Understanding Social Perceptions of Premarital Preparation Participation

By

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Dedication

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Abstract

This capstone project examines how the social perception of premarital preparation may impact the participation of contemporary couples. Premarital preparation, known as premarital counselling or education, has been well established as a preventative and effective intervention for couples to learn skills and address problems to improve marital satisfaction and stability. However, participation rates in premarital preparation remain low with rising divorce rates. Contributing factors may be a widespread decrease in religiosity among young adults, with most premarital preparation taking place in religious settings, as well as the rising norm of premarital cohabitation and later marital age. Factors that may influence the social perception of premarital preparation and subsequent participation are highlighted in this paper to provide context for recommendations to improve the content and engagement in premarital preparation. These primary studies demonstrate that the Health Belief Model is a useful framework for conceptualizing how preventative couples' help-seeking behaviors, such as premarital preparation, are perceived in sociodemographic factors, perceived threats, and perceived expectations. This project's findings suggest that low participation may be a product of couples perceiving little benefit with many barriers. This information allows service providers to adjust their facilitation and promotion of services to be perceived more positively and relevant to contemporary couples. Clinicians are encouraged to take a more active role in marketing premarital preparation and seek more specialized and evidence-based training to improve the efficacy of programs.

Keywords: *premarital preparation, premarital counselling, premarital education, social perception, couples' help-seeking, health belief model, couples' therapy, contemporary couples*

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Chapter One: Introduction and Background

Many of us are given less-than-ideal role models for being successful romantic partners. Across the world, in every culture, creating and maintaining intimate, committed partnerships is a critical developmental milestone for adults (Bradbury & Bodenmann, 2020). Healthy relationships can foster increased emotional well-being, employment success, healthier life choices, and a longer life span (Bradbury & Bodenmann, 2020). Unfortunately, it is no secret that marriage does not always mean happily ever after, and sustaining healthy relationships as an adult has proven challenging. Research suggests that at least 40% of all first marriages will end in divorce, and 30% of married people report unhappiness (Bradbury & Bodenmann, 2020). Similar projections have been reported in Canada, with about 40% of marriages will end in divorce (Menzies, 2022). However, variations in reported divorce rates are related to the impact of race and socioeconomic status on marriage, with increased rates for people of colour and low socioeconomic status (Clyde, Hawkins, & Willoughby, 2020). This disparity may be due to working-class citizens and people of color having fewer cultural and educational resources to navigate dating and marriage (Wilcox & Wang, 2017). Previous literature highlights that race and income are significant factors in couples' relationship help-seeking for many reasons, including practical barriers (financial, proximity, and availability) and different belief systems, including cultural distrust and expectations of mental health care (Gonzalez et al., 2011, as cited in Wischkaemper et al., 2020).

Premarital preparation has been offered internationally in various settings to reduce divorce rates and promote healthy marriages, yet participation remains low (Clyde, Hawkins, & Willoughby, 2020). Understanding what factors impact participation and ways to improve

engagement is significant as programs have been associated with higher levels of premarital satisfaction as well as decreased destructive conflicts (Carlson et al., 2012; Stanley et al., 2006, as cited in Borowski & Tambling, 2015), which reduces mental and physical problems for partners and their children (Whisman & Uebelacker, 2006, as cited in Wischkaemper et al., 2020). Current social trends are changing the norm of long-term relationships and have implications for further premarital preparation participation (Clyde, Hawkins, & Willoughby, 2020). Therefore, contemporary couples are a population of great interest in understanding the factors that impact their perception and participation in premarital preparation.

Research interest in premarital education programs peaked in the 1980s and has focused on field relationship education targeting unmarried couples, young parents, youth, and young adults in general (Clyde, Hawkins, & Willoughby, 2020). Still, unsuccessful marriages continue to plague couples and families with a host of adverse effects that leave premarital programs relevant, and this subject area needs to be reenergized (Markman et al., 2013). Studies have been conducted on assessing premarital program effectiveness (Carroll & Doherty, 2003; Stanley et al., 2006), predictors of participation (Blair & Cordova, 2009; Sullivan et al., 2004), opinions, preferences, and beliefs on premarital programs (Borowski & Tambling, 2015; McGhee et al., 2021; Soylu & Kabasakal, 2020), experiences and perceptions following participation (Kepler, 2015; Killawi et al., 2018; White et al., 2020), and future benefits of participation (Williamson et al., 2018). Given the many different options available for premarital preparation, it is essential to consider the reported effectiveness. Research does support premarital prevention programs in strengthening communication, conflict resolution skills, relationship quality, commitment between partners, and decreased risk for marital distress and divorce (Clyde, Hawkins, & Willoughby, 2020; Killawi et al., 2018). Of particular interest, there appears to be a gateway

effect that participation in premarital preparation increases a couple's likelihood of seeking couples' therapy to address marital problems when they arise (Williamson et al., 2018). Additionally, several previous studies have explored the perception of marriage preparation programs in college-educated young adults (Duncan & Wood, 2003), with none being completed in the last decade. Only three studies conducted in the last five years that directly explored perceptions and opinions of premarital preparation were located (Killawi et al., 2018; McGhee et al., 2021; Soylu & Kabasakal, 2020). With the effectiveness of various premarital interventions being established and changing relational social norms, few recent studies have explored the current factors that impact premarital preparation participation in young contemporary couples.

This capstone research project sought to understand the factors impacting a modern couple's social perception of premarital preparation services and how this perception impacts their participation. Ten peer-reviewed research studies were reviewed to uncover considerations for variables that may influence premarital participation and recommendations for clinicians and future research.

Research Problem and Question

Recent research has suggested that there needs to be a revision in relationship interventions given the social trends and shifts in relationships impacting couples and marriage in the modern world (Clyde, Hawkins, & Willoughby, 2020). Contemporary adults and couples enter marriage in new and different ways than generations before. These include increasingly ambivalent attitudes toward marriage while still valuing it, growing up in a more individualistic culture and struggling to shift from "me" to "we" in marriage, experiencing extended and complex premarital sexual and cohabitation histories, and the evolving presence of social media underpinning relational interaction (Clyde, Hawkins, & Willoughby, 2020). High divorce rates

are also matched with recent projections that less than 30% of couples participated in premarital education of some kind (Duncan, 2018, as cited in Clyde, Hawkins, & Willoughby, 2020).

This study's proposed research problem has outlined that the current social climate lacks a proactive, preventative approach to obtaining relationship support, preventing couples from considering and participating in premarital prevention. As participation rates for premarital interventions remain low, it calls into question social factors that may influence a couple's engagement in such services. However, research regarding the impact of social perception on premarital prevention participation is limited.

With global societal views surrounding marriage changing alongside the longstanding issue of stigma in the counselling field, an exploration of how current societal perceptions of premarital education impact participation rates is necessary. As such, this capstone research project proposed the following question: *How does the social perception of premarital preparation impact the participation of contemporary couples*?

Research Rationale and Significance

Premarital preparation is a service that allows couples to develop relationship skills and improve marital satisfaction (Clyde, Hawkins, & Willoughby, 2020). However, the usefulness of this service can quickly be reduced to its utilization, where research estimates that only 28% of newly married couples participated in some form of premarital education (Duncan, 2018, as cited in Clyde, Hawkins, & Willoughby, 2020). There is a limited amount of research addressing participation rates in premarital interventions, which suggests that future research should give greater attention to this issue (White et al., 2020). Preventing negative couple conflict and divorce is significant to society as divorced people experience decreased happiness, increased distress levels, and more physical health problems (Amato,

2000, as cited in Steward et al., 2016). However, research also reports that both sexes, particularly women, experience increased life satisfaction in the years following a divorce than in the final years of their marriage (Clark & Georgellis, 2013). Even in these instances, increasing premarital preparation would still be of interest as it could prevent couples from marrying who are incompatible, instill skills that may reduce marital distress and dissatisfaction, or educate people considering remarriage following divorce. Additionally, unhealthy couple dynamics have cascading impacts on family members, including adverse mental health and developmental concerns regarding children (Gerard et al., 2006, as cited in Steward et al., 2016).

With changing sociocultural trends surrounding relationships and marriage, one might wonder if premarital preparation is still relevant today. In recent years, research interest in premarital education has shifted to the broader field of relationship education (RE) programs for couples, individuals, and youth (Clyde, Hawkins, & Willoughby, 2020). General education programs for youth and young adults focus on teaching individuals basic relationship knowledge skills to improve dating relationships, including but not limited to content on sex education, anti-violence, or antibullying in relationships (Simpson et al., 2017). This type of education is significant in developing relationship literacy sooner in life and avoiding negative behaviour patterns in future marriages (Simpson et al., 2017, as cited in Clyde, Hawkins, & Willoughby, 2020). However, transitioning and maintaining a healthy marriage is challenging for many couples and society. When couples decide to marry, it is at this life stage that evidence-based services can aid in establishing healthy, happy relationships and marriages. Many life circumstances involve a preventative approach, and premarital education can be offered to couples with the hopes of maintaining the foundation of their partnership

before issues arise. Therefore, research suggests that more attention to formal marriage preparation is required due to specialized issues that contemporary couples experience, as previously discussed (Clyde, Hawkins, & Willoughby, 2020).

While there seems to be a decrease in religiosity and increase in later marital ages, most young adults still view marriage as the final goal of relationship formation and will marry (Clyde, Hawkins, & Willoughby, 2020; McGhee et al., 2021). Research has reported that even when considering the rising norm of premarital cohabitation, 69% of young adults aged 18-29 report wanting to get married (Taylor, 2010, as cited in Manning et al., 2019). More recently, studies have shown that while 54% of single young women aged 18-24 expect to cohabit with future partners, 65% expect to marry in the future (Manning et al., 2019). Additionally, it is essential to consider the rising median age of first marriages being 27.4 for women and 29.5 for men (U.S. Census Bureau 2018, as cited in Manning et al., 2019) in contrast to the median age of cohabitation being much younger at 21.8 for women and 23.5 for men (Manning et al., 2014, as cited in Manning et al., 2019). This data confirms that while there is a trend in cohabitation, this trend is not replacing the value of marriage. However, there is what is considered a "stall" for marriages later in life (Manning et al., 2019). Additionally, Turkish graduate students' data highlights the importance of marriage and an overall positive perception of premarital education programs (Soylu & Kabasakal, 2020). Research suggests that almost half of the young adults aged 18–25 are cohabiting or seriously dating, and there is slight variation across race and ethnicity (Hawkins, 2018). Given this information, premarital preparation services remain relevant and require further understanding of the perception and factors related to the participation of the next generation.

