

Birth Control Review

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Marriage Counseling and Birth Control

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THOSE who have been interested in marriage counseling from its beginning in this country as an organized service can bear testimony not only to an increasing demand for such help, particularly on the part of young people, but also to a considerable shift in the motives of the clients. Until recently men and women came for advice because they found themselves in trouble. They desired aid in handling some specific problem. An analysis of their situation often showed that a contributing cause—sometimes it was a fundamental cause—of their difficulty was the coming of a child before they could meet the financial responsibilities of parenthood, or the breakdown of family morale through too many or too rapid childbirths. It was easier to trace causation than to point the way to recovery. Through such experiences the counselor was continuously impressed with the need of providing young people, who at marriage had need of reliable birth control knowledge, with instruction in contraceptive technique.

During the last ten years, especially in the college group of young people, there has been a growth of interest in premarriage counseling as a means of preventing matrimonial unhappiness. These young people come seeking information and insight. They do not intend to have serious problems. A great proportion of them believe that parenthood should be a choice and not an accident. They wish advice regarding birth control just as they do regarding other practices that they think will influence their success.

An adequate service to meet their needs includes three features: an interpretation of marriage experience adapted to the needs of the individual, a premarital medical examination, and the giving of contraceptive advice. The advantage of getting all three types of assist-

ance at one time and place seems likely to emphasize increasingly the need for the birth control clinic to provide premarital counsel and for the marriage consultation center to give contraceptive information. It would seem that the trend in these clinics would not only be toward such consolidation, but also toward a separation of the consultation service from the other two. One represents an application of knowledge chiefly gathered from a synthesis of sociology, psychology, and psychiatry, while the others are clearly medical specialties. Most young people will not be satisfied if they are given the first two kinds of preparedness for marriage and denied the third.

It promises to be a long time before either the maternal health clinic, the contraceptive clinic, or the marriage family consultation center will be common enough to make this assistance available for all who need preparedness for marriage. A great part of marriage counseling must be done by individuals. Even in the cities, where clinics exist, it will be found that a proportion of the clients prefer going to an individual rather than to a clinic. Doubtless there will be physicians who will be competent to give all three kinds of service and who will have the interest to do this. In the majority of cases, however, it would seem better to have a division of labor. For example, the author for a long time has had the cooperation of physicians in giving premarital examinations and, when desired, contraceptive information for those who have come to him for premarital counsel.

It is true that in the past the general practitioner, popularly symbolized to us by the "country doctor," has given a great deal of useful help to his patients of the sort that is now provided by marriage counseling. However, the tendency toward specialization is too

Authorities in the important new field of marriage counseling give in this issue their views on the need for contraceptive advice, both in preparing young people for marriage and in solving marital difficulties which have already arisen. Increasingly the birth control center and the marriage counselor are working together to make marriage happier, healthier and more stable.

great for this ever to be revived as an important service of the ordinary doctor. It is the rare physician who appreciates this trend in the science of marriage and sends patients to the specialist in marriage counseling. On the other hand, the counselor, unless he be a physician trying to carry all three forms of specialization, sees to it that his clients go to the physician for a modern examination in preparation for marriage and for accurate technique in birth control.

One of the facts that the private counselor in the field of marriage has impressed upon him is the difficulty young people are having in getting from the physician adequate premarital examination and trustworthy birth control information. As I write this article, I have before me four reports of unwanted pregnancies on the part of recently married young women who sought from physicians reliable, modern preparedness for marriage. It seems as if these young people had the right to expect adequate advice. What they were told to do for birth control did not square with the teaching or the practices of our well established birth control clinics. Not one of these young women would have married when she did had she been told that she could not decide when to have children. Each of them looked forward to motherhood but realized at the time of marriage that it would be wise to wait, for economic or health reasons, before assuming the responsibilities of parenthood.

There can be no doubt of what is needed. If in some way a responsible group of specialists in the field of medical contraception could attest to the adequate preparation of the physician to give birth control information, there would be few failures among patients except through their own indifference or carelessness.

