	0	0	0	0	0
1+	4	3	2	1	2	4	2
2+	0	1	0	0	3	2	1
3+	0	0	0	0	0	1	0
4+	0	0	2	0	2	0	0

ministers met the problem compared to 31, or 46%, of the physicians. Relatively more of the ministers rated the problem average or more than average in frequency. Eight, or 32%, of the ministers so rated the problem compared to sixteen, or 24%, of the physicians.

Together with the physicians the ministers did not find the problem of the wife working outside the home as frequent a problem as financial difficulties; but more of the ministers found it a significant problem than the doctors.

Seventeen of the twenty five ministers did not meet the problem, and graded it 0. Six rated it 1 plus, one graded 2 plus, and one 4 plus. Eight, or 32%, of the ministers found the problems raised by the wife working outside the home significant in their marital counseling, compared to nineteen, or 28%, of the physicians. Neither the ministers or the doctors rated the problem as occurring very frequently.

The problem of personality differences was reported by a majority of the ministers in their counseling as only nine did not mention it. Seven of the ministers graded the problem 1 plus, three rated it 2 plus, two 3 plus, and four graded 4 plus. Sixteen, or 64%, of the twenty five found the problem significant in their marital counseling compared to thirty one, or

48.5, of the sixty seven physicians. The ministers also rated the problem more frequent in occurrence than did the doctors.

A bare majority of the ministers met the problem of religious differences, and only twelve considered it significant. While this indicates that the ministers met the problem much more frequently than the physicians, it is a little surprising that more of the ministers did not meet the problem in their counseling. This is a specifically religious problem, and therefore within the field of specialization of the minister. Twelve of the twenty five ministers did not meet the problem, and graded it 0. One pastor graded it plus-minus, four rated it 1 plus, four 2 plus, two 3 plus, and two graded 4 plus.

Table 51. Rating of Frequency by Ministers of Selected Problems Listed in the Questionnaire.

<u>Rating of Frequency</u>	<u>Number of ministers reporting Financial Difficulty</u>	<u>Wife Work- ing Out</u>	<u>Personality Differences</u>	<u>Religious Differences</u>
0	11	17	9	12
+ -	1	0	0	1
1	5	6	6	4
2	3	1	3	4
3	3	0	2	3
4	2	1	4	2

Five of the twenty five ministers suggested problems not listed in the questionnaire. Three of the five listed 2 problems, one listed three, and one 4 problems. Although only five of the ministers submitted problems, five others listed grades without reporting what the problems were.

The problem of infidelity was mentioned three times, and graded 2 plus, 3 plus, and 4 plus. The use of alcohol was mentioned twice, and graded 2 plus and 4 plus. Discipline of children was mentioned twice as a cause of marital difficulty, and was graded 3 plus. The following problems were mentioned once: education of children, 3 plus; emotional immaturity, 3 plus; drug addiction, 4 plus; frigidity, 3 plus; irresponsibility, 4 plus; neuroses and psychoses, 4 plus. Five of the ministers graded "other problems," but did not suggest any specific problems. Three of the five rated "other problems" 1 plus, one rated plus-minus, and one rated 4 plus.

Proportionately more of the physicians than of the ministers suggested problems. Twenty one, or 81%, of the doctors did so compared to five, or 20%, of the ministers. The problem of infidelity was mentioned most frequently, and it was also one of the problems mentioned most frequently by the physicians.

Table 52. Problems Suggested by the Ministers.

<u>Problem</u>	<u>Times Listed</u>
Infidelity	3
Use of Alcohol	2
Discipline of Children	2
Education of Children	1
Emotional Immaturity	1
Drug Addiction	1
Frigidity	1

The ministers found the following problems most important, as judged by the number of ministers who met the problem and by the estimated frequency with which these problems appear in the ministers' counseling. The problems are listed in the order of their frequency: the problem of personality differences, financial difficulties, religious differences, wife working out, and menopausal phenomena. The less important problems, judged as above, are also listed in the order of their frequency. They are, the problem of sterility, the problems of sex technique, fear of sex, and contraception, (these three received an equal rating), the problem of venereal disease, and the problem of masturbation.

This listing is considerably different than that of the physicians. The doctors listed contraception as the most important problem, while the ministers rated it seventh. The ministers found personality differences the most important problem while the physicians rated it fifth. In Table 53 the problems are listed in the order given in the questionnaire with the comparative rankings of both the ministers and physicians.

Table 53. Comparative Ranking of Problems by Ministers and Physicians.

