Does Premarital Education Decrease or Increase Couples’ Later Help-Seeking?

Hannah C. Williamson
University of California–Los Angeles

Thomas E. Trail
RAND Corporation, Arlington, Virginia

Thomas N. Bradbury and Benjamin R. Karney
University of California–Los Angeles

Interventions intended to prevent relationship distress are expected to enhance relationship satisfaction and, in turn, reduce the need for later couples counseling. We test this prediction against an alternative possibility: participation in preventive interventions may operate as a gateway for later help-seeking, paradoxically increasing receipt of later couples counseling. A cross-sectional study of 2,126 married individuals examined whether participation in premarital education covaried inversely or directly with couples counseling. Consistent with the gateway hypothesis, receiving premarital education covaried with an increased likelihood of receiving couples counseling. The association between receipt of premarital education and pursuit of couples counseling was moderated by demographic indicators, with the association being stronger for African Americans and for individuals with lower incomes and less formal education. Encouraging the use of premarital interventions may increase the use of therapeutic interventions later in the relationship, especially among high-risk populations.

Keywords: couples, counseling, therapy, premarital education, socioeconomic disadvantage
into interventions (e.g., religiosity) is needed before this alternative prediction can be held with confidence.

Addressing patterns of service use is particularly important for couples in high-risk segments of the population. Ethnic minorities, couples with low levels of formal education, and couples with low incomes are uniquely vulnerable to having shorter, less stable, and less satisfying marriages (Cutrona, Russell, Burzette, Wesner, & Bryant, 2011). Because high-risk couples may be more likely to experience adverse relationship outcomes and simultaneously less likely than their lower risk counterparts to receive relationship interventions (e.g., Sullivan & Bradbury, 1997), studies are needed to determine how to reduce this disparity by promoting use of services by couples with higher levels of sociodemographic risk.

Accordingly, the second aim of the present study is to clarify whether the association between receipt of premarital education and later participation in couples counseling is uniform across levels of risk. On one hand, this association may be stronger for advantaged couples because of their increased access to resources; on the other hand, the association may be stronger for relatively disadvantaged couples because they may have greater need for services. We distinguish between these alternatives by testing whether income, education, and ethnicity moderate the relationship between receipt of premarital education and couples counseling.

Method

Sampling

Participants were recruited in 2003 as part of the telephone-based Florida Family Formation Survey (Karney, Garvan, & Thomas, 2003). The design of the survey included stratified random sampling of Florida, with oversamples of African Americans, Hispanics, and low-income residents (i.e., household income <200% of the 1999 Federal Poverty Level [FPL]). Furthermore, a random sample of Florida residents receiving Temporary Assistance for Needy Families (TANF) was selected from the complete roster of TANF recipients in the state. We also collected data via random digit dialing in three states with populations comparable to Florida’s in terms of density and diversity and that were from different regions of the country: California, Texas, and New York.

Participants

A total of 6,012 people responded to the survey. We restricted our analysis to the 2,184 participants who were currently married and had not been married previously to ensure that any help-seeking experiences from previous marriages did not influence subsequent help-seeking in the current marriage. Of the 895 participants in this subsample who had received premarital education, all but 59 (93.5%) indicated that they had received their premarital education in a religious setting. Although results did not change when these 59 participants were included in analyses, for clarity in interpretation the sample was restricted to only those participants who received education in a religious setting, leaving a final sample size of 2,126.

Among the final sample of participants, 1,384 (65%) were female, 1,369 (64%) were Caucasian, 193 (9%) were Black/African American, 436 (21%) were Latino/Hispanic (non-Caucasian or African American), and 128 (6%) were another race/ethnicity. Of the four states sampled, 1,548 (73%) were from Florida, 206 (10%) were from Texas, 200 (9%) were from New York, and 172 (8%) were from California. On the basis of self-reports of total household income, 26% of participants were categorized as low income (household incomes <200% FPL, or $36,488 for a family of 4), 29% were moderate income (incomes between 200% and 400% FPL), and 45% were high income (incomes >400% FPL, or $72,976 for a family of 4). The average age of participants was 45.6 years (SD = 15.1), and they had been married for 21.1 years on average (SD = 15.9). Participants were not compensated.