The inadequate technique of the physician along other lines may be concealed by the contribution of the therapeutic processes of nature. Inadequacy in contraceptive technique is very likely to be uncovered, since in this medical service the task is to control nature rather than to invite her supplementary support of the physician's efforts. The private counselor in the field of marriage can only see to it that his clients are directed to physicians who are sincerely interested in contraception and well equipped to give advice. In his premarital advising he will stress the need, when birth control is desired, of going only to the physician who is adequately trained in contraceptive techniques. As a worker in the field of marriage, the counselor will have prescribed to him from time to time problems arising from the client's not having been told at marriage of the need of care in the attempt to get the information necessary for voluntary parenthood, and he will, therefore,

do what he can to emphasize the importance of adequate birth control technique as a part of the medical program of modern preparedness for marriage.

Editor's Note—Dr Groves has touched upon the widespread need for education of the medical profession in approved contraceptive techniques. The recent organization of the National Medical Council on Birth Control is accelerating such education, but much remains to be done. To assist the public, the American Birth Control League and its state member leagues maintain referral lists of physicians who are qualified to give contraceptive advice.

An Informal Experiment in Psychiatric Interviewing

IN 1924 the central city branch of the Philadelphia Maternal Health Centers felt a need for psychiatric service for patients whose maladjustments came to light during interviews for contraceptive advice. It was felt that many difficulties arose from frigidity on the part of the woman. The clinic was fortunate in securing the services, on a volunteer basis, of Dr O Spurgeon English, Professor of Psychiatry at Temple University Medical School. Dr English gave one evening a week at the clinic for a period of ten months. He saw about ninety patients, each of whom had an interview lasting at least a half hour. Many patients were seen only once, a few were seen two or three times.

Dr English comments "If I were to summarize my impressions of the psychiatric interviews, they would be as follows:

- 1 Once having begun treatment the patients were very cooperative in any psychiatric procedure.
- 2 The husbands of the patients were more willing to come and discuss a problem than might be supposed.
- 3 The central problem, in nearly every case, was that of frigidity on the part of the woman, nearly all other problems centered around this symptom.
- 4 Frigidity as met with in such a clinic is very difficult to treat in spite of cooperation on the part of the woman. This must necessarily be so because we know that frigidity is the result of a lifetime of faulty psychosexual growth. I would estimate roughly that relief for this condition, resulting from a limited number of clinic interviews such as this, would run under ten percent as a result of such occasional contacts."

JEAN WHITEHILL, Clinic Secretary
Philadelphia Maternal Health Centers

The Premarital Consultation

By HANNAH M. STONE, M.D., and ABRAHAM STONE, M.D.

Authors "A Marriage Manual", Medical Directors of the Marriage Consultation Centers at the Community Church and Labor Temple, New York City

THE emphasis in medicine is increasingly turning from "cure" to "prevention," from health restoration to health conservation. Both layman and physician are coming to accept the viewpoint that one of the chief functions of medicine is to forestall trouble. Timely and judicious instruction in the hygiene of life and the early recognition of potential disturbances is often infinitely more valuable than remedy and cure at a later stage.

In the field of marriage hygiene, too, the emphasis must be shifted from "adjustment" to prevention. The most constructive part of marriage counseling, we feel, lies in the premarital consultation. It is much more effective to give counsel and guidance before difficulties arise, before disturbances develop, before tensions become acute, than to remedy these later on. It is wiser and simpler to educate than to re-educate.

Of course, to be really effective, education for marriage should begin not a few days or a few weeks before the wedding day, nor even in college or in high school. It should begin in the home, with the very first questionings of the child. The education of a child comes not only from direct instruction, it comes also from any number of environmental sources and particularly from the general attitude and behavior of those closely associated with the child during its formative years. These early influences often condition even the adult reactions and responses of the individual, and one can hardly expect to alter or modify the effect of these accumulated impressions of a lifetime during a brief consultation before the marriage day. Nevertheless, we venture to say that an hour's intelligent premarital discussion with a young couple may be very valuable and effective in facilitating marital adjustment and in smoothing the path of the matrimonial journey.

Of the patients who have come to the Marriage Consultation Center of the Community Church, some thirty-five per cent have been young people about to be married. Some have come with specific problems. A young man, for instance, with a family history of epilepsy is concerned about his fitness for marriage and procreation. A young woman with an enlargement of the thyroid wishes to know whether she should accept a marriage proposal and whether her condition might not handicap her in bearing children later on. A young man with a past history of a venereal infection comes

to inquire whether there is any possibility of his transmitting the disease to future offspring. These are specific problems which require individual medical attention and guidance.