<u>Problem</u>	<u>Ranking by Ministers</u>	<u>Ranking by Physicians</u>
Technique of sex intercourse	7	6
Fear of sex	7	8
Contraception	7	1
Masturbation	9	9
Menopausal phenomena	5	3
Sterility	6	4
Venereal disease	8	2
Financial difficulties	2	7
Wife working out	4	10
Personality differences	1	5
Religious differences	3	11

The problems of personality differences and financial difficulties were reported by more than half of the ministers. Almost a half of the ministers met the problem of religious differences, and about one third met the problem of the wife working outside the home. The problems of sterility and menopausal phenomena were met by about one fourth of the ministers.

Table 54. Number of Ministers Considering Problems Significant.

<u>Problem</u>	<u>Number of Ministers</u>
1. Personality Differences	16
2. Financial Difficulties	13
3. Religious Differences	12
4. Wife Working Out	8
5. Menopausal Phenomena	7
6. Sterility	6
7. Technique of sex intercourse	4
Fear of sex	4
Contraception	4
8. Venereal Disease	3
9. Masturbation	1

The data therefore indicate that the physicians did more counseling on psychological, social, economic, and spiritual problems than the ministers did on problems

which reached into the medical field. The work of the physicians in counseling is on a wider scale than that of the ministers, and it is also indicated that many people turn to the physician for counsel on spiritual problems rather than to the minister.

D. The Training of the Minister for Giving Counsel.

More than half of the ministers listed three or more sources of preparation for giving marriage counseling. Four of the ministers reported no source of preparation, two reported one source, four listed two sources, five had three sources, five had four, and five ministers listed all five sources mentioned in the schedule.

Comparatively speaking, the ministers were better prepared to give counsel than were the physicians. Five, or 20%, of the ministers listed all five sources compared to five, or 8%, of the sixty seven physicians. Fifteen, or 60%, of the twenty five ministers reported three or more sources compared to thirty two, or 48%, of the doctors. Both groups have an average of three sources of preparation.

Sixteen of the twenty five ministers reported personal experience from special interest as a source, nine listed post-graduate study, eleven reported reading specific material in scientific journals, twenty

listed reading in books, and twelve reported other sources of specific reading. Comparatively more of the ministers reported post-graduate training as preparation for marital counseling than of the physicians. Nine, or 36%, of the ministers reported it compared to ten, or 15%, of the physicians.

The four ministers who listed no sources of preparation reported an average of 1 case of marital counseling every two months, and spent an average of 1 hour in counseling these cases. They met none who sought pre-marital advice. They reported only two of the problems.

There were two ministers who listed one source of preparation. They met an average of 2 cases of marital counseling a month, and spent an average of two hours time a month with them. Only one of these ministers met any young people seeking premarital advice, and he met an average of 1 a month, and spent an average of one half hour in counseling. These two pastors reported an average of three problems met in counseling.

Four ministers had two sources of preparation. They met an average of 2.6 cases a month of marital counseling, and spent an average of 3.8 hours with these cases. But only one of the four was sought out for pre-marital advice. He met an average of 1 a month and spent

one hour in counseling. These four ministers met an average of 4.1 problems listed in the questionnaire.

Five of the twenty five ministers had three sources of training for giving counsel. Three of the five met no people for marital counseling, one met an average of 1 to 3 a month but failed to report the time spent with the cases, and one reported an average of 4 to 6 cases a month with an average of 4 to 6 hours spent in counseling. Three of the five met no young people for premarital counseling, one met an average of 1 a month but recorded no time spent in counseling, and one reported an average of 12 conferences a month with an average time of one half hour given to counseling each case. They reported an average of 2.2 of the problems listed.

There were five ministers who listed four sources of preparation for giving counsel. These ministers met an average of 2.6 cases requesting marital advice, and spent an average of 3.8 hours per month in marriage counseling. They met an average of 2.2 young people who sought advice before marriage, and spent an average of 4 hours per month in such counseling. These ministers found an average of 2.8 of the problems listed in the questionnaire in their counseling.

There were also five ministers who listed all five sources of preparation. They were consulted concerning the

problems of marriage by an average of 8.8 persons a month, and spent an average of 9.6 hours in counseling. An average of 4.4 young people sought them for pre-marital advice, and these ministers spent an average of 5.2 hours per month in giving such advice. These five ministers met an average of 7.4 of the problems listed in the questionnaire.

The data therefore indicate that as the training of the ministers had increased the number of people they met for marital counseling increased. Also they spent more time with their cases, and were consulted about a wider range of problems than were the ministers with less training. The ministers with more training were also sought more frequently by young people who desired advice before marriage than were the ministers with less training.

This conclusion is the same as that reached after an analysis of the training of the physicians for giving counsel. More people sought the counsel of the men who had more training for giving counsel, whether concerning marital or premarital problems.