Even more startling, it is estimated that 30-40% of young adult romantic relationships encounter some form of physical abuse (Berger et al., 2012, as cited in Hawkins, 2018). Sadly, domestic violence is a harsh reality in intimate relationships and is viewed as a global epidemic impacting primarily women and children (Sallah & Shinco, 2022). Domestic violence includes physical abuse, but it can also involve the intentional misuse of power to instill sexual, emotional, psychological, verbal, spiritual, cultural, financial, and neglectful harm (Sallah & Shinco, 2022). As premarital education and counselling teach positive and healthy relationship skills, this intervention greatly supports the prevention of domestic violence (Nadir, 2022; Sallah & Shinco, 2022) and improves overall marital stability (Carlson et al., 2020).

Furthermore, domestic violence in relationships is considered an ethical concern. The core principles in the *Canadian Code of Ethics for Psychologists* outline that the profession must protect vulnerable populations, maximize benefits, and reduce harm in services (Canadian Psychology Association, 2017). Service providers can utilize these principles by helping women and all romantic partners develop new strategies, understand the factors that can lead to challenges, and gain knowledge that will honour and prevent instances of discrimination and oppression (College of Alberta Psychologists, 2017). Therefore, premarital preparation as a form of violence prevention can be seen as a proactive avenue that will ethically and morally improve the relational lives of young adults and couples. However, it is critical to establish that while premarital preparation can be a way to prevent future abuse from occurring, there are several contraindications for when premarital interventions are not suitable. In cases where couples are currently experiencing violence, mental illness, or addiction concerns, couples and premarital counselling is not recommended, and partners should be referred to individual psychological support (Dell'Isola et al., 202l; Wolska, 2011). For this reason, this capstone project has focused

on couples with the assumption that they have the mental capacity and insight to learn and address relational issues, as well as excluding relationships with intimate partner violence.

Theoretical Framework

This capstone project explored the social perception and participation of premarital counselling through the Health Belief Model (HBM) lens. The HBM is one of the most widely utilized frameworks in understanding prevention-related behaviours (Champion & Skinner, 2008, as cited in Borowski & Tambling, 2015). The model was initially proposed to explain why people do not participate in activities that would uncover or prevent physical symptoms and diseases (Strecher & Rosenstock, 1997, as cited in Borowski & Tambling, 2015). However, in recent years the HBM has been applied to individual mental health help-seeking behaviour (Henshaw & Freedman-Doan, 2009, as cited in Hubbard & Anderson, 2021), as well as in relationship help-seeking (Hubbard & Anderson, 2021). Specifically, the HBM has been applied to the premarital counselling literature to explore variables that motivate or hinder a couple's participation (Blar & Cordova, 2009; Fogarty et al., 2010; Sullivan et al., 2004, as cited in Borowski & Tambling, 2015).

There are four primary constructs of the HBM when applied to relationship help-seeking such as premarital preparation: perceived susceptibility to marital problems and divorce, perceived severity to marital problems and divorce, perceived barriers to attending premarital preparation, perceived benefits to attending premarital preparation (Borowski & Tambling, 2015). A more relational adaptation of the HBM suggests three overall sociodemographic factors, perceived threats (perceived severity and social comparison) and perceived expectations (perceived benefits and perceived barriers) (Hubbard & Anderson, 2021). Other researchers using the HBM have further categorized perceived barriers to

relationship help-seeking as logistical, attitudinal, or relational; this framework was utilized in the organization of this capstone project (Hubbard & Anderson, 2022). These constructs were also considered and applied to organize the findings of this capstone. Three outlined studies in the project's literature review explicitly named the HBM as their conceptual framework (Borowski & Tambling, 2015; Hubbard & Anderson, 2021; Hubbard & Anderson, 2022), yet the findings from all studies appeared to fit appropriately into the model even when it was not identified. The model suggests that if an individual or couple perceives they are susceptible to marital problems and divorce, believes there are severe consequences to marital problems and divorce, and perceives little barriers with high benefits, they will participate in premarital preparation (Borowski & Tambling, 2015). Therefore, this model can improve marriage preparation programs and increase participation.

During the search and review of literature in this subject area, other models appeared, including the Theory of Planned Behaviour (TPB) (Dai & Chilson, 2022) and the Marital Horizons Theory (White et al., 2020). The TBH has also been widely used to understand relational behaviours, such as the intention towards marriage (Dai & Chilson, 2022) and deciding to go to couples' therapy (Parnell & Hammer, 2018). While the TPB is also a helpful framework, the HBM was selected as more suitable for this capstone project due to its focus on preventative behaviours and extensive empirical application to premarital preparation. Similarly, the Marital Horizons Theory suggests that in the marital transition period, adults display behaviours, attitudes, and beliefs when considering their readiness and preparation for marriage (White et al., 2020). This theory highlights the critical life stage of marital preparation and important change points, justifying why premarital preparation is essential.

However, the HBM provides greater context for the social perception and participation factors related to this capstone's research question.

Key Terms

This capstone's research question pertains to premarital preparation services for couples. Premarital preparation is embedded in preventative relationship services, which have two general approaches: relationship education (RE) or therapy/counselling. The literature review included studies that explored other relationship interventions as well. Relevant terms are defined below, beginning with more general services and ending with more specific interventions.

Relationship Help-Seeking

Relationship help-seeking is any behaviour that seeks to improve an individual or couple's emotionally committed relationship (Hubbard & Anderson, 2021). Relationship help-seeking takes on many different forms and can include formal (couples' therapy or relationship education), informal (self-help books, magazines, help and advice from religious leaders, family, or friends), or online help (any help-seeking done online via websites, courses, inventories, and more) (Hubbard & Anderson, 2021). Premarital preparation is considered a form of relationship help-seeking; therefore, studies exploring general relationship help-seeking are relevant to the research question (Hubbard & Anderson, 2021).

Relationship Education (RE)

Relationship education can be defined as a program focused on providing education and skills to individuals and couples to increase their ability to have a healthy and stable relationship (Rhoades, 2012, p. 169, as cited in Burr, Kuns, & Hubler, 2017). RE is considered a general term offered to various populations, including singles, cohabitating, engaged and married couples who can attend alone, and programs for couples to take together (Burr, Kuns, & Hubler, 2017). One

study in the literature review explored preferences for relationship education attendance (Burr, Hubler, & Kuns, 2017).

Couple Relationship Education (CRE)

Couples' relationship education (CRE) is a specific type of relationship education. It has been defined as a preventative, universal approach that teaches the practical skills, mindset, and behaviours needed to achieve happy and healthy romantic relationships; it is typically conducted through a workshop or structured group utilizing a set curriculum (Halford et al., 2008, as cited in Ooms, 2010, p. 5). The terminology focuses on programs offered to the established couple together. Marriage Relationship Education (MRE) is another type of CRE offered to engaged or married couples to promote healthy marriages and reduce divorce rates. In contrast, CRE includes all couples who may be simply dating or cohabitating (Ooms, 2010). However, there is inconsistency within the literature, and these terms are often used interchangeably or incorrectly.

Couples' Therapy (CT)

Couples' therapy (CT) is generally thought to involve various therapeutic interventions that help intimate relationships reduce distress and increase satisfaction (Gurman, 2012). This service is considered a higher level of intervention than CRE, is customizable for the client's needs, and treats a wide range of problems (Ooms, 2010). While couples' therapy can be offered as a reactionary treatment to couples' distress, couples can attend CT from a preventative lens, such as in premarital preparation. Seeking premarital preparation does not imply that a couple must have zero relationship issues or complaints; it implies that they view their service engagement as proactive or an effort to improve their future marriage.

Marital Intervention

One study in the literature review utilized this term, which is defined as any premarital or marital enrichment intervention intended to prepare or improve a marriage (White et al., 2020). As the definition suggests, this term includes premarital preparation and other interventions in counselling, workshops, or self-directed methods (White et al., 2020).

Premarital Preparation

Premarital preparation is an all-encompassing term and the most appropriate language for the research question and used most often throughout this project. Premarital preparation is any activity a couple participates in to prepare for marriage. Many professionals offer premarital preparation, such as clergy, mental health workers, or nurses, in settings ranging from churches/religious contexts, private counselling offices, or community mental health centres (Murray & Murray, 2004, as cited in Green & Miller, 2013). Premarital preparation can also be accessed through self-directed methods such as books, websites, online courses, and inventories (Duncan et al., 2010, as cited in Green & Miller, 2013). Additionally, premarital preparation can be understood as premarital counselling or premarital education (defined below), and many clinicians and researchers will use these terms interchangeably. However, there are significant differences, and this capstone paper sought to use each term with accuracy and intention. Premarital education and counselling can also utilize premarital inventories to further explore a couple's attitudes and beliefs (Bruun, 2010, as cited in Green & Miller, 2013).

Premarital Education

Premarital education is a form of premarital preparation offered in a relationship education format. Premarital education is training that teaches knowledge and skills, providing

couples with the necessary information to maintain and improve their relationship following marriage (Carroll & Doherty, 2003, as cited in Green & Miller, 2013).

Premarital Counselling

Premarital counselling or therapy is fundamentally and theoretically different from premarital education. Premarital counselling is considered more specialized, intensive work between a therapist and the couple, which focuses on specific and personal problems in preparation for marriage (Bruun, 2010, as cited in Green & Miller, 2013). Additionally, trained premarital counsellors will offer the service from a variety of therapy orientations, including but not limited to behavioural couple therapy, emotionally-focused couple therapy, insight-oriented marital therapy, imago relationship therapy, Bowen family systems theory, and solution-focused brief therapy (Bruun, 2010, as cited in Green & Miller, 2013). However, premarital counselling is most often offered in church settings with clergy who may or may not have evidence-based specialized training in premarital counselling services (Killawi et al., 2018; Williams, 2007).

Post Marital Counselling

Post-marital counselling was explored in one study in the literature review. It is defined as a form of counselling couples seek for marital problems that helps them form skills to strengthen their marriage (Gladding, 2015, as cited in Moeti, 2019). While the capstone research question concerns the premarital stage, factors influencing post-marital counselling participation are relevant.