Most young people who come for premarital consultations, however, have no such definite problems. They come for general instruction and advice in marital hygiene.

"I don't know anything about sex and marriage, doctor," the young woman may say, "and I came to find out what I ought to know about it." The young man is apt to be somewhat more specific and inquire about some special phase of marital hygiene and particularly about the prevention of conception. A large number of young people today can marry only on the basis that the wife will continue with her work for a time, and they feel it is imperative for them to have adequate contraceptive information from the very beginning so that a pregnancy may be avoided until they are prepared to undertake the task of parenthood. Whatever the particular questions may be, the trained counselor will not be satisfied with merely answering the few questions raised, but will impart such information and guidance in the social and medical aspects of marriage as the situation may indicate. Often it is only after the consultation has proceeded for some time that the young man or young woman is sufficiently at ease and uninhibited to ask questions frankly about some personal and intimate problems which may have been causing serious concern.

What should be the main purpose of the premarital consultation? Of what should it consist? In a number of states laws have been passed requiring some form of medical examination or medical tests before marriage. The chief objects of these laws have been to prevent the marriage of individuals afflicted with some transmissible physical or mental ailment. Laudable as these laws are, they do not constitute the main purpose of a premarital consultation. Premarital advice should not be merely negative in character, it should not merely seek out reasons why a marriage should not take place. On the contrary, it should be positive and constructive. It should impart the necessary knowledge, it should inculcate a healthy attitude toward the problems of sex and marriage, it should allay, as far as pos-

sible, existing fears and anxieties, and it should attempt to remove potential sources of maladjustments

During the consultation the young people, preferably separately, should be given a fairly clear understanding of the structure and function of the reproductive organs, of the nature of the sexual relationship, of the physical and psychological differences between the male and the female in their attitude and approach toward sex. The problems of fertility and its control should be considered in some detail, and should include a discussion of the medical and social indications for and against the postponement of childbearing in the particular case, and of the values and dan-

gers of the various methods available for the prevention of conception. Finally, the premarital consultation should deal with the more intimate details of marriage hygiene and with what has come to be called the "art of love."

In this brief outline we have consciously limited ourselves in the main to a discussion of the medical aspects of the premarital consultation. Marriage hygiene is a branch of preventive and social medicine which has hitherto received but scant attention. Relating as it does, however, to the most vital phases of the major part of the adult population, it offers an extensive area for the constructive services of the medical counselor.

The Relation of Marriage Counsel to The Maternal Health Center

By EMILY B. H. MUDD

Counselor, Marriage Counsel, Philadelphia, Pa.

PROBABLY no organizations in the country are made aware more continuously of the need for a preventive approach to marriage problems than are the birth control clinics. Case after case of marital unhappiness and maladjustment, based often on ignorance, fear and rejection of the whole sexual side of life, come to light when women seek advice on contraception. In most birth control clinics the physician and social worker are so pressed that they are forced to limit themselves to the giving of contraceptive information. Discussions of marital adjustment, which require time and privacy, are practically impossible and must usually be neglected or referred elsewhere. For this reason many birth control clinics have been interested in plans for meeting the need for help expressed by their clients. A few have experimented with a specialized service under the clinic's auspices, others with close cooperation with allied organizations.

The Philadelphia Marriage Counsel, from its inception in 1933, has had a close working relationship with the Philadelphia maternal health centers. For reasons of community affiliations, growth and freedom of activity with young, unmarried people, the sponsoring committee of the Marriage Counsel felt it unwise and limiting for this service to be an extension of a birth control clinic. It is, therefore, an independent organization, at present having its office in the same building as the office of the Pennsylvania Birth Control Federation and the Federation's principal maternal health center. There have been a steadily increasing number of referrals from the maternal health center to Marriage

Counsel as the physicians and clinic workers have become more aware of the possibilities of the type of service the Counsel offers, and its facilities have been made available under the same roof. Naturally, Marriage Counsel has always made use of the specific service offered by the maternal health centers for married women, and of its trained staff for private premarital examinations, which under present maternal health center policy cannot be undertaken at the clinic.