Procedure and Measures

Interviewers described the study and asked participants about their experiences, beliefs, and attitudes regarding intimate relationships using the following instruments.

Premarital education. Participants were asked, “Did you and your current spouse have any preparation, such as educational classes, a workshop, or counseling, before you got married?” Responses were coded 0 = no and 1 = yes. Participants answering “yes” were asked to indicate whether or not their premarital education was “in a religious setting.”

Couples counseling. Participants were asked “Have you received counseling for this relationship?” Responses were coded 0 = no and 1 = yes.

Demographics and control variables. Participants were asked to report their race/ethnicity, their age at marriage, the duration of their marriage (in years), whether they had children with their spouse (dummy-coded 0 = no children and 1 = one or more children), whether they had a religious wedding (0 = no, 1 = yes), education level (0 = less than a college degree and 1 = college degree or more), gender (0 = male, 1 = female), and their gross family income in the last year. Participants also reported whether they and their spouse had lived together before marriage and whether they had ever received public assistance since the age of 18 (both coded 0 = no and 1 = yes).

As already noted, only participants who received premarital education in a religious setting were examined here. However, because it is likely that the remaining couples varied in their levels of religiosity, this variable was included as a control variable. Religiosity was assessed using the average of two items: how often does your partner insult or criticize your ideas?” in which “religious” was coded 0 = never, 1 = almost never, 2 = rarely, 3 = sometimes, 4 = frequently, and 5 = very religious. Coefficient α was .71.

Relationship quality was assessed using a 10-item scale. Three items adapted from Stanley and Markman (1992) assessed relationship commitment (e.g., “My relationship with my spouse/partner is more important to me than almost anything else in my life.” rated from 1 = strongly disagree to 4 = strongly agree). Relationship conflict was assessed using five reverse-scored items adapted from the Fragile Families and Child Wellbeing survey (Reichman, Teitler, Garfinkel, & McLanahan, 2001; e.g., “How often does your partner insult or criticize your ideas?” in which 1 = never or almost never, 2 = once in a while, and 3 = frequently). Two questions assessing relationship satisfaction were...
taken directly from the General Social Survey (Davis, Smith, & Marsden, 2006; e.g., “All in all, how satisfied are you with your relationship?” rated from 1 = not at all satisfied to 5 = completely satisfied). Each item was standardized, and the scores were averaged to form an index of relationship quality (α = .80).

Analytic Strategy

Analyses were conducted using logistic regression procedures in SAS 9.2. All categorical variables were dummy-coded and all continuous variables were standardized before analysis. To adjust for the oversampling of African Americans, Hispanics, and low-income residents in the Florida sample, data from that sample were weighted using the product of expansion weights and a poststratification adjustment to ensure that the results were representative of that state. Data from the other three states were not obtained through stratified sampling; therefore, they were not weighted. The squared product of the duration of the respondent’s marriage was entered into the models to account for nonlinear effects involving this variable. Moderators were tested by computing a χ² statistic comparing the log-likelihood for the model without the interaction to the log-likelihood for the model including the interaction and testing whether adding the interaction enhances the prediction of receiving counseling.

Results

Correlations, means, and standard deviations of all study variables are presented in Table 1. Overall, 39.3% of participants reported that they had received premarital education and 33.5% reported that they had received couples counseling at some time during their marriage.

Association Between Premarital Education and Couples Counseling

To test the hypothesis that receipt of premarital education would be significantly associated with later receipt of couples counseling, we performed a logistic regression predicting receipt of couples counseling, with receipt of premarital education entered as an independent variable, along with the control variables listed above. The results of this analysis are presented in Table 2. Receiving premarital education was significantly related to receipt of couples counseling (b = 1.22, p < .001, odds ratio [OR] = 3.40) in a positive direction. Thus, consistent with the gateway hypothesis, participants who received premarital education were more than 3 times more likely to have received couples counseling than were those who did not receive premarital education after controlling for several individual characteristics.

Risk As a Moderator of the Association Between Premarital Education and Counseling

Next, we conducted three analyses examining the interaction between receiving premarital education and one index of risk (income, race, and education) in predicting whether or not participants received couples counseling. In each analysis, the main effects of the other two risk variables were controlled, along with all other control variables listed above. Interaction effects of the

| Table 1: Correlations and Descriptive Statistics of All Variables |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 |
| Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) |
| 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 |
| Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) | Correlation (r) |
| 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 |
| *p < .05, **p < .01, ***p < .001.