II. Other Agencies in the Community Active in Marital Counseling.

The report of the activities of "other" agencies was obtained by personal interview with the head or director of the agency concerned. In the interview the attempt was made to obtain replies that could be placed in the framework of the questionnaire sent to the physicians and ministers. This was not always possible because of the varying ways in which agency records were kept. The agencies consulted were, the Social Service Bureau, the Visiting Nurses Association, the Maternal Health Clinic, the Lansing Children's Center, the Young Men's Christian Association, the Young Women's Christian Association, the Michigan State College Health, and the College "Y."

Some of these agencies, such as the city and college "Y", are primarily educational in their procedures with respect to marital and premarital problems. It might be added that one of the downtown churches also offered a course of lectures to those contemplating marriage and also to those already married. The services of some of the agencies to their clients such as the Social Service Bureau and the Children's Center, are more remedial in character.

A. The Visiting Nurses Association.

Most of the work of this agency is concerned with prenatal and postnatal visits to families on relief, WPA, or with other low income groups. The counseling that is done is incidental to these visits, and covers both marital and premarital problems. There are in all six nurses, one of whom is the director of the agency. These six nurses, in the course of the year 1939, were in contact with eight hundred families.

Very little of the work of this agency was concerned with premarital counseling. It was not enough to be considered significant, but occasionally the opportunity was presented in connection with care given to another member of the family.

The counseling work of the nurses covered quite well the range of problems included in the questionnaire. While it is true that the nurses were not sought out by individuals who requested advice on these problems, the individuals contacted in the routine duties of a visiting nurse took the opportunity, nevertheless, to ask advice on their problems.

The nurses in conjunction with the director rated the frequency of the problems listed in the questionnaire. The problems of contraception, menopausal phenomena, personality differences, and financial difficulties were

rated 4 plus, as being most frequently met. The director remarked that naturally the visiting nurses would not get the case unless financial problems were involved. The problems of sterility, venereal disease, and religious differences were rated 3 plus, and so were also met frequently. The problems of technique of sex intercourse, fear of sex, and masturbation were not met frequently enough to be rated significant and were graded plus-minus. The nurses did not meet the problem of the working wife.

With the exception of the problem of financial difficulties, the problems that the nurses found most frequent are more like those the doctors listed as most frequent than they are like the problems so listed by the ministers.

The nurses suggested the following problems not included in the questionnaire: the sex education of children, infidelity, and frigidity. The problems of infidelity and sex education of children were graded 4 plus, and the problem of frigidity 3 plus. Both the ministers and the physicians also suggested the problem of infidelity. Only one minister listed the problem of frigidity, but it was mentioned by five physicians.

The nurses carried as routine practice for the use of consultants the little book by H. J. Exner, THE SEX

SIDE OF LIFE." This book was also read as part of the nurses' own preparation for giving counsel. Other books were kept in the office for the use of the nurses. What other preparation the nurses had for counseling depended upon their own interest in the matter.

The visiting nurses are meeting many of the problems of marriage frequently, and are giving counsel concerning them. Because of the intimate nature of their contacts, the nurses have a unique opportunity for effective counseling. Without criticizing the quality of counseling done by these nurses, it seems evident that more preparation for counseling is desirable. This is especially true since information indicates that the nurses are meeting a wide variety of marital problems.

B. The Maternal Health Clinic.

The Lansing Clinic is affiliated with the Maternal Health League of Michigan, and is not affiliated with the Community Chest. It is serviced by a staff of rotating clinicians and nurses. Continuity of contact with the clientele is maintained through the director, who does most of the counseling, and takes the case histories.

The Clinic is open one morning a week, and its clinical services are limited to those unable financially to meet the regular fees of a physician. Fifty percent

of the patients during the year 1939 were wholly or partially on relief. Those financially able are referred to cooperating physicians. Patients of the clinic are able to purchase necessary supplies for what they are able to contribute.

The total clinic attendance for 1939 was 1090. There was an average of seventeen new cases per month. An average of 11 to 15 hours per month was spent in counseling. Almost no counseling was done apart from the specific purpose of the clinic. The home situation, except for financial difficulties, that leads the client to seek contraceptive advice was rarely a matter of counseling.

The two problems that were met almost exclusively were those of contraception and financial difficulties. These were both rated 4 plus in frequency.

In addition to the specific counseling and giving of contraceptive advice the clinic seeks to educate the community with respect to maternal health problems. This is done through the distribution of literature, by addresses given to various civic groups, an advertisement in the Michigan Farmer, a bi-monthly magazine of over 143,000 circulation, and through public meetings.

The average number of premarital consultations was less than one a month, and about an average of an hour a

month was given to premarital counseling. The director did not observe that the state premarital examination law had in any way affected the number of clients seeking premarital advice.

The director, who was responsible for most of the counseling, listed these sources of preparation for counseling: personal experience from special interest, postgraduate study, and reading specific material in scientific journals, books, and other sources. The personnel of the clinic is adequate, and only finances limit the extent of the services offered.