Cases referred from the maternal health centers fall into three general groups, (1) engaged couples wishing understanding of the physiology and psychology of sexual relationships in marriage (this usually includes contraceptive information), (2) women needing help in some specific situation, (3) women presenting maladjustments related to the sexual side of marriage. Premarital interviews referred from the maternal health centers and other sources constitute over one third of Marriage Counsel work with clients.

Illustrating one type of specific need (group 2), the case of Mrs. X which is summarized below is picked from a series of six sterilizations which have been made possible by active cooperation between Marriage Counsel, the maternal health centers, and certain hospitals.

Mrs. X Secretary of maternal health center sent Mrs. X's chart with the following note: "Mrs. X is 26, has had six pregnancies, and recently a therapeutic abortion because of a kidney condition. She was admitted to a city hospital for sterilization, but her husband refused signature."

Mrs X was a poorly dressed colored woman, looking ten to twenty years more than her actual age "I'm so worried that I'll get that way again Even though I have the supplies from the clinic, my husband mightn't wait for me to use them The doctor tells me I have such high blood pressure, I'd sure die if I had another baby It seems as if it's all I can do to keep up with the four children I have, and do rightly by them, feeling as I do"

After further discussion with Mrs X she was given a letter to take home to her husband requesting him from the point of view of his own future to come into the office to talk over his wife's health Two weeks later Mrs X wrote that her husband had finally given his permission for her operation She had taken this up with the hospital, and was to be admitted as soon as they had room

The cases of Mrs Y and Mrs Z which follow are chosen from those having sexual maladjustments (Group 3) Case Y illustrates quite dramatically what occasionally happens in a short contact when long accumulated fear and guilt are lessened

Mrs Y A physician from the maternal health center referred Mrs Y with a note to Marriage Counsel, saying that her physical examination showed her to be normal However, in talking with her the physician found that she had an absolute horror both of the marriage relation and of pregnancy In parts of her interview at Marriage Counsel, Mrs Y said she guessed the trouble was, besides being scared to death about a pregnancy which they couldn't afford, and having been through two abortions, she guessed she just hated the whole idea of sex so much it seemed as if she and her husband fought about it most of the time After reading the booklet, "Marriage and Sexual Harmony," by Butterfield, which the doctor gave her, she realized her ideas must be all wrong It was a great relief really to find out how some decent, fine people do feel about this She guessed she had got started all wrong, the way she was brought up and everything "If only I'd known there was a place like this to come to two years ago, we mightn't have been through such an awful time"

After her check up visit to the maternal health center, the physician wrote Marriage Counsel that she had hardly recognized Mrs Y Her expression and appearance were so different from those of the overwhelmed, terribly upset young woman of the previous week In answer to a three months' follow up letter from the maternal health center, Mrs Y

writes that her married life is happier "by being contented and unafraid"

Case Z illustrates contact with a very disturbed client over a longer period of time

Mrs Z Mrs Z was an unhealthy looking, stoop shouldered girl of nineteen, with a dull and fearful manner Her young husband of a few months was working his way through a professional night school, her own family were now and had been during her girlhood, in pitifully straitened circumstances She had been referred to a maternal health center by a physician who had found her fainting on the sidewalk When the doctor at the maternal health center had attempted the routine physical examination, Mrs Z had been so terrified that no one could touch her She was then referred to the Marriage Counsel

During the first interview Mrs Z expressed in words and manner such an abysmal ignorance of the structure and functioning of her own body, such fear of physical pain, such tremendous insecurity, that after she left, the question of referral for psychiatric treatment was discussed by the counselor with a cooperating psychiatrist The conclusion of the conference was that this girl would never have the courage to go to a psychiatrist, and even if she should go, her whole background seemed so limited that it was doubtful if she could make much use of such a contact It was agreed that we suggest to her a series of monthly visits to our office

Over a period of six months Mrs Z was seen four times She made and broke as many additional appointments, but kept in touch occasionally between visits through letters and books She used these interviews to discuss her anatomical ignorance, her fear of being hurt physically and her worry over meagre financial resources Her remarks indicated repeatedly an almost complete rejection of the possibility of normal sexual relations Gradually, through a very slow assimilation of factual information, some lessening of fear was reached, and through the talking over of her fear of pain, some acceptance of the part of pain in life for her and everyone was gained