Researcher's Position

My intersectionality as a white, heterosexual female therapist place me in a privileged position in considering what services might be available and appropriate for myself, my

clients, and the wider population. I have been allowed to view marriage as a positive and legal option, given that my sexual orientation has never been discriminated against. Throughout researching marriage and couples' services, I must always reflect upon the heteronormative underpinnings of the topic and how the research can be applied to relationships and marriages in the LGBTQ2S+ community. However, as a woman, I must also recognize that marriage historically was used to take ownership and control with deep religious underpinnings and the patriarchal views that remain today (Calvert et al., 2020).

I take great interest in marital satisfaction and divorce prevention, as both of my parents came from families impacted by divorce. At a young age, I navigated an abusive romantic relationship without any knowledge or skills passed down. I saw firsthand how our relationships have central, cascading power that either positively or negatively impact almost every facet of a person's physical, mental, and emotional well-being. During my professional career, I began working with prevention and promotion-based mental health programs for youth, which has informed my belief that prevention was always the best policy. If steps can be made to create and maintain happy and healthy relationships and prevent intense pain and suffering, why wouldn't these steps be taken? I often find it perplexing that working to maintain relationships and prevent divorce is not at the forefront of people's minds when getting married.

However, I recognize that not all marriages and relationships can nor should be saved. Sometimes, divorce or relationship resolution can be the most healthy and appropriate course of action, especially when abuse and violence are involved. As I moved into adulthood, I discovered many of my close friends, despite low religiosity, were moving towards marriage. It was clear that traditions were changing, yet marriage was still valued. Not only that, but

few peers I spoke with anecdotally considered premarital preparation or they viewed it only as something offered or required in church settings. These social experiences led to my interest in the social forces at play that encourage modern, non-traditional couples to participate in marriage but not premarital preparation, thus creating the proposed research topic and question.

Capstone Project Overview

As per the research topic and question proposed by this project in the context of the researcher's position, the rest of this capstone is organized as follows: (1) a discussion of the literature search process to locate articles, (2) analysis of the study methods selected for review, (3) a comprehensive thematic synthesis of the research findings, (4) concluding discussion regarding applications for clinical practice and future research recommendations.

Chapter Two: Capstone Project Methodology

A comprehensive literature search process was conducted to source and select the most relevant empirical primary articles related to the capstone research question. The initial inquiry began with the search engine Google Scholar to gain an overall sense of the available studies using the primary keywords "social perception and premarital preparation." This search was limited to eliciting research conducted in the last ten years (2013–2023). The objective was to determine foundational research, theoretical explanations, and literature review that could inform the project's theoretical framework and lead to more recent studies. During this preliminary search, the literature review suggested revisions are necessary for premarital relationship interventions to align with the next generation and contemporary social trends (Clyde, Hawkins, & Willoughby, 2020). This review inspired the capstone research topic to focus on the perception and participation of contemporary couples in premarital preparation. Other literature reviews and book chapters helped shape the research problem and identify gaps in the current literature (Bradbury & Bodenmann, 2020; Markman et al., 2019; Stewart et al., 2016). It became apparent that there was a lack of participation in premarital preparation in combination with societal shifts in relationships in contemporary couples, resulting in the choice to refine the project's scope to this population.

Additionally, during this preliminary stage, a wide range of terms and approaches to premarital interventions was identified (Williams, 2007). The search for articles continued with using different combinations of terms, including "perception," "participation," "stigma," "social stigma," "social trends," "attitudes," "opinions," "beliefs," "premarital counselling," "premarital therapy," "premarital preparation," and "marriage preparation." After considering all the terms, "premarital preparation" seemed the most appropriate for this capstone research question and

most consistently throughout the writing process; this is because it is inclusive of the various forms of preparation that can be offered (counselling, therapy, relationship education, workshops, presentations, self-directed options, etc.). One of the first articles discovered using these search terms involved research investigating graduate students' opinions on premarital education programs (Soylu & Kabasakal, 2020). A relationship factor that frequently arose in the literature was the issue of premarital cohabitating couples. The search term "cohabiting" and premarital counselling" uncovered a highly significant article discussing the correlation between relationship status and the perceived importance of premarital counselling (McGhee et al., 2021).

The foundational research applying the Health Belief Model to premarital counselling preferences in young adults was located (Borowski & Tambling, 2015). While the aim was to include articles from the last five years in the final literature review, this study was critical, still relevant, and essential to include in the capstone project. Following this discovery, searches continued using the key term "Health Belief Model," which became this capstone's theoretical framework. The article's sources in Google Scholar were then verified in the City University of Seattle Library to determine whether they were peer-reviewed. Any articles sourced that were not peer-reviewed were excluded from the project. No limit was placed on geographical location, sexual orientation, or gender identity to increase the diversity, social norm considerations, and sociodemographic factors in the participant samples.

The second stage of research sourcing used the City University of Seattle Library, specifically the PsychInfo + PsychArticles databases, to refine the search to psychology and counselling articles. During these database searches, the year was limited to publications from 2018–2023 and peer-reviewed articles. At this stage, it was time to include studies that did not specifically research premarital interventions but addressed another piece of the capstone project:

social perception, and participation, including barriers and facilitators. Search terms including "marital interventions," "relationship education," "couples' therapy," "couples' counselling," "couples' help-seeking," and "couples' relationship help-seeking" were added in combination with previous search terms. Within the City University of Seattle Library, specific journals were explored, including the Journal of Marriage and Family, Journal of Marital and Family Therapy, Marriage and Family Review, Couple and Family Psychology, and Family Relations. During this specialized search, several primary articles were in their published journal databases (Hubbard & Anderson, 2022; Killawi et al., 2018; White et al., 2020; Wischkaemper et al., 2020). When reviewing the studies available in the journal databases, other relevant articles related to important factors, such as gender and couples' help-seeking, were sourced by investigating reference lists (Hubbard & Anderson, 2021).

Having created a comprehensive list of relevant key terms and thoroughly searched the City University of Seattle Library databases, efforts returned to Google Scholar to ensure that studies that may not be in the library databases were not missed. Searches that inquired about factors impacting participation in various interventions uncovered research exploring time, cost, and incentive preferences for attendance (Burr, Hubler, & Kuns, 2017) and factors related to post-marital counselling participation (Moeti, 2019).

Literature Search Challenges

One of the primary challenges with the selected subject area of premarital preparation was ensuring that the research question was addressed by findings encouraging current knowledge and innovation. There appeared to be a focus on premarital education and counselling in the early 2000s, with research claiming the importance of premarital education (Stanley, 2001) and the original application of the Health Belief Model in premarital counselling (Sullivan et al.,

2004). However, the literature highlights that while there was a shift from premarital services to couples' relationship education in general, this area is still highly significant and demands attention in divorce prevention (Clyde, Hawkins, & Willoughby, 2020). In creating the research topic for this capstone, by focusing on premarital preparation in contemporary couples and considering the modern social changes and relationship issues that couples today face, more recent and relevant research articles could apply; this topic could add new information to the current body of knowledge. While the research topic inquired about premarital preparation, including research on the perception, participation, and the experiences of other couples, interventions such as couples' therapy and relationship education allowed each study to be recent and answer a small portion of the overall question.

Chapter Three: Research Analysis

To gain a fuller understanding of the current body of knowledge related to contemporary couples' social perception and participation in premarital preparation services, ten primary scholarly articles were reviewed and analyzed (see Table 1). The selected articles provided international perspectives that inform aspects of the research question, including perceptions and attitudes towards couples' help-seeking, sociodemographic characteristics of the modern couple, and findings related to premarital preparation participation specifically. The research methodologies of the selected studies were synthesized by exploring the six quantitative studies followed by the four qualitative. The next section examines each study's research problem, paradigm and design, sampling and requirement approach, and data collection and analysis tools, concluding with limitations and ethical considerations.

Table 1

Summary of Primary Research Articles

Author(s)	Title	Year	Journal	Type of Study	Research Inquiry
Borowski, S. C., & Tambling, R. B.	Applying the Health Belief Model to Young Individuals' Beliefs and Preferences About Premarital Counseling.	2015	The Family Journal	Quantitative	The study uses the Health Belief Model to explore young adults' therapy preferences and beliefs about premarital program participation.
Burr, B. K., Hubler, D. S., & Kuns, J. B.	How much is too much? Investigating time and cost preferences to attending relationship education.	2017	Journal of Family & Consumer Sciences	Quantitative	The study explores how much time and money individuals would be willing to spend attending relationship education and how these differences vary by gender and past participation.

Hubbard, A. K., & Anderson, J. R.	The Moderating Effect of Gender on Expectations and Threats Related to Relationship Help-Seeking.	2021	Journal of Couple & Relationship Therapy	Quantitative	Utilizing the Health Belief Model, the study examines how an individual's perceptions of threats to their relationship and their expectations for seeking help will be linked to their relationship help-seeking behavior.
McGhee, J., Burr, B., Vanrosendale, A., & Figueria, D.	What Do Those Cohabiting Believe about Relationship Social Support and Premarital Counseling? A Comparative Analysis	2021	Social Sciences	Quantitative	The study explores how attitudes toward relationship support from family and friends and toward premarital counseling differ by relationship status.
White, T. J. E., Duncan, S. F., Yorgason, J. B., James, S. L., & Holmes, E. K.	Marital Interventions: Participation, Helpfulness, and Change in a Nationally Representative Sample	2020	Family Relations	Quantitative	The study examines how often early married couples have participated in marital interventions and how helpful and change-producing these interventions are perceived nationally.
Wischkaemper, K. C., Fleming, C. J., Lenger, K. A., Roberson, P. N., Gray, T. D., Cordova, J. V., & Gordon, K. C.	Attitudes Toward Relationship Treatment Among Underserved Couples	2020	Couple and Family Psychology: Research and Practice	Quantitative	The study examined how couples 'presenting attitudes toward seeking couple treatment, and change in these attitudes, differed as a function of demographic variables within a brief relationship education program.
Hubbard, A. K., & Anderson, J. R.	Understanding Barriers to Couples Therapy	2022	Journal of Marital and Family Therapy	Qualitative	The study explores qualitative opinions from partnered individuals on what would make it easier to seek counselling.
Killawi, A., Fathi, E., Dadras, I., Daneshpour,	Perceptions and Experiences of Marriage Preparation Among U.S.	2018	Journal of Marital and Family Therapy	Qualitative	The study explores perceptions and experiences of marriage preparation in U.S. Muslims and how

M., Elmi, A., & Altalib, H.	Muslims: Multiple Voices from the Community				therapists and imams aid in preparing couples for marriage.
Moeti B.	Factors that Influence Post-Marital Counselling Participation	2019	Lonaka Journal of Learning and Teaching	Qualitative	The study explores the perceptions of couples and service providers on factors that may impact participation in post-marital counselling (PMC)
Soylu, Y., & Kabasakal, Z. T.	Examining Graduate Students' Opinions Regarding Marriage and Premarital Education Programs	2020	Malaysian Online Journal of Educational Sciences	Qualitative	The study examines graduate students' opinions about marriage and premarital education programs.