This document is copyrighted by the American Psychological Association or one of its allied publishers. This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.
other two risk variables were not controlled because we were interested in moderating effects of risk in general rather than the incremental effects of the three risk-related interaction terms.

Income interacted significantly with receipt of premarital education to predict the probability of receiving couples counseling (see Figure 1). Although receiving premarital education was associated with an increased probability of receiving counseling for all income groups (all ps < .001), this effect was stronger for low-income participants than for participants with moderate incomes (b = 1.80 and 1.13, respectively; Wald $\chi^2 = 4.12, p = .04$) and high incomes (b = 1.08, Wald $\chi^2 = 5.57, p = .02$). Specifically, receiving premarital education increased the probability of receiving couples counseling by 32% for low-income participants (from 11% to 44%), whereas the probability only increased by 25% for moderate-income participants (from 23% to 48%) and 24% for high-income participants (from 23% to 47%). Thus, receiving premarital education predicted a greater likelihood of seeking couples counseling for low-income participants than for higher income participants relative to couples who did not receive premarital education in these groups.

Race also interacted significantly with receipt of premarital education to predict the probability of receiving couples counseling (see Figure 2). Receiving premarital education was associated with increased probability of receiving counseling for all racial groups (all ps < .002), but this effect was stronger for African-American participants than for Caucasian participants (b = 2.08 and 1.17, respectively; Wald $\chi^2 = 4.74, p = .03$) and Hispanic participants (b = 0.90, $\chi^2 = 6.37, p = .01$). No other racial groups differed from one another (all ps > .14). Receiving premarital education increased the probability of receiving couples counseling by 45% for African-American participants (from 17% to 63%), whereas the probability only increased by 28% for White participants (from 31% to 59%) and 19% for Hispanic participants (from 22% to 42%). The probability increased by 42% for other race respondents (from 25% to 67%), although this did not significantly differ from the other three racial groups (all ps > .14). Thus, the association between receipt and nonreceipt of premarital education and later help-seeking was stronger for African-American participants than for White and Hispanic participants.

Finally, education interacted significantly with receipt of premarital education to predict the probability of receiving couples counseling (see Figure 3). Receiving premarital education was associated with increased probability of receiving counseling for both education groups (ps < .001), but this effect was stronger for those without a college education than for those with a college education (b = 1.42 and 0.95, respectively; Wald’s $\chi^2 = 4.16, p = .04$). For example, receiving premarital education increased the probability of receiving couples counseling by 22% for participants with no college degree (from 10% to 32%), whereas the probability only increased by 17% for participants with a college degree (from 16% to 34%). Thus, as with income and race,
risk couples experience more positive gains from premarital edu-
that by virtue of their generally lower relationship quality, high-
experience with a relationship intervention. Another possibility is
result, they are less likely to know that appropriate interventions
which these types of services are widely available and utilized. As
they had also received premarital education.

counseling and are therefore more likely to recognize the benefits of
relationship interventions and seek them out again. Indeed, previ-
oun research has demonstrated that risk does moderate the effects
of premarital interventions, with higher risk couples benefitting
more than low-risk couples from communication training over 4
years (Halford, Sanders, & Behrens, 2001). Future studies are
needed to replicate this association between use of premarital
education and increased likelihood of participation in later couples
counseling, especially among high-risk couples, and to clarify
whether the benefits of premarital counseling among higher-risk
couples mediate this effect.

Juxtaposing the present findings alongside the findings of Stan-
ley et al. (2006) reveals an ostensible paradox in the effects of
premarital education: On one hand, Stanley et al. (2006) demon-
strated an increase in relationship satisfaction and decrease in
divorce, whereas the current study demonstrated increased use of
later relationship interventions. However, the Stanley et al. (2006)
study also found that the effects of premarital education on rela-
tionship satisfaction were strongest shortly after the intervention.
This result, corroborated in a meta-analysis showing that the
effects of educational interventions on relationship quality and
communication fall to nonsignificance in studies with a postas-
essment and a follow-up assessment (Hawkins, Blanchard, Bald-
win, & Fawcett, 2008, Table 1), offers a possible resolution to this
paradox. Specifically, the available evidence suggests that couples
may experience benefits from an intervention relative to their
untreated counterparts (although some null results have been re-
ported; see Markman, Rhoades, Stanley, Ragan, & Whittom, 2010;
Rogge, Cobb, Lawrence, Johnson, & Bradbury, in press); that
these benefits may weaken over time; and that as treatment effects
fade, couples’ concerns about their relationship may motivate them
to seek relationship counseling. Although this view is speculative,
it highlights the value of studying how dissipating intervention
effects might spur couples to once again take active steps to
strengthen their relationship.