C. The Social Service Bureau.

Because of the method of keeping records it was not possible to fit the work of the Social Service Bureau into the framework of the questionnaire sent the ministers and physicians. Much of the activity of the case workers of the Bureau is concerned with counseling. In the year 1939 the Bureau contacted 206 families. From these families a total of 917 problems were listed, an average of three per family, which is an indication of the ramification of marital problems. When conflict arises in one area of a marital relationship such as family finances, the conflict tends to spread to other areas as well.

Of the 917 problems, 23.5% were economic in character, 17.8% were physical, 9.9% were mental, 35.1% were

relationship and overt behavior problems, 7.75 were environmental, and 6.5 were educational. This listing includes not only adults but also the children. The Bureau has no records that show the work done with adults only, except for some specific problems such as non-support.

The mental problems for instance, included both neuroses and psychoses. The same case might be listed under this classification and also under that of husband-wife conflict. The same doubling of cases might occur with the classification of relationships and economic problems.

Eighty one of the three hundred and six families were classified as showing husband-wife conflict. Four of the eighty one were cases of non-support. There is nothing in the classification of the Bureau to show what was the problem, or problems, in the husband-wife conflict. This could only be determined by consulting each case history separately.

The Bureau met only three or four cases of illegitimacy in the past year. Other premarital advice was incidental to other services rendered.

D. The Young Men's Christian Association.

While the Association has a long record in counseling the individual concerning his problems, its work in marriage

education is comparatively recent. The Lansing Association has for the last two years carried on a program of discussions, lectures, and personal conferences designed for young people about to be married, or recently married. This program is carried on by volunteers guided by the Young Men's Secretary. The staff included local physicians, educators, the director of the Maternal Health Clinic, and a minister who was chairman and discussion leader of the program. The chairman and the YMCA secretary were responsible for the counseling done. The average enrollment was 32, and the average number of conferences was seven.

In addition to the counseling in conjunction with the marriage education program, the Young Men's Secretary met an average of two young men a month for counseling. The majority of these were premarital conferences, the rest being concerned with marriage problems. An average of two hours a month was spent in this counseling. No records were kept of the type of problems most frequently met. The premarital conferences were largely concerned with courtship problems.

E. The College Young Men's Christian Association.

The director of this work is a minister. The counseling done has been both marital and premarital. No specific problems in marital counseling were reported, although

this director listed an average of 1 to 3 cases of marital counseling a month. An average of 4 to 6 hours a month was spent in this work.

An average of five young people per month came to the College "Y" for premarital advice, and an average of 10 hours a month was spent in such counseling. Personal experience from special interest, postgraduate study, specific reading in books and other sources were reported as training for giving counsel.

The greatest part of the counseling done with the unmarried group was concerned with courtship problems. Both the College YMCA and YWCA offer educational services such as lectures and discussion groups.

F. The Friend of the Court.

The Friend of the Court in Ingham County is also the chief Probation Officer. As Friend of the Court he comes in contact with many cases of conflict in marriage. The great difficulty in this type of work is that the conflicts have proceeded so far that the parties are contemplating divorce, or have already instituted suit for divorce.

The Friend of the Court was not able to report the number who sought advice that the marriage might be preserved, because records were not kept of these conferences. He found that the question of finances was the most

frequent problem, both among those suing for divorce and those seeking to preserve the marriage. The problem of the working wife was also found to be frequent in causing conflict between husband and wife. Religious differences were also found, but not so frequently as a cause for divorce.

The number of premarital conferences was insignificant, but parents frequently came to discuss the problems connected with adolescence.

G. The Young Women's Christian Association.

The counseling carried on in the program of the Association is largely concerned with personality, religions, and courtship problems. It does not deal specifically with marital difficulties. Educational programs were offered the members and interested people in the way of preparation for marriage. The usual method was through the use of an expert in some field of marriage or courtship problems who would lecture and answer questions asked in discussion groups. There were no available records which would give an indication of the amount of counseling done, and the specific problems discussed.

H. The College Young Women's Christian Association.

The work of the College YWCA is mostly in the field of informal education and recreation. The counseling

carried on is largely concerned with the problems of courtship both among young women and young men.

There is some counseling done with young married couples, chiefly college students or recent graduates. The problems discussed were almost entirely financial.

I. The College Health Service.

The College physician is very active in counseling both married and unmarried individuals. An average of 7 to 10 married people sought advice per month, and an average of 11 to 15 hours was spent in counseling these cases. An average of more than 10 a month sought pre-marital counsel from this doctor.

The problem of greatest frequency was that of masturbation. Fear of sex was also found to be a very frequent problem. The fact that these two problems ranked the highest in the college group is very interesting in the light of the fact that these problems did not rank very highly among the doctors as a whole.