Quantitative Studies

Research Objectives

Four of the six quantitative studies focused on exploring individual preferences, attitudes, and beliefs towards some form of relationship help-seeking and how this could be impacted by various sociodemographic factors (Borowski & Tambling, 2015; Hubbard & Anderson, 2021; McGhee et al., 2021; Wischkaemper et al., 2020). The perception of premarital programs specifically was investigated by two studies, exploring the relationship between individual's beliefs around participation and relationship status (cohabiting), social support (McGhee et al., 2021), and therapy preferences and barriers framed by the Health Belief Model (Borowski & Tambling, 2015). From a relationship education lens, potential moderating variables such as cost, time commitment, previous attendance, and gender were addressed (Burr, Hubler, & Kuns, 2017). The Health Belief Model was utilized to frame the problem of how perceived threats and

expectations impact relationship-help-seeking in general (Hubbard & Anderson, 2021). Two studies included the attitudes of participants who have completed relationship intervention related to demographic variables in underserved couples (Wischkaemper et al., 2020) and perceived helpfulness and change (White et al., 2020).

Research Paradigms and Designs

The authors of the six quantitative studies selected were rooted in a positivist worldview aligning with the quantitative framework. Additionally, all studies utilized a non-experimental survey design suitable for the outlined objectives of describing the attitudes and opinions of the sampled population (Creswell & Creswell, 2018). A cross-sectional design was selected to explore national participation percentages of premarital and marital interventions in early married individuals and factors that may impact perception, including gender, education, and religiosity (White et al., 2020). This study used a conceptual framework of marital horizons theory to understand other preparation behaviours when individuals consider their marital readiness.

A cross-sectional study was also conducted to examine attitudes towards premarital counselling regarding relationship status and social support (McGhee et al., 2021). This study operated from a theoretical framework of human ecology theory, which suggests a connection between humans and different levels of their environment (McGhee et al., 2021). This study sought to determine how social support and premarital counselling views differ in cohabiting couples. Human ecology theory also framed the exploration of preferences for cost and time commitment in relationship education (Burr, Hubler, & Kuns, 2017). The researchers explored how external/macro factors (cost and time commitment), as well as internal/micro factors

(gender and previous attendance), influence the decision to attend using a cross-sectional approach (Burr, Hubler, & Kuns, 2017).

Another study used a cross-sectional design informed by the Health Belief Model to evaluate how sociodemographic factors, perceived threats, perceived benefits, and perceived barriers are linked with the behaviour of relationship help-seeking (Hubbard & Anderson, 2021). The Health Belief Model also provided context for the previous cross-sectional study that specifically explored beliefs and preferences for premarital counselling (Borowski & Tambling, 2015). One longitudinal study examined how attitudes towards relationship treatment change over time (one and six months) and by demographic, before and after a brief intervention in underserved couples less likely to attend traditional therapy (Wischkaemper et al., 2020). These studies were all based on the notion that very few individuals participate in some form of relationship intervention, and there is a connection between present attitudes and later participation.

The primary role of the researchers in these studies was to develop the survey questions and analyze the data. Since all the questionnaires were completed online or by mail, researchers had little contact with participants. However, in the longitudinal study, it is unclear if the researchers were involved in the relationship intervention the participants completed (Wischkaemper et al., 2020).

Sampling, Recruitment, and Participants

Within the quantitative designs, sample sizes were considerably larger and ranged from 249-3189 individuals (see Table 2 for the complete summary). While some studies had predominantly female samples (Borowski & Tambling, 2015; Burr, Hubler, & Kuns, 2017; McGhee et al., 2021), others achieved an even representation between men and women (Hubbard

& Anderson, 2022; White et al., 2020; Wischkaemper et al., 2020). Men and women have different perceptions and experiences of the research problems, and ensuring various voices are heard is critical, although not always possible. However, diversity was a concern for the quantitative studies, with all samples having a majority of white/Caucasian/European racial and ethnic backgrounds, middle-class income, and higher education levels. When types of religion were explored, the majority were Catholic or Protestant (White et al., 2020). Only one study included specific information on participants' sexual orientations outside of heterosexuality (Hubbard & Anderson, 2022). Gender diversity was also a limitation in the quantitative studies. Only one study mentioned that they included transgender options on their demographic survey (Hubbard & Anderson, 2021), while others simply noted their sample population comprised men and women (Wischkaemper et al., 2020) or primarily women with no other descriptive information regarding the rest of the sample (Borowski & Tambling, 2015; Burr, Hubler, & Kuns, 2017; McGhee et al., 2021; White et al., 2020). Excluding information on gender-non-confirming individuals limits the findings' ability to apply to various types of couples.

Table 2

Summary of the Quantitative Sampling Procedures

Author (s)	Sampling Strategy	Recruitment Strategy	Participants
Borowski, S. C., & Tambling, R. B.	Convenience	Facebook, flyers, and listserves at university. Only young adults ages 18-24 were included in this study.	N = 249 young adults Gender: 77% female; 23% male. Religiosity: 6% were very religious, 47.8% were moderately religious, and 46.2% were not religious. Parental Divorce: 72.7% not divorced; 27.3% divorced. Family closeness: 52.5% are very close to family. Race/ethnicity/SES: 81.9% white, 91.5% not Hispanic, 56.2% upper middle class.

			Therapy attendance: 44.2% attended some form of therapy in their lifetime.
Burr, B. K., Hubler, D. S., & Kuns, J. B.	Convenience, snowball	Social media and college/university course.	N = 3,189 individuals Participant location: 53.1% Utah, 24.2% Oklahoma, and others across other 49 US states. Gender: 75% female. Age: 18-96, average 30.7 years. Race/Ethnicity: 83.4% White or Caucasian; 6.2% Hispanic or Latino; 3% Black or African American; 3% Native American or Alaskan Native. Income: 27.1% $0-$20,000; 22.4% $20,000-$40,000; 17.1% $40,000-$60,000, 11% $60,000-$80,000; 9.1% $80,000-$100,000; 11.9% over $100,000. Education: 47.1% some college; 26.4% college graduates; 10.2% high school graduates. Relationship Status: 53.7% married or remarried; 22.2% single, never married; 11.3% committed relationship, not living together.
Hubbard, A. K., & Anderson, J. R.	Convenience	Advertised prescreening and completed online surveys via Amazon's Mechanical Turk platform (mTurk). Only individuals in emotionally committed relationships (3 or more years) were included.	N = 376 individuals Relationship distress: 49.6% distressed; 50.5% non-distressed. Gender: 48.3% men; 51.7% women. Race/Ethnicity: 73.9% European American; 8.7% African American; 6.9% Asian American; 6.1% Latinx; 2.1% Biracial; 1.1% Multi-racial; 0.8% Native American; 0.5% Middle Eastern. Sexual Orientation: 1.6% gay, 2.6% lesbian; 9.5% bisexual; 86.3% identified as heterosexual.
McGhee, J., Burr, B., Vanrosendale, A., & Figueria, D.	Convenience	Social media and university classes, online survey.	N = 385 individuals Gender: 88% female. Age: 18-70; average 30.5. Race/Ethnicity: 67% White/Caucasian; 10% Asian; 9% Native American. Education: 35% some college; 29% college graduates; 13% high school graduates.

			Income: 39% $30,000 or less; 25% $30,000-$60,000; 16% $60,000-$90,000; 20% $90,000 or more. Relationship Status: 43% married; 20% single; 19% committed dating relationship; 8% engaged; 5% divorced or separated. Participant location: 89% Oklahoma; 4% Texas; <1% other states.
White, T. J. E., Duncan, S. F., Yorgason, J. B., James, S. L., & Holmes, E. K.	Convenience, cluster stratification	The sample was taken from a larger study on couple relationships and transition experiences (CREATE). Participants were included in the present study if they were married in the selected time frame, in their first marriage with at least one partner, lived in the United States, and reported participating in a marital intervention.	N = 1,562 individuals Gender: 46.9% male; 53.1% female. Average age: 27.8 years (females); 29.7 years (males). Length of marriage: 1 day-3.5 years; average 1.5 years. Race/ethnicity: 65% European/American; 11.8% African; 11.6% Latino; 3.2% Asian American; 0.7% Native American. Education: 53.3% (females), 42.8% (males) bachelor's degree or higher. Annual income: 12.4% $29,999 or less; 25.1% $30,000-$59,999; 33.4% $60,000-$99,999; 29.2% $100,000 or more. Religion: 21.4% Catholic; 57.5% Protestant; 1.4% Jewish; 0.2% Muslim; 6.1% other; 13.5% no affiliated religion.
Wischkaemper, K. C., Fleming, C. J., Lenger, K. A., Roberson, P. N., Gray, T. D., Cordova, J. V., & Gordon, K. C.	Convenience, snowball Aimed to oversample underserved populations (rural areas, higher poverty, lower education).	The sample was taken from a previous study on a brief relationship intervention. Required to be in an intimate, committed relationship. Excluded from the study were any partners under 18 and reports of feeling emotionally or physically unsafe.	N = 656 cohabiting and married couples, 1,307 individuals Race/Ethnicity: 74.9% Caucasian Poverty level: 69.2% above the poverty line Relationship status: 58.5% married. Relationship Distress: 64.6% non-distressed. Sexual Orientation: 94% heterosexual.

All quantitative studies recruited participants through non-probability convenience sampling. Three studies accessed participants through university classes, flyers around campus, and social media platforms (Borowski & Tambling, 2015; Burr, Hubler, & Kuns, 2017; McGhee et al., 2021). Recruiting participants from universities impacted the age range, education level, and socioeconomic status in that may not represent the wider population. Two studies created a convenience sample from previous study participants (White et al., 2020; Wischkaemper et al., 2020). One sample was based on members of dyads who returned their baseline and follow-up mailed packets after participating in a brief relationship intervention being examined for effectiveness in a separate study (Wischkaemper et al., 2020).