At the end of five months Mrs Z was able to go to the maternal health center With the aid of an understanding physician to whom the counselor had explained the situation, she was examined and a beginning was made in teaching her contraceptive methods Two months later Mrs Z wrote of great improvement in her husband's income, adding, "If my husband's income increases, I feel that I would prefer to have children"

The several years' experience of the Philadelphia maternal health centers and the Marriage Counsel, judging from the general literature in the field of marriage counseling, and from the reports of other birth control clinics, seems to present situations fairly typical of other clinics in this and European countries. Questions of premarital and marital adjustments requiring time and privacy cannot often be handled adequately during crowded sessions of clinics organized specifically for giving contraceptive advice. The cooperative services established here are suggestive only of one way of meeting this need. The experiments of different groups in different approaches will enable all services to preserve a flexibility in organization and technique, and a dynamic viewpoint through which they may continue to grow and to serve.

Progress in Massachusetts

THE North Shore Mothers' Health Office, located in the city of Salem, held its first clinic session on November 13th. This new center of the Birth Control League of Massachusetts opens under especially good auspices, with the backing of a large committee from Salem and nearby towns, comprised of leading physicians, ministers, public spirited citizens and representatives from the boards of welfare agencies. At the tea which was given in the new quarters to mark their opening, thirty welfare groups were represented. The prospective patients' committee, working through these agencies, already has a list of patients eagerly awaiting appointments. The physician in charge is Dr. E. Lucile Lord Heinstein from the staff of the Brookline Mothers' Health Office, who works with a group of local doctors as consultants.

Quarters have been secured for a Mothers' Health Office in the city of Boston proper, which we plan to open in January. This office has been made possible financially through the generous gift of a member, who feels that the time has come to focus her contributions upon a charity which attacks suffering and poverty at a major source. The location of the office is excellent, accessible to trolley lines, near two large hospitals and in the heart of the South End district with its population of both Negro and white families living on the most restricted incomes. The Staff and committee who have conducted the Brookline Health Office so successfully will be in charge of the South End Office as well.

Each mail brings letters to increase the overwhelmingly favorable replies to a questionnaire sent in October to the members of the Massachusetts Medical Society. The questionnaires mailed numbered 4,873. On

November 9th, 1,312 replies had been received and tabulated. Of these, 1,086 answered "yes" to the five questions and thereby registered approval of medical contraception. Permission to use their names in this connection was given by 865 of these physicians. Two hundred and twenty six answered "no" to some or all of the questions. We feel that this acceptance of birth control as an integral part of preventive medicine by such a proportion of Massachusetts doctors is of incalculable help to our work, supporting as it does the advice given by our doctors in the centers and in their own offices and the opinion of our lawyers that advice given for medical reasons does not come under the prohibitions of our statutes.

Most important of all is the affirmative reply to question 5, "Do you believe that it is in the physician's province to give contraceptive advice in cases where the family income is insufficient for the support of more children?" The answer "yes" to this question places the living conditions of mothers in extreme poverty under the heading of a medical indication for the giving of contraceptive advice, a long step forward in the work of our League.

CAROLINE L. CARTER DAVIS, Field Secretary
Birth Control League of Massachusetts

Michigan Holds Clinic Conference

The Maternal Health League of Michigan held its second annual conference on clinic administration on October 8th, in connection with the State Conference of Social Work in Kalamazoo. Two round table discussions were followed by a luncheon meeting. Mrs. Addison P. Cook, president of the League, opened the sessions with a brief account of clinic procedure for the benefit of those social workers attending the meetings who were not familiar with the work of the clinics.

Reports on the results of follow up work in the clinics of Jackson, Battle Creek and Detroit were given by the three types of workers in this branch of clinic administration—the volunteer, the professional social worker and the clinic nurse. Mrs. James McEvoy, vice president, presiding at the session on education, publicity and finance, emphasized that, in order to raise funds for clinic work, it is first necessary to make the public realize that there is a safe, reliable method of contraception which is approved by the medical profession.