Contraception was found to be a frequent problem, but not as frequent as the problems mentioned above. Questions concerning the technique of sex intercourse were rated as average in frequency. Personality differences and venereal disease were rated significant but not frequent in occurrence.

The problems of sterility, menopausal phenomena,

financial difficulties, working wife, and religious difficulties were not met, and were graded 0.

The college physician reported personal experience from special interest, reading specific material in books, and reading in other sources, as preparation for giving counsel.

J. The Lansing Children's Center.

This is the most recent civic agency dealing with the problems of the family. The Children's Center began its work in 1939 when a psychiatrist was engaged to be its director. The name of the agency indicates that its chief function is to deal with children, and particularly problem children. However, very frequently the case of the problem child is that of the problem parent or parents, and the director then must counsel and guide the parent. The psychiatrist in charge of the Center reported that often the marital difficulties of the parents are reflected in the conduct of the children.

The director of the Center reported an average of four to six cases of marital advice a month, and also spent an average of four to six hours a month in such counseling. The problem of contraception was rated as the most frequent, then followed the problems of fear of sex, religious differences, and personality differences in the order named. The problem of borderline

mental cases was suggested as one not mentioned in the questionnaire, and it was rated as occurring frequently enough to be significant. An average of one case a month of premarital counseling was reported. The doctor did not consider that the premarital examination law had affected that number. He reported post-graduate study, and reading specific material in scientific journals, books, and other sources, as sources of training for giving marital and premarital counsel.

Chapter VII

Summary and Conclusions.

This study shows that there is much activity in the field of marital and premarital counseling in the Lansing community. Sixty seven physicians spent an average of 4.6 hours a month in counseling an average of 4.7 cases a month who sought advice concerning marriage problems. Twenty five ministers spent an average of 4.1 hours a month in giving counsel to an average of 2.8 cases a month seeking marital advice. While the ministers did not meet as many cases in need of marital counsel as the physicians, they spent more time in counseling these cases than did the doctors. The Visiting Nurses met an average of 60 cases a month in which counseling was given on marriage problems. The time spent by the nurses was not estimated since the counseling was done in conjunction with other services. The Maternal Health Clinic met an average of 17 new cases a month, and an average of 11 to 15 hours was spent in counseling per month. The Social Service Bureau met an average of 26 new cases a month in need of counsel, but the time spent cannot be estimated. In addition to the agencies for which data is available there are other agencies, such as the YMCA, the YWCA, and

the Friend of the Court, which also are active to some extent in marital counseling. An average of 7 to 10 married people received counseling at the College Health Service, and an average of 11 to 15 hours per month was spent with them. The Lansing Children's Center reported that an average of from four to six married people a month sought advice on the problem of their marriage, and that an average of from four to six hours a month were spent in counseling these cases. When the counseling done by such groups as the Catholic clergy, the extent of which is not known, is added to the above, it is evident that large numbers of people are seeking advice concerning the problems of their marriages, and that a large amount of time is being devoted in this community to marriage counseling.

The amount of marriage counseling indicates the need of a central agency to deal with marriage problems. With so many agencies active in the work of counseling there is undoubtedly overlapping and duplication of effort. There is at present nothing in this community that resembles a clinical procedure in dealing with marital difficulties, but their frequency and extent are sufficient indication of the need for a marriage clinic. The establishment of such a clinic would also prevent much duplication of services and consequent loss of time.

Premarital counseling receives much attention in the community. This is counseling outside of the home, and in no way reflects what is done in the home. The physicians met an average of 2.6 young people a month in premarital conferences. The ministers reported an average of 2 a month. The college health service reported an average of 10 plus premarital consultations. The YMCA averaged about two cases of such counseling a month. The other agencies were not very active in this respect, the amount of counseling being negligible. A majority of the physicians felt that the premarital examination law of the State of Michigan had a beneficial effect on the number of young people who sought other premarital advice.

This study shows that there is a tendency toward consulting the younger physicians as marriage counselors. This is probably due in part to the fact that the younger doctors, on the average, have more preparation for giving counsel. It also indicates that the doctors in general practice are consulted more frequently for marriage counseling than are the specialists. However, the average of the specialists is lowered because the field of practice of some limits their contact with families or individuals for such purposes.

The survey shows that physicians reported comparatively more services in the field of counseling than did the ministers. On the basis of the reports given the physicians were more active in counseling in fields outside of their specialty than were the ministers. It is safe to infer that many people turn to the physician for counsel on spiritual problems rather than to the minister.

The two most frequent problems were those of contraception and financial difficulties. Then followed the problems of personality differences, of menopausal phenomena, venereal disease, and sterility. The problems of technique of sex intercourse, fear of sex, and religious differences were rated about equal in frequency. The problems rated least frequent were those of masturbation and the working wife.