Another sample was created using a two-stage cluster stratification design (White et al., 2020). The first stage consisted of a random sample of counties in the United States, with the second stage involving recent marriages in those counties (White et al., 2020). Stratification ensures that a sample is representative of the actual population (Creswell & Creswell, 2018). Counties were selected based on a probability proportional to size design. Participants with the counties were based on county population size, marriage, divorce, poverty rates, and racial and ethnic distribution (White et al., 2020). Public marriage record databases were then used to locate participants and invite them to participate in the study (White et al., 2020).

While all studies examined in this capstone investigated experiences or perceptions of relationship help-seeking from individual perspectives, three required participants to be in committed relationships or married (Hubbard & Anderson, 2021; White et al., 2020; Wischkaemper et al., 2020). Other studies measured relational factors such as relationship satisfaction/distress levels in their participants (Hubbard & Anderson, 2021; Wischkaemper et

al., 2020), parental divorce, and family closeness (Borowski & Tambling, 2015). These variables help tailor the data collection and findings concerning the proposed research questions on relationship help-seeking.

Data Collection

From a quantitative research perspective, data can be collected primarily through surveys or experiential designs (Creswell & Creswell, 2018). All six quantitative studies selected utilized a survey design, which is helpful when considering the outlined research questions. Survey measures can answer descriptive questions such as gaining percentages, understanding the relationship between variables, and in terms of longitudinal studies, gaining information over time on any predictable relationships between variables (Creswell & Creswell, 2018).

Five studies employed online survey platforms (Borowski & Tambling, 2015; Burr, Hubler, & Kuns, 2017; Hubbard & Anderson, 2021; McGhee et al., 2021; White et al., 2020), while only one mailed the participant's physical paper packets (Wischkaemper et al., 2020). Online surveys can increase the reliability and validity of results as these programs can reduce data entry errors if they organize responses into spreadsheets, thus improving the efficacy of the overall data collection process (Creswell & Creswell, 2018). In the case of mailed questionnaires, including instructions for administration is encouraged to ensure accurate and high response rates; however, it is unclear if this type of information was provided to participants (Wischkaemper et al., 2020). This potential lack of care could result in inaccurate or skewed research findings.

The process of data collection varies in longitudinal studies. When measuring the change in attitudes following a relationship intervention, baseline data were collected by mailing each partner in the couple a packet containing the demographic survey, the Couples Satisfaction Index (CSI-16), the Attitudes Toward Seeking Professional Psychological Help- Couple Therapy

(ASPPH-CT), and they were asked to complete them separately. Participants then completed a brief, two-session relationship intervention called the Relationship Check-Up (RC), expanded and adapted from the original Marriage Check-Up (MC) (Wischkaemper et al., 2020). The RC aims to highlight the couple's relationship strengths, areas of concern, and coping ideas using integrative behavioral couples' therapy and motivational interviewing (Wischkaemper et al., 2020). The intervention is offered in a home or office setting and is considered the relationship version of a physical or dental check-up. The associated marketing hopes to address barriers to couples' interventions and promote non-traditional, preventative care (Wischkaemper et al., 2020). Following participation in the RC, couples are mailed questionnaires after one and six months; however, the six-month data was excluded from the study as its package included only some of the measures (Wischkaemper et al., 2020).

To measure participation and helpfulness, a Couple Relationships and Transition Experiences (CREATE) survey was developed. Seven items asked participants to identify if they had been involved in any premarital or marital enrichment intervention, how those interventions were administered (college class, community or church workshop, counselling, or self-directed learning such as books, internet resources, home study programs, or DVDs/CDs), and level of helpfulness and change measured on a Likert scale of 1-5 (White et al., 2020). Similarly, social support and premarital counselling attitudes were measured on a 1-5 Likert scale survey (McGhee et al., 2021). Another study also developed scaling questions to measure preferences for participating in relationship education, including time preferences (0->10 hours), pay/cost preferences ($0->$100), the minimum incentive to participate in four hours of relationship education preference (<$25->$400) and previous relationship education attendance via a simple yes/no response (Burr, Hubler, & Kuns, 2017).

The study surveys all obtained demographic information on participants regarding age, gender, race/ethnicity, income, socioeconomic status or poverty status, and relationship status. Only one study's survey asked for sexual orientation (Hubbard & Anderson, 2021), two studies asked about the relationship or marriage length (Hubbard & Anderson, 2021; White et al., 2020), two studies asked about previous attendance to either relationship education or therapy (Borowski & Tambling, 2015; Burr, Hubler, & Kuns, 2017), two studies asked about type or level of religiosity (Borowski & Tambling, 2015; White et al., 2020), one survey asking about parental status (Wischkaemper et al., 2020), one survey asking for a geographical location (McGhee et al., 2021), and one survey asking about parental divorce status and closeness to family (Borowski & Tambling, 2015). Table 3 summarizes the formal psychometric instruments used in the quantitative studies, followed by an analysis of their validity and reliability.

Table 3

Summary of Psychometric Instruments

Author(s)	Variable Measured	Instrument	Reliability Measures	Instrument Adaptations
Borowski, S. C., & Tambling, R. B.	*Intention to participate* in premarital counselling; *therapy preferences* (characteristics of leaders, setting, content, and outcome of counselling); *Health Belief Model constructs* (perceived susceptibility to marital problems and divorce, perceived severity to marital problems and divorce, perceived barriers to attending premarital counselling, perceived benefits to attending premarital counselling).	Marriage Attitudes and Beliefs Questionnaire.	Cronbach's Alpha: 0.68-0.92	Some questions from the Marriage Attitudes and Beliefs Questionnaire were substituted with more descriptive and in-depth questions.

Hubbard, A. K., & Anderson, J. R.	Health Belief Model (HBM) construct: Perceived threats assessed through measuring *Relationship Satisfaction*	Couples Satisfaction Index (CSI-16).	Cronbach's alpha: 0.92 for women; 0.90 for men.	None reported.
	HBM construct: Perceived threats assessed through measuring *relationship instability*	Revised Dyadic Adjustment Scale (RDAS); 3 items.	Cronbach's alpha: 0.86 for men; 0.84 for women.	None reported.
	HBM construct: Perceived threats assessed through measuring *social comparison*	Unnamed three-question assessment developed by Mojtabai (2008)	Cronbach's alpha: 0.82 for women; 0.77 for men.	Fourth question added by the researchers.
	HBM construct: perceived barriers assessed through measuring *endorsement of four Western cultural stereotypes of masculine behavior* (success and dedication, restrictive emotionality, inhibited affection, and exaggerated self-reliance and control).	Masculine Behavior Scale (MBS).	Cronbach's alpha: success and dedication subscale 0.90 for women; 0.88 for men; restrictive emotionality subscale 0.93 for women and 0.91 for men; inhibited affection subscale 0.89 for women and 0.86 for men; and exaggerated self-reliance and control subscale 0.63 for women and 0.65 for men.	None reported.
	HBM construct: perceived barriers assessed through measuring how *self-esteem is threatened by seeking counseling.*	Self-Stigma of Seeking Help (SSOSH).	Cronbach's alpha: 0.93 for men; 0.92 for women.	Adapted to fit couples, using words like "we" instead of "I."
	HBM construct: perceived benefit	Attitudes toward seeking	Cronbach's alpha:	The stigma sub-scale was

	assessed through measuring *positive and negative attitudes toward marital help-seeking.*	professional psychological help – Marital therapy questionnaire (ASPPH-MT; 22-item version).	Recognition of the need for help subscale 0.82 for women and 0.83 for men; interpersonal openness subscale 0.77 for women and 0.78 for men; and confidence in couples' therapy subscale 0.86 for women and 0.89 for men.	omitted to prevent overlap with SSOSH; item 12 was removed due to low confirmatory factor analysis loading.
	Relationship help-seeking behaviours.	Relationship help-seeking measure (RHSM).	Not reported.	Adapted to ask for any time in the past (initially asks for behaviors within the last two weeks).
Wischkaemper, K. C., Fleming, C. J., Lenger, K. A., Roberson, P. N., Gray, T. D., Cordova, J. V., & Gordon, K. C.	*Relationship satisfaction (*baseline and 1-month post-intervention)	Couples Satisfaction Index (CSI-16)	Cronbach's alpha: 0.83.	None reported.
	Positive and negative attitudes toward professional couple help-seeking.	Attitudes Toward Seeking Professional Psychological Help- Couple Therapy (ASPPH-CT).	Cronbach's alpha: 0.83.	None reported.

When considering tools for data collection in quantitative studies, the most relevant type of reliability is an instrument's internal consistency (Creswell & Creswell, 2018). Internal consistency is achieved when all items in the questionnaire assess the same construct resulting in intercorrelations (Creswell & Creswell, 2018). Researchers can showcase their chosen instrument's internal consistency by including Cronbach's alpha, which ranges from 0-1, with

optimal levels between 0.7-0.9 (Creswell & Creswell, 2018). All formal instruments utilized in the studies ranged from 0.68-0.93, presenting acceptable internal consistency. Additionally, all studies present streamlined variables with their questions and hypotheses, which helps connect how the findings will attempt to answer the aim of the research.

Two instruments appear multiple times across studies. The first is the Couples Satisfaction Index (CSI-16), utilized in two studies to measure relationship satisfaction in cross-sectional and longitudinal designs (Hubbard & Anderson, 2021; Wischkaemper et al., 2020). The variable of relationship satisfaction is highly relevant to the capstone inquiry as it relates to perceived susceptibility to marital problems and divorce and, therefore, how someone may perceive the need for marriage preparation services. Two different versions of an instrument were used: the Attitudes Toward Seeking Professional Psychological Help–Marital Therapy Questionnaire (ASPPH-MT) and the Attitudes Toward Seeking Professional Psychological Help–Couple Therapy (ASPPH-CT) (Hubbard & Anderson, 2021; Wischkaemper et al., 2020). These instruments collected data on positive and negative attitudes towards professional marital or, more generally, couples' help-seeking. The marital version contains sub-scales of recognizing the need for help, interpersonal openness, and confidence in couples' therapy. These constructs are relevant when considering what variables would contribute to perception and participation in relationship help-seeking. These findings should be given particular attention (Hubbard & Anderson, 2021).