Although the utility of these findings is strengthened by our use
of a relatively large sample, extensive use of control variables, and
good representation of diverse and high-risk individuals, their
interpretation is tempered by several important limitations. First,
because our sample was limited to first-time married spouses, our
findings cannot be generalized to others, such as second marriages.
Second, uncontrolled factors that select individuals into premarital
counseling may underlie participation in (or preference for) cou-
ples counseling, more so than the premarital education experience
itself. Although we have attempted to control for this possibility by
including several important covariates in the analyses, this possi-
bility cannot be ruled out without an experimental study. Future
studies should also focus on other potential mediators or moder-
ators of the association between receipt of premarital education
and couples counseling, such as initial relationship satisfaction,
commitment, and life stressors. Third, our assessments of premar-
ital education and counseling provided no information about the
interventions themselves, leaving open questions about whether
there are specific characteristics of these experiences that might
connect them in general and for high-risk couples in particular.
Future studies should examine whether the amount or type of
premarital education received moderates its association with later
help-seeking. Finally, we cannot be certain that respondents were
not thinking of a single instance of relationship intervention when

Discussion

On the basis of the view that premarital education is designed to
enable couples to build and maintain a strong partnership (e.g.,
Halford, 2011), we predicted that participation in this form of
intervention would predict a reduced need for counseling later in
the relationship. However, contrary to our prediction, participating
in premarital education corresponded with an increased likelihood
of participating in couples counseling. This result is consistent
with previous research that indicates that prior use of services is
predictive of subsequent usage (Doss, Rhoades, Stanley, Mark-
man, & Johnson, 2009). This suggests the possibility that premar-
ital education benefits couples because of the information they
receive and because it represents a gateway toward future help-
seeking—and that the gateway effect might be at least as great as
any effect on satisfaction. Quite apart from the intervention content
itself, making couples aware of the availability of relationship
interventions and acclimating them to the process of seeking help
for relationship issues may make help-seeking more likely later in
their relationship.

Additionally, three indices of risk—income, ethnicity, and ed-
ucation—interacted with premarital education to predict couples
counseling such that the association between the two forms of
help-seeking was reliably stronger for high-risk than low-risk
couples. These results suggest that efforts undertaken to increase
access to premarital education for high-risk couples in particular
may also increase their use of couples counseling. The current
study cannot fully explain why these effects are stronger for
high-risk couples, but one possibility is that higher risk couples are
less likely to be embedded in social networks and environments in
which these types of services are widely available and utilized. As
a result, they are less likely to know that appropriate interventions
exist and how to gain access to them unless they have prior
experience with a relationship intervention. Another possibility is
that by virtue of their generally lower relationship quality, high-
risk couples experience more positive gains from premarital edu-

compared with those with a college degree, participants with less
education were more likely to have sought couples counseling if
Figure 3. The probability of receiving couples counseling by education
level and receipt of premarital education.
answering affirmatively for the items about premarital education and counseling. However, our confidence in these results is bolstered by the significant moderation because we would not expect that a misinterpretation of the questions would occur differentially among high- and low-risk individuals.

In conclusion, the finding that participation in a premarital intervention corresponds to a higher use of couples counseling may suggest a way to promote service usage: Easing access to interventions early in relationships may encourage use of counseling later in relationships, especially among relatively poor couples, African-American couples, and couples with less formal schooling. Although it may seem counterintuitive to devise educational and preventive interventions with the goal of promoting future use of couple therapy, doing so might be a viable strategy for couples who are striving to maintain their relationships despite high levels of social and economic adversity.

References


Received June 16, 2013

Revision received September 20, 2013

Accepted September 26, 2013