The problems most frequently suggested by the physicians, ministers and other agencies, listed in the order of their frequency, were: infidelity, frigidity, difference in libido, impotence. These were mentioned often enough to be considered in a further study. The infrequency with which other problems were listed leads to the conclusion that the questionnaire covered the problems most frequently met in marital counseling.

The high rating of financial difficulties in this

survey is questionable. The physicians, for instance, rated it seventh in frequency while the ministers rated it second. Since many of the other agencies dealt with the underprivileged and those in the low income brackets they naturally rated this problem as frequent. However, such agencies as the Social Service Bureau, list the problem of financial difficulties as dealt with by their workers even when the financial stress caused no rift in the marital relationship. Thus while no doubt many families had financial problems, it is questionable if these problems ^{were a primary} cause of difficulty in the marriage relation. The experience of the author in family counseling confirms the question raised in this paragraph.

In general, the problems centering around the sexual life created the most difficulties. Personality problems were next in frequency, and these were followed by cultural problems such as, financial difficulties, the wife working outside the home, and religious differences. The family physician occupies the role of confidant when marital difficulties arose, and did a proportionately large amount of counseling in comparison to the pastor. Consultation with the specialist is generally along the line of his specialty.

No conclusions can be drawn from this study regarding the effectiveness of the counseling in this area, except the fact that the counselors with the most preparation are doing the most counseling. This is a probable indication

of satisfaction on the part of those that consulted them and suggests the desirability of further preparation on the part of the other counselors in the community. The frequency with which certain problems appear indicates the specific nature of the preparation needed.

In conclusion, if marital difficulties may be likened to an epidemic, then the frequency of the symptoms shown in this survey is an indication of the seriousness of the disease. The need is shown for more effective remedial measures such as specific training for counseling on the problems of greatest frequency, and a central coordinating agency such as an Institute of Family Relationships. Carrying forward the idea of marital difficulties as a social illness, the need is also shown of more effective preventative measures through premarital education and counseling.

Appendix A

I. Questionnaire Sent to the Ministers.

1. Does your church work include:

- a. Preaching _____
- b. Counseling:
 - 1.) Personality problems _____
 - 2.) Social problems _____
 - 3.) Marital problems _____
 - 4.) Pre-marital problems _____

2. Age _____ Is your parish chiefly urban ___? rural _____?

3. What is the average number of married persons per month for the past year who have come to you solely for marital advice? (check) 1-3 ___ 4-6 ___ 7-10 ___ 11-15 ___ 16-20 ___ 21 or more ___.

4. What is the average number of hours per month for the past year spent in such counseling? (check) 1-3 ___ 4-6 ___ 7-10 ___ 11-15 ___ 16-20 ___ 21 or more ___.

5. Indicate roughly the number who had the following problems: (by grading 1, 2, 3, 4 plus)

- a. Technique of sexual intercourse _____
- b. Fear of sex _____
- c. Contraception _____
- d. Masturbation _____
- e. Menopausal phenomena _____
- f. Sterility _____
- g. Venereal disease _____
- h. Financial difficulties _____
- i. Working wife _____
- j. Personality differences _____
- k. Religious differences _____
- l. Other problems _____

Can you indicate some of these other problems in the space below?

6. What is the average number of unmarried people who came for advice concerning marriage per month for the past year? _____

What is the average number of hours per month for the past year spent in such counseling? _____

Has this number of people apparently changed with the pre-marital examination law? _____

7. What training have you had for giving marital counseling? (check)

- a. Personal experience from special interest _____
- b. Post-graduate study _____
- c. Reading specific material in
 - 1.) Scientific Journals ___
 - 2.) Books ___
 - 3.) Other sources ___.

Appendix A
2. Questionnaire Sent to the Doctors.

1. Field of Practice (check).
 - a. General Practice. _____
 - b. Surgery. _____
 - c. Pediatrics. _____
 - d. Psychiatry. _____
 - e. Ob. and Gyn. _____
 - f. Urology. _____
 - g. Neurology. _____
 - h. Osteopathy. _____
 - i. Other Class. _____

2. Age _____ Is your practice chiefly urban ___? rural ___?

3. What is the average number of patients per month for the past year who have come to you solely for marital advice? (check)
1-3 ___ 4-6 ___ 7-10 ___ 11-15 ___ 16-20 ___ 21 or more ___.

4. What is the average number of hours per month for the past year spent in such counseling? (check closest to total) 1-3 ___
4-6 ___ 7-10 ___ 11-15 ___ 16-20 ___ 21 or more ___.

5. Indicate roughly the number who had the following problems?
(by grading 1, 2, 3, 4.)
 - a. Technique of sexual intercourse. _____
 - b. Fear of sex. _____
 - c. Contraception. _____
 - d. Masturbation. _____
 - e. Menopausal phenomena. _____
 - f. Sterility. _____
 - g. Venereal disease. _____
 - h. Financial difficulties. _____
 - i. Working wife. _____
 - j. Personality differences. _____
 - k. Religious differences. _____
 - l. Other problems. _____Can you give some of these other problems in the space below?