Two studies using survey instruments described adaptations to the questionnaire wording or adding questions from other instruments (Hubbard & Anderson, 2021; Borowski & Tambling, 2015). While making these changes can make the items more suitable for the research question and sometimes easier to understand, questionnaires are developed with a high level of testing to

ensure reliability and construct and content validity (Sousa et al., 2017). Thus, when researchers modify or combine instruments as discussed, the original validity and reliability may not remain stable, which should be established in the data analysis process (Creswell & Creswell, 2018).

While several studies did not specifically collect data on premarital preparation services, the information on participation and attitudes toward marital/relationship interventions, relationship education, and relationship help-seeking contributed significantly to the subject area. It informed this capstone project as premarital preparation can be offered through relationship education and therapy.

Data Analysis

Following varying data collection methods, each study employed a data analysis plan to interpret its meaning to answer research questions or support/deny hypotheses. Descriptive statistical analysis presented participant characteristics and predicted variability in helpfulness and change of reported marital interventions with two-level multilevel models with SPSS 24 (White et al., 2020). Regression analysis was conducted to predict helpfulness and change of marital interventions, including interaction effects (White et al., 2020). Modeling was simplified by treating marital interventions as dichotomous variables and gender, education, and religiosity as covariates and moderators of interventions. Gender was also treated as a categorical variable, with helpfulness, change, and religiosity as continual predictor variables. Response bias was addressed using listwise deletion, omitting any respondent's data with missing variables from the model (White et al., 2020).

Another study also completed descriptive statistics while assessing the relationship between social support, relationship status, and the importance of premarital counselling using a non-parametric Kruskal-Wallis Test (McGhee et al., 2021). This test was chosen as the ANOVA

assumptions did not fit the researcher's assumptions. Following this test, pairwise comparisons were completed to determine specific group differences. The data analysis in this study was also conducted with SPSS 24 (McGhee et al., 2021). The analysis plan did not indicate how missing data were handled.

Time, cost, and incentive relationship education preferences were also presented through descriptive statistics and differences based on gender and previous relationship education attendee through independent sample *t*-tests (Burr, Hubler, & Kuns, 2017). A discussion on handling missing data was lacking.

Rather than using SPSS as others did, one study selected the Mplus program to complete two-level multilevel models to determine how demographic factors impacted attitudes towards relationship treatment over time (baseline and one-month follow-up) (Wischkaemper et al., 2020). Several three-level multilevel models were conducted to determine whether a change in attitudes at baseline and post-intervention varies depending on demographic factors. Level one was the time points (baseline and post-intervention, level two were individuals and level three was couples (Wischkaemper et al., 2020). Gender, race/ethnicity, and relationship distress were categorized as variables at the individual level, whereas poverty status, marital status, and parenting status were couple-level variables (Wischkaemper et al., 2020). Given a longitudinal study design, there are more opportunities for participants to withdraw, resulting in missing data: baseline data, one-month follow-up responses, and six-month follow-up responses (however, six months was not included in the study). Rather than simply removing data with missing variables, Mplus can assume missing data at random using full maximum likelihood and include context variables poverty, marital status, parenting status, minority status, and relationship distress) in

the analysis if they were significantly associated with dropping out at any time (Wischkaemper et al., 2020).

Mplus was also utilized to test hypotheses stating that the Health Belief Model constructs (perceived threats, perceived barriers, perceived benefits) and sociodemographic variables would be associated with greater relationship help-seeking behaviour and that gender would moderate these associations (Hubbard & Anderson, 2021). Descriptive statistics and correlational analyzes were first completed with the data. Next, a Confirmatory Factor Analysis (CFA) was conducted to determine the appropriate functioning of measures in the dataset, followed by *t*-tests to identify any significant differences between the variables and gender (Hubbard & Anderson, 2021). Finally, a multiple-group path analysis was used to test differences in the hypothesized relationship between variables and relationship help-seeking, mediated by attitudes towards help-seeking (Hubbard & Anderson, 2021). Mplus provided less biased parameters in this study by using full-information maximum likelihood instead of listwise deletion using other highlighted studies (Hubbard & Anderson, 2021). The model fit evaluation was confirmed through Chi-square, comparative fit index (CFI), Tucker-Lewis Index (TLI), root mean square error approximation (RMSEA), and standardized root mean square residual (SRMR) (Hubbard & Anderson, 2021). Good model fit is determined by non-significant Chi-square, CFI, and TLI values (>0.95) and RMSEA and SRMR values below 0.06 and 0.08 (Hubbard & Anderson, 2021). Taking these additional steps to ensure model fit increases the trustworthiness of the results for researchers and the reader.

When analyzing the opinions related to intention to participate in premarital counselling/education and therapy preferences (characteristics of the leader, content, outcome, number of sessions, cost, and preferred topics discussed), descriptive and frequency statistics

were completed initially (Borowski & Tambling, 2015). Next, to understand the relationship between intentions to participate and Health Belief Model (HBM) constructs (perceived susceptibility to marital problems and divorce, perceived severity of marital problems and divorce, perceived barriers to attending counselling/education, perceived benefits to attending counselling/education), descriptive statistical and correlational analyses were performed (Borowski & Tambling, 2015). A two-step hierarchical regression model was created and tested to understand the relationship more fully between the intention to participate and HBM constructs. The first step of the model included significant sociodemographic factors and degree of religiosity. In contrast, the second step was created to determine if HBM constructs would predict the intention to participate over the degree of religiosity (Borowski & Tambling, 2015). This additional test in the data analysis plan helped clarify the underlying impacts that may contribute to people's attitudes and intentions to participate in premarital relationship services.

Limitations and Recommendations

Study data must be considered in the context of its design with inherent limitations that will inform how findings can be interpreted and what conclusions can be drawn. Five studies utilized cross-sectional survey designs. This choice means that the data only represents the participant's attitudes at that point. Without longitudinal data, researchers cannot determine if these attitudes change over time or result in relationship help-seeking behaviors, including premarital preparation participation (Borowski & Tambling, 2015; Burr, Hubler, & Kuns, 2017; Hubbard & Anderson, 2021; McGhee et al., 2021; White et al., 2020). Future researchers are called to perform more longitudinal studies to identify how attitudes and behaviors are impacted over time (Borowski &Tambling, 2015; Hubbard & Anderson, 2021).

Additionally, regarding the studies that required participants to be in a relationship but respond to measures individually, individual data was used to explore a dyadic process, and it is recommended that dyadic data be utilized in the future (Borowski & Tambling, 2015; Hubbard & Anderson, 2021; White et al., 2020). Specifically, in the case of investigating participation and perceived change/helpfulness in marital interventions, it was not determined what type of intervention was participated in and if with the intention of premarital preparation or post-marital enrichment (White et al., 2020). Gathering these distinctions in the future will aid in a more robust understanding of current participation behaviors in couples.

Furthermore, several studies altered chosen measures, potentially impacting the instrument's validity and findings. Surveys and instruments utilized in these studies may have focused more on formal help-seeking than informal or online options, which may have skewed participants' attitudes and not captured the full scope of their perspective on help-seeking. Future studies should consider measures highlighting all options to collect more accurate and clinically relevant information (Hubbard & Anderson, 2021).

With predominantly white, middle-class, female, and heterosexual participants, the ability for findings to be generalizable to other groups is limited, leaving researchers to recommend more studies with diverse sample populations (Borowski & Tambling, 2015; Hubbard & Anderson, 2021; McGhee et al., 2021; White et al., 2020). Even with studies specifically aimed at recruiting people from diverse backgrounds, there is still room for improvement in representing underserved populations in the data (Wischkaemper et al., 2020). Accessibility is also a concern as most of the studies were completed online, not reaching people who may not have access to the internet or technology (Borowski & Tambling, 2015; Hubbard & Anderson, 2021; White et al., 2020). Self-selecting bias may also be present as those who participated may

be more likely to access relationship-help-seeking services and have a more positive outlook on participation (Wischkaemper et al., 2020).

Qualitative Studies

Research Objectives

Two of the four qualitative studies sought to explore participant's opinions regarding couples' help-seeking services, such as barriers and convivence of couples' therapy (Hubbard & Anderson, 2022), premarital education programs, and marriage in general in graduate students (Soylu & Kabasakal, 2020). Information regarding barriers to couples' therapy is relevant to the research project as a contributor to the social perception of seeking help and how that may inform what we know about premarital preparation participation. Additionally, reviewing graduate students' opinions on premarital education and marriage directly relates to the social perception of contemporary couples and their thoughts on marriage.

The two other qualitative studies examined the perceptions and experiences of individuals and service providers of pre- and post-marital interventions in varying populations. The perception of marriage preparation in U.S. Muslim couples, therapists, and imams' perception of marriage preparation was investigated (Killawi et al., 2018), as well as the perception of post-marital counselling (PMC) in couples and service providers (Moeti, 2019). Exploring the experiences of couples who have participated in or considered marital interventions adds a richer understanding of why people may or may not participate. Additionally, studies examining specific populations, including service providers, give context from different backgrounds and how sociodemographic factors may inform social perception and participation.

Research Paradigms and Designs

All four qualitative studies were rooted in social constructivism. From this paradigm, the researchers sought to understand the subjective meaning of an individual's experiences of a situation (Creswell & Poth, 2017). These studies focused on the participant's view that may be socially or historically constructed. Social constructivist studies are valuable to the research topic with the underlying premise that each person's social perception of relationship help-seeking is a subjective experience constructed through social and cultural norms (Creswell & Poth, 2017). Aligned with this paradigm, three studies adopted a phenomenological design to investigate individuals' lived experiences that inform their perception of marriage, premarital preparation, and couples' therapy (Hubbard & Anderson, 2022; Killawi et al., 2107; Soylu & Kabasakal, 2020). One study utilized a qualitative collective case study design to gain an in-depth understanding of couples' and service providers' perceptions of factors influencing post-marital counselling in two cities in Southern Africa (Moeti, 2019). Case themes stemming from this study aided in understanding how those in bounded systems perceive help-seeking behaviour (Creswell & Poth, 2017).

Since qualitative research is an interpretive process, researchers' biases shaped their interpretations (Creswell & Creswell, 2018). In each of the studies, the researcher took on varying roles. While some had no contact with participants and analyzed themes in data (Hubbard & Anderson, 2022), others actively recruited members of the community (Killawi et al., 2018) and prepared and completed face-to-face interviews and focus groups (Killawi et al., 2018; Moeti, 2019; Soylu & Kabasakal, 2020). A discussion of the studies' efforts to evaluate their data interpretations is included in the review of the data collection methods.

Sampling, Recruitment, and Participants

All studies utilized a purposeful sampling strategy along with standard qualitative research practices. This design means that all the studies had specific inclusion and exclusion criteria that aided in the sample's ability to answer the research questions in an informative, trustworthy manner. The study samples included perspectives from people in many different life stages, from young adult students, married couples, divorced individuals, religious leaders, and mental health service providers. Hearing from these various perspectives helped gain a richer understanding of the sociodemographic factors that may impact the social perception of seeking relationship services, including premarital preparation.

Due to the dyadic nature of the chosen capstone topic, having these samples account for relationship features such as marriage/relationship status and length, and relationship distress, was helpful as it allowed for more significant contextual conclusions to be drawn from the findings. However, in situations where community stakeholders were involved in the recruitment process and had direct contact with other participants and the researchers, it is possible that those who were approached felt pressured in some way by their therapist or religious leader to participate (Killawi et al., 2018; Moeti, 2019). There may also have been biases when these community professionals chose whom they would or would not ask to participate in the study, leading to skewed results of more positive or negative perceptions of couples' services.

All studies represented both male and female perspectives evenly; however, several did not report on their samples' racial/ethnicity profiles (Moeti, 2019; Soylu & Kabasakal, 2020). With this information, it is easier to determine if the findings represent the overall population in terms of diversity and any negative impact on validity. While one study reported a primarily white/European sample (Hubbard & Anderson, 2022), other samples focused on diverse ethnic

and religious backgrounds (Killawi et al., 2018), improving the cultural considerations related to the subject matter. This sample characteristic is significant as different cultures have varying social norms related to marriage and marriage preparation. Only one study highlighted data for relationships outside the confines of heteronormativity (lesbian, gay, and bisexual) but did not consider diverse gender identities (Hubbard & Anderson, 2022). All other studies continued to show a lack of diversity considerations as all assumed heterosexuality and reported samples as male/female or men/women interchangeably, assuming that all were cisgendered, which may be inaccurate (Killawi et al., 2017; Moeti, 2019; Soylu & Kabasakal, 2020). Lastly, sample sizes ranged from as little as 22 to explore each participant's lived experience in detail to just under 300 to comprehensively explore barriers to accessing services. This range allows the subject area to be examined at micro/individual and macro/systemic levels, as each will play a role in how people perceive premarital preparation. A summary of the qualitative samples is provided in Table 4.

Table 4

Summary of Qualitative Sampling Procedures

Author (s)	Sampling Strategy	Recruitment Strategy	Participants
Hubbard, A. K., & Anderson, J. R.	Purposeful, criteria	The sample was taken from a more extensive study on couple help-seeking required via Amazon's Mechanical Turk platform (Mturk). Participants were included in the present study if they responded to the barriers prompt section of the survey,	Included in the present qualitative study: N = 273 responded to the barriers prompt section. Relationship Distress: 50.9% were not distressed; 49.1% were distressed. Previous Attendance: 18.7% previously attended couples' therapy. From the original study: N = 397 individuals in emotionally committed relationships. Relationship Distress: 49.6% distressed; 50.5% non-distressed. Gender: 48.3% Men; 51.7% women. Race/ethnicity:73.9% European-American; 8.7% African American; 6.9% Asian

		including the open-ended question	American; 6.1% Latinx; 2.1% biracial; 1.1% multiracial; 0.8% Native American; 0.5% Middle Eastern. Sexual Orientation: 1.6% gay; 2.6% lesbian; 9.5% bisexual; 86.3% heterosexual.
Killawi, A., Fathi, E., Dadras, I., Daneshpour, M., Elmi, A., & Altalib, H.	Purposeful, followed by snowball and saturation	Research team members with knowledge of the Muslim community identified imams and therapists for recruitment. Married and divorced individuals were recruited through announcements at mosques, fliers, emails, and referrals by stakeholders.	N = 10 married individuals between 18-50, married for at least one year, may have children, live in Michigan, and participated in at least one education activity before or during marriage. N = 10 divorced individuals between the ages of 18-50, been divorced once, may have children, lives in Michigan, and participated in at least one education activity before or during marriage. N = 6 male imams, local mosque affiliation, officiates marriages in Michigan, >5 years service experience. N = 6 female therapists and Muslim mental health professionals provide marriage education/counselling to Michigan Muslims. Gender: married and divorced individuals had equal numbers of men and women, all imams were male, all therapists were female Ethnicity: 16 Arab America, eight African American, six South Asian, two Other Education: 30 had at least a 4-year college degree, 21 had a master's degree or higher Average Age: married sample 31.7, divorced sample 36.7 Average Marriage Length: marriage 7.1 years, divorced 8.7 years.
Moeti B.	Purposeful, followed by snowball	First, service providers were identified, who helped to refer their clients to married couples.	N = 25 Sample groups: eight service providers, five male and three female; 17 married individuals, nine male and eight female Marriage length: ranging from 1-10 or 31-40 years.
Soylu, Y., & Kabasakal, Z. T.	Purposeful, homogeneity	No further information provided.	N = 22 graduate students Gender: 12 females;10 male Education: 20 in master's degree program, two in Ph.D. programs University Departments: eight Family Education and Counselling, seven Computer and Instructional Technologies Teaching, three Guidance and Psychological

	Counselling, two Science Teaching, two Primary School Teaching Ages: 22-29 Relationship Status: 10 in romantic relationships 12 no current love relationship.

Data Collection

All the qualitative studies chose a cross-sectional design. Three of the four studies used in-person semi-structured interviewing with protocols to explore service providers' and individuals' perceptions of marriage and marriage preparation (Killawi et al., 2018; Soylu & Kabasakal, 2020) and factors related to non-attendance of post-marital counselling including focus groups (Moeti, 2019). Interview data was saved through a recording device and then transcribed verbatim in two instances (Killawi et al., 2018; Moeti, 2019), with one study making written notes of replies on the interview form (Soylu & Kabasakal, 2020). One interview guide was written in two languages, and participants were allowed to choose which language they preferred, in which case the transcripts were first translated into English (Moeti, 2019). This consideration is a significant step of informed consent, ensuring that individuals fully understand their participation and for more accurate answers. However, it may have introduced translation errors (Moeti, 2019).

The flexibility of interviews gathers participants' perspectives in their fullest form. It allows researchers to gain clarification and seek additional information where needed, minimizing the chance for helpful information to be bypassed or misunderstood. Due to the personal nature of interviews, cultural competency related to the study population is an important consideration. One study noted that researchers conducting the interview were in the same religious group as the sample (Muslim) and were familiar with traditions to make the individuals feel safe and comfortable to share (Killawi et al., 2018).

Information regarding the qualifications of the researchers who informed and approved the interview protocols can also increase the trustworthiness of a study. Only one study highlighted that before the interviews were completed, the form was reviewed by several professionals with a relevant Ph.D. (Soylu & Kabasakal, 2020). This additional step confirmed the validity of the interviews. However, the sample also included Ph.D. students. A discussion of any dual relationships would ensure that this study did not have researchers' professional backgrounds interacting with those of the participants (Soylu & Kabasakal, 2020).

One of the four studies collected qualitative, open-ended responses through an online survey format (Hubbard & Anderson, 2022). While survey designs are traditionally associated in quantitative studies, qualitative surveys can offer a wide-angle lens on a range of voices and experiences with rich and focused data, with people more comfortable sharing sensitive topics in this form (Braun et al., 2021). However, these survey questions exclude individuals without the technology and literacy resources, present online privacy concerns, and the depth of responses is lost compared to interviews (Braun et al., 2021). While investigating people's perceptions of premarital services, having multiple forms of qualitative data collection allows for a more comprehensive array of findings.

Trustworthiness in qualitative research is emphasized in the data validation stage of the research process following data collection (Creswell & Poth, 2017). Validation is an effort to obtain accuracy in research findings, and through accuracy, one can establish a certain level of trust (Creswell & Poth, 2017). When researchers try to establish accuracy, participants and readers can digest the findings confidently and reflect upon how they will impact their understanding of the world around them. Validation and trust in qualitative research bring writing to life, allowing it to benefit the field. While some studies did not mention validation

strategies (Hubbard & Anderson, 2022), others explicitly named reflexivity awareness by utilizing triangulation, member checking, and a reflexivity journal to reduce the impact of personal bias on the findings (Moeti, 2019). Triangulation was used in other studies along with debriefing sessions throughout data analysis, providing detailed descriptions, including quotations, and employing audits (Killawi et al., 2018). Others showed implicit awareness by having the interview form validated by the qualifications of the researchers, using purposive sampling, and giving necessary information to participants before collecting data (Soylu & Kabasakal, 2020). Studies highlighting their ability to account for data validations produce trustworthy findings by considering accuracy, credibility, objectivity, and transferability (Creswell & Poth, 2017).

Data Analysis

Following data collection, organizing large amounts of data, and interpreting its meaning the next phase. All four studies utilized some form of qualitative content analysis. Using categorical, coding, frequency, and thematic analysis, researchers developed initial codes that determined themes and subthemes arising from the text on perceptions of marriage, premarital preparation, and barriers to couples' therapy. It was implied that several research teams utilized the laborious process of hand coding (Hubbard & Anderson, 2022; Moeti, 2019; Soylu & Kabasakal, 2020), with one coding and analyzing through the computer software, Nvivo 10 (Killawi et al., 2018). Only two research teams provided context for how themes were agreed upon. One study described a process by which codes were calibrated indecently by researchers with coding experience, followed by consensus being achieved during team meetings (Killawi et al., 2018), with another simply noted that themes were reviewed (Moeti, 2019). Factors of post-marital counselling non-attendance were analyzed through the specific procedure of Braun and

Clarkes' six stages of data analysis (Moeti, 2019). This framework is helpful in the thematic analysis of social science research as it clarifies the data (Maguire et al., 2017). Themes can be considered semantic/explicit or latent/underlying content (Maguire et al., 2017). Distinguishing between these two types of meanings that arise in participants' responses will result in more in-depth findings and conclusions (Moeti, 2019). However, studies that provided brief details on their analysis process lacked information on how many researchers were involved and how they validated codes. This can introduce a lack of confidence in how reliable data can be and to what extent they can be applied to the capstone topic of interest (Hubbard & Anderson, 2022; Moeti, 2019; Soylu & Kabasakal, 2020).