Dr. Wilma Weeks Rorich gave an account of the very successful educational and publicity activities that have been carried on by the Battle Creek Maternal Health Committee with the cooperation of the Calhoun

County Federation of Women's Clubs and of two local newspapers. The Committee tabulated by graph local statistics on maternal mortality, which showed that a startlingly high percentage of maternal deaths in the county had been due to abortion, and that abortions had been performed chiefly on married women who had had numerous previous pregnancies.

At the luncheon meeting, Mrs. Allen Boyden, executive secretary of the League, reported on the outstanding accomplishments of the organization since it was formed in 1931. Among these she listed the endorsement of the work by the Michigan State Medical Society, and the partial or total support of several birth control clinics in the state by public funds.

Reverend Henry Lewis of St. Andrews Episcopal Church, Ann Arbor, spoke with great earnestness on why he, as a clergyman, believed in the program of the birth control clinics. The luncheon addresses were considered of sufficient public interest to be reported upon in the trans radio press bulletin of the day.

Kentucky League Meets

The annual meeting of the Kentucky Birth Control League was held on October 27th in Louisville. An announcement was made of the opening of a new clinic for Negro mothers, directed by Negro physicians and located in the parish house of an Episcopal Church. Called the Adler Mothers' Clinic, this has been established in memory of Mr. Cyrus Adler.

Dr. Esther Wallner reported a success of 100 per cent at the League's clinics among return cases, which represent about 65 per cent of all registrations. Dr. Morris Flexner accepted the chairmanship of the Medical Committee, following the resignation of Dr. Gavin Fulton, who, since 1933, has done much to further the League's medical program.

Mrs. Charles G. Tachau was reelected president. Other officers are Mrs. Dan C. Byck, first vice president, Mrs. Prentiss M. Terry, second vice president, Mrs. Harold Harter, treasurer, Mrs. W. E. Kirwan, corresponding secretary, and Mrs. J. E. Norman, Jr., recording secretary.

History of Marriage Counseling

A comprehensive history of the development of marriage and family counseling in the United States is given in the April 1 May 15, 1936, issue of *Parent Education*, published by the National Council of Parent Education, 60 East 42nd Street, New York City. A bibliography of recent magazine articles on problems of the family is included in this valuable number.

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Dates for Your 1937 Calendar

The annual meeting of the American Birth Control League will be held on Thursday, January 28, in New York City. Details of the program will be announced in the January *Review*. A luncheon with distinguished speakers will be open to the public. Write now for your luncheon reservations.

On January 27, the New York State Birth Control Federation will hold its annual meeting also in New York City, so that delegates may remain for the national meeting.

Problems of the policy, procedure and expansion of birth control centers will be discussed at a national convention of the American Birth Control League, to be held in Louisville, Kentucky, on April 2 and 3. This is the first time the League has called a meeting in a city readily accessible to Southern states, and delegates from communities in the South are looking forward to the stimulus to be received from talking with leaders of the movement from other sections of the country. Since Louisville is centrally located, it is easily reached also from the Middle Western and Eastern states.

The Kentucky Birth Control League is cooperating in plans for the convention.

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“Voluntary control of pregnancy and childbirth is a great torch on one side of the gateway through which intelligent humanity is moving toward a civilization based on human quality. On the other side of that gateway stands the torch lighted by Eugenics.”

—DR. C. C. LITTLE, President of the American Birth Control League, in an article “Man, the Forgotten,” *Scribner's Magazine*, September, 1936.

Room 912
515 Madison Avenue
New York N. Y.

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DECEMBER 1936

Deeds and Dollars

Birth control makes sense. It gets at the source of most human tragedies and of many social evils.

The more we give to birth control the less we shall have to give to charity—the less drain there will be upon us for the continued support of destitute and dependent families.

The number of clinics and qualified doctors now giving birth control advice is still inadequate to meet the widespread need. Adequate facilities will become available only as support is forthcoming.

Rigid economy and judicious planning have made possible an effective program this year but to meet our minimum requirements we must have during December—

\$ 6 5 0 0

Memberships range from three dollars to one hundred.

Won't you send in yours immediately, if you have not already done so and if possible, send in a special contribution as well.

And suggest membership urgently to others for this very vital, humane and sensible work.

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