6. What is the average number of unmarried people who came for advice concerning marriage per month for the past year? _____
 - a. Has this number apparently changed with the premarital examination law? _____

7. What training have you had for giving marital counsel? (check)
 - a. Personal experience from special interest. _____
 - b. Post-graduate study. _____
 - c. Reading specific material in this field in
 - 1.) Scientific Journals ___ 2.) Books ___ 3.) Other sources ___

Appendix B

I. Tabulation of Replies to Questionnaire by
Physicians Classified According to Specialty.

Table 1. Average Number of Cases of Marital
Counseling Per Month.

Specialty	No. of Phys.	Average No. Per Month				
		0	1-3	4-6	7-10	11-15
Surgeons	9	2	4	2	1	0
Obstetr.	6	0	1	2	2	1
Pediatr.	3	1	0	0	1	1
Urolog.	3	0	0	3	0	0
Psychiat.	1	0	0	0	1	0
Dermatol.	1	0	0	0	1	0
Pub.Health	1	0	1	0	0	0
Totals	24	3	6	7	6	2

Table 2. Average Number of Hours Per Month
Spent in Counseling.

Specialty	No. of Phys.	Average No. of Hours Per Month					
		0	1-3	4-6	7-10	11-15	16-20
Surgeons	9	3	4	1	1	0	0
Obstetr.	6	1	3	2	0	0	0
Pediatr.	3	1	1	1	0	0	0
Urolog.	3	0	0	1	0	2	0
Psychiat.	1	0	0	0	0	0	1
Dermatol.	1	0	0	0	0	1	0
Pub.Health	1	0	1	0	0	0	0
Totals	24	5	9	5	1	3	1

Table 3. Rating of Frequency of Technique of Sexual
Intercourse as Marital Problem.

Specialty	No. of Phys.	Rating Of Frequency				
		0	1+	2+	3+	4+
Surgeons	9	6	1	2	0	0
Obstetr.	6	3	1	2	0	0
Pediatr.	3	3	0	0	0	0
Urolog.	3	0	2	1	0	0
Psychiat.	1	0	1	0	0	0
Dermatol.	1	0	1	0	0	0
Pub.Health	1	1	0	0	0	0
Totals	24	13	6	5	0	0

Table 4. Rating of Frequency of Fear of Sex as a Marital Problem.

Specialty	No. of Phys.	Rating of Frequency				
		0	1+	2+	3+	4+
Surgeons	9	7	0	2	0	0
Obstetr.	6	3	1	2	0	0
Pediatr.	3	3	0	0	0	0
Urolog.	3	0	2	1	0	0
Psychiat.	1	0	1	0	0	0
Dermatol.	1	0	0	0	0	0
Pub.Health	1	1	0	0	0	0
Total	25	15	4	5	0	0

Table 5. Rating of Frequency of Contraception as a Marital Problem

Specialty	No. of Phys.	Rating of Frequency				
		0	1+	2+	3+	4+
Surgeons	9	2	2	1	1	3
Obstetr.	6	0	0	1	0	5
Pediatr.	3	2	0	0	1	0
Urolog.	3	0	0	0	2	1
Psychiat.	1	0	0	1	0	0
Dermatol.	1	0	1	0	0	0
Pub.Health	1	0	0	0	1	0
Total	24	4	3	3	5	9

Table 6. Rating of Frequency of Masturbation as a Marital Problem

Specialty	No. of Phys.	Rating of Frequency				
		0	1+	2+	3+	4+
Surgeons	9	6	3	0	0	0
Obstetr.	6	2	4	0	0	0
Pediatr.	3	1	1	0	1	0
Urolog.	3	0	2	1	0	0
Psychiat.	1	0	0	0	0	1
Dermatol.	1	1	0	0	0	0
Pub.Health	1	1	0	0	0	0
Total	24	11	10	1	1	1

Table 7. Rating of Frequency of Menopausal Phenomena as a Marital Problem

Specialty	No. of Phys.	Rating of Frequency				
		0	1+	2+	3+	4+
Surgeons	9	5	0	0	0	4
Obstetr.	6	0	0	0	1	5
Pediatr.	3	3	0	0	0	0
Urolog.	3	1	1	1	0	0
Psychiat.	1	0	0	0	0	1
Dermatol.	1	0	0	0	0	1
Pub.Health	1	1	0	0	0	0
Total	24	10	1	1	1	11