Limitations and Recommendations

The outlined qualitative studies include several limitations and recommendations that shape the context of their findings. Several studies explored individual responses from a sample identified as being in partnerships (Hubbard & Anderson, 2022). There appears to be a pattern that more studies must collect dyadic data to examine dyadic processes such as couples' help-seeking. Another study prevented this limitation, where married individuals were interviewed in pairs (Moeti, 2019).

Barriers to couples' therapy were explored with participants who have and have not previously attended (Hubbard & Anderson, 2022). Limiting a sample to those who have not displayed couples' help-seeking behavior could provide a different perspective on the issue (Hubbard & Anderson, 2022).

Diversity continued to be an issue as studies included primarily white participants (Hubbard & Anderson, 2022), specific religious backgrounds (Moeti, 2019; Soylu & Kabasakal,

2020), certain types of service providers (pastors/imams, social workers), and only highly educated individuals (Killawi et al., 2018; Soylu & Kabasakal, 2020).

Considering these limitations, these four studies still discussed valuable experiences from various relationship statuses, cultural and religious backgrounds, and stages of life to inform the conclusions for how social perception may impact attendance in marital preparation services.

Ethical Considerations

While all the primary research articles were conducted internationally, this capstone project's academic and professional context remains in the confounds of Canadian ethical considerations. The institutional review boards (IRB) and code of ethics specific to the studies will vary depending on the country, however the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Canadian Institutes of Health Research [CIHR], 2018) and the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association [CPA], 2017) was used to frame the analysis of relevant ethical issues. Each guideline establishes core principles relevant to psychological services and research with the public. The hierarchical order of the core principles of the *Canadian Code of Ethics for Psychologists* is as follows: Principle I: Respect for the Dignity of Persons and Peoples, Principle II: Responsible Caring, Principle III: Integrity in Relationships, and Principle IV: Responsibility to Society (CPA, 2017). However, wherever possible, these principles should be balanced. The four core principles outlined by the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* are Respect for Persons, Concern for Welfare, and Justice (CIHR, 2018). Table 5 provides a summary of the primary ethical considerations critiqued in the research articles.

Table 5

Summary of the Primary Ethical Considerations

Author(s) & Population Studied	Appropriate Institutional Approval(s)	Informed Consent	Confidentiality	Incentives Provided
Borowski, S. C., & Tambling, R. B. (Young Adults, 18-24 years of age)	Not reported	Yes	Not reported	Option to enter draw for $50 (USD) Amazon.com gift card. Three participants were randomly chosen.
Burr, B. K., Hubler, D. S., & Kuns, J. B. (Individual adults)	Yes	Not reported	Not reported	Not reported
Hubbard, A. K., & Anderson, J. R. (2021) (Individual adults in emotionally committed relationships)	Yes	Not reported	Not reported	Prescreening Human Intelligence Tasks (HIT): $0.20 Full survey: $2.50 for HIT, bonus $0.50 for first 250 people completing the entire survey.
McGhee, J., Burr, B., Vanrosendale, A., & Figueria, D. (Individual adults)	Yes	Yes	Not reported	Not reported
White, T. J. E., Duncan, S. F., Yorgason, J. B., James, S. L., & Holmes, E. K. (Newly married individuals)	Yes	Not reported	Not reported	Not reported
Wischkaemper, K. C., Fleming, C. J., Lenger, K. A., Roberson, P. N., Gray, T. D., Cordova, J. V.,	Yes	Not reported	Not reported	Not reported

& Gordon, K. C. (Cohabitating or married couples)				
Hubbard, A. K., & Anderson, J. R. (2022) (Individual adults in emotionally committed relationships)	Yes	Yes	Not reported	Prescreening Human Intelligence Tasks (HIT): $0.20. Full Survey: $2.50, bonus $0.50 for the first 250 people.
Killawi, A., Fathi, E., Dadras, I., Daneshpour, M., Elmi, A., & Altalib, H. (Married and divorced individuals, imams, and therapists)	Yes	Yes	Yes	Gift card (unspecified type and amount).
Moeti B. (Married couples, pastors, and social workers)	Not reported	Yes	Yes–no names used in the report with pseudonyms used instead.	Not reported
Soylu, Y., & Kabasakal, Z. T. (Graduate students)	Not reported	Not reported	Not reported	Not reported

Informed Consent

One of the most foundational ethical principles in psychological services is the ongoing process of informed consent. The *Canadian Code of Ethics for Psychologists*, in alliance with the *Health Professions Act*, outlines eleven ethical standards related to informed consent that psychologists must adhere to within the first guiding principle, Respect for the Dignity of Persons and Peoples (CPA, 2017). Consent is also related to autonomy and the core principle of

Respect for Persons (CIHR, 2018). Therefore, participants must sign informed consent forms that outline the elements of the study beforehand (Creswell & Creswell, 2018).

Half of the research studies specifically reported gaining consent from their participants. Others did not mention this in their final reports; while highly preferred, it does not mean that consent was not obtained (Burr, Hubler, & Kuns, 2017; Hubbard & Anderson, 2021; White et al., 2020; Wischkaemper et al., 2020; Soylu & Kabasakal, 2020). If a study report had gained IRB approval, a plan for informed consent would have likely been a part of the application. However, readers should be made aware of how consent was obtained, what information was provided, and if participants were allowed to withdraw their consent if they wished. Consent is essential for this capstone topic, as exploring perceptions of marriage preparation could be seen as an invasion of privacy with potential risks (CPA, 2017). With no discussion of informed consent, it is unclear if the standard for informed consent was followed with cascading impacts on the findings and participants. However, all the studies were published in peer-reviewed journals, implying a high ethical and high-quality research level.

Institutional Approval

Regardless of the location where research occurs, studies that involve humans need to obtain permission and approval from the necessary institutional review boards (IRB) before starting to protect the rights of the participants (Creswell & Creswell, 2018). Three studies should have discussed their IRB approval status (Borowski & Tambling, 2015; Moeti, 2019; Soylu & Kabasakal, 2020). Several of these studies recruited university students, which is a vulnerable population (CIHR, 2018). An ethical board review would ensure that readers know that vulnerable populations were given special consideration and that power imbalances were controlled in the research process (CIHR, 2018). Researchers should have clearly stated the

approval of an IRB to maintain transparency with their audience and highlight their ethical findings that can be clinically applied to the field with confidence.

Confidentiality

Researchers must consider how they will protect the information and privacy of their participants (Creswell & Creswell, 2018). Privacy and confidentiality are also ethical research requirements (CAP, 2017; CIHR, 2018). Standard practices include disassociating names from answers in survey data or using aliases or pseudonyms to protect identities (Creswell & Creswell, 2018). However, most reviewed studies did not report on their confidentiality practices, with only one noting the specific strategies used to ensure privacy (Moeti, 2019). If confidentially practices were not completed or communicated to participants, there might have been reservations in answering with complete honesty, impacting the accuracy and quality of data. There was also no mention of how data was securely stored and who had access to it in the reviewed studies. When writing the final report, there should be complete proof of following ethical standards, which was missing in several of the presented studies (Creswell & Creswell, 2018).

Incentives in Research

Closely related to the issue of vulnerability and freely given consent is the consideration of incentives given to participants in research. Incentives can be anything that participants are offered to encourage participation in research, including but not limited to money (CIHR, 2018). The use of incentives is neither promoted nor discouraged; however, it is recommended that incentives not be large enough in value to influence participants to discard any risks in participation (CIHR, 2018). Additionally, participants should be allowed to withdraw at any

time, regardless of any incentive provided. If a payment schedule is used, participants should be awarded what they are owed for their portion of participation (CIHR, 2018).

Four of the ten studies reported using various incentives in payment schedules or being gifted at the end (Borowski & Tambling, 2015; Hubbard & Anderson, 2022; Hubbard & Anderson, 2021; Killawi et al., 2018). For the samples with a promised compensation based on the completion of certain stages of the survey, the monetary amount is considered relatively small and would likely not infringe on anyone's ability to fully consent (Hubbard & Anderson, 2022; Hubbard & Anderson, 2021). While other researchers awarded some participants a higher reward, this was given to only a select few based on a random draw. This incentive would not negatively infringe on the participants' free will (Borowski & Tambling, 2015). However, because the sample consisted of young university adults of lower socioeconomic status, even the possibility of such a reward may have been highly motivating for some participants. Researchers could have included information on the participant's financial backgrounds and discussed their consideration for managing any unethical impact of their chosen incentive (Borowski & Tambling, 2015). Other studies provided even less detail, omitting the type and amount of gift card provided (Killawi et al., 2018). Without this information, paired with no report of the sample's income or socioeconomic status, it is challenging to determine the ethical impact of the incentive provided (Killawi et al., 2018).

Other Ethical Considerations

While ethical principles are generally relevant to research, there are a few special considerations when working with couples and individuals regarding relationship help-seeking. Researching relationships has proven challenging, given the sensitive nature of the discussion

that can influence dynamics in interviews and any intensity that might be felt by all parties (Turliuc & Candel, 2019).

When researching relationship dynamics, information that may be helpful to the researchers may be highly sensitive to couples, families, and communities. Relationship researchers have an ethical obligation to ensure anonymity for their participants (Turliuc & Candel, 2019). There must also be a clear understanding of confidentiality limits, what information will be shared, and with whom when couples are interviewed together or separately, primarily regarding whether researchers will "keep secrets" from the other partner (Turliuc & Candel, 2019). Additionally, in cases where couples are asked to answer assessment questions separately, there still may be a breach of confidentiality if couples do not follow this instruction or if one partner's answers are discovered by the other in the home via their shared computer or unsecured paper files (Turliuc & Candel, 2019; Wischkaemper et al., 2020). Furthermore, studies from a longitudinal design come with inerrant ethical concerns as the premise involves having couples go through a change that may cause harm (Turliuc & Candel, 2019). In the case of the longitudinal study reviewed in this capstone project, the relationship intervention couples participated in could highlight distressing concerns about the relationship (Wischkaemper et al., 2020). Researchers including a plan for maximizing participants' benefit and managing any risks would demonstrate more comprehensive ethical competency.

Relationship dynamics, traditions, and perceptions are closely tied to cultural differences. This