Table 8. Rating of Frequency of Sterility as a Marital Problem

Specialty	No. of Phys.	Rating of Frequency					
		0	±	1+	2+	3+	4+
Surgeons	9	3	0	3	1	1	1
Obstetr.	6	0	0	2	0	0	4
Pediatr.	3	2	0	1	0	0	0
Urolog.	3	0	1	0	1	0	1
Psychiat.	1	0	0	1	0	0	0
Dermatol.	1	1	0	0	0	0	0
Pub. Health	1	0	0	1	0	0	0
Total	24	6	1	8	2	1	6

Table 9. Rating of Frequency of Venereal Disease as a Marital Problem

Specialty	No. of Phys.	Rating of Frequency					
		0	±	1+	2+	3+	4+
Surgeons	9	3	1	1	3	0	1
Obstetr.	6	0	1	2	3	0	0
Pediatr.	3	1	0	1	1	0	0
Urolog.	3	0	0	0	0	0	3
Psychiat.	1	0	0	1	0	0	0
Dermatol.	1	0	0	0	1	0	0
Pub.Health	1	1	0	0	0	0	0
Total	24	5	2	5	8	0	4

Table 10. Rating of Frequency of Financial Difficulties as a Marital Problem

Specialty	No. of Phys.	Rating of Frequency					
		0	1	1+	2+	3+	4+
Surgeons	9	6	2	0	0	1	0
Obstetr.	6	2	1	1	1	0	1
Pediatr.	3	3	0	0	0	0	0
Urolog.	3	1	0	2	0	0	0
Psychiat.	1	0	0	1	0	0	0
Dermatol.	1	1	0	0	0	0	0
Pub.Health	1	0	0	1	0	0	0
Total	24	12	3	5	1	1	1

Table 11. Rating of Frequency of the Wife Working Outside the Home as a Marital Problem

Specialty	No. of Phys.	Rating of Frequency				
		0	1+	2+	3+	4+
Surgeons	9	9	0	0	0	0
Obstetr.	6	4	1	0	1	0
Pediatr.	3	3	0	0	0	0
Urolog.	3	1	2	0	0	0
Psychiat.	1	1	0	0	0	0
Dermatol.	1	1	0	0	0	0
Pub.Health	1	1	0	0	0	0
Total	24	20	3	0	1	0

Table 12. Rating of Frequency of Personality Differences as a Marital Problem

Specialty	No. of Phys.	Rating of Frequency				
		0	1+	2+	3+	4+
Surgeons	9	6	3	0	0	0
Obstetr.	6	2	3	1	0	0
Pediatr.	3	3	0	0	0	0
Urolog.	3	1	2	0	0	0
Psychiat.	1	0	0	1	0	0
Dermatol.	1	1	0	0	0	0
Pub.Health	1	1	0	0	0	0
Total	24	14	8	2	0	0

Table 13. Rating of Frequency of Religious Differences as a Marital Problem

Specialty	No. of Phys.	Rating of Frequency					
		0	1+	2+	3+	4+	
Surgeons	9	8	1	0	0	0	0
Obstetr.	6	2	1	3	0	0	0
Pediatr.	3	3	0	0	0	0	0
Urolog.	3	1	1	1	0	0	0
Psychiat.	1	0	0	1	0	0	0
Dermatol.	1	1	0	0	0	0	0
Pub.Health	1	1	0	0	0	0	0
Total	24	16	3	5	0	0	0

Table 14. Number of Problems Suggested by Specialists

Specialty	No. of Phys.	No. of Problems			
		0	1	2	3
Surgeons	9	8	1	0	0
Obstetr.	6	4	1	0	1
Pediatr.	3	2	1	0	0
Urolog.	3	1	2	0	0
Psychiat.	1	0	0	0	1
Dermatol.	1	0	1	0	0
Pub.Health	1	1	0	0	0
Total	24	16	6	0	2

Table 15. Average Number of Premarital Consultations Per Month

Specialty	No. of Phys.	Number of Cases					
		0	1-3	4-6	7-9	10	Aver.
Surgeons	9	2	6	0	0	1	2.2
Obstetr.	6	0	3	2	0	1	4.3
Pediatr.	3	3	0	0	0	0	0
Urolog.	3	0	2	1	0	0	3.5
Psychiat.	1	0	1	0	0	0	3
Dermatol.	1	0	1	0	0	0	1
Pub.Health	1	1	0	0	0	0	0
Total	24	6	13	3	0	2	2.5

Table 15. Number of Sources of Preparation
Reported by Specialists

Specialty	NO. Of Phys.	Number of Sources					
		0	1	2	3	4	5
Surgeons	9	0	1	5	1	1	1
Obstetr.	6	0	0	0	0	4	2
Pediatr.	3	1	1	0	0	1	0
Urolog.	3	0	0	0	0	2	1
Psychiat.	1	0	0	0	0	1	0
Dermatol.	1	0	0	0	1	0	0
Pub.Health	1	1	0	0	0	0	0
Total	24	2	2	5	2	9	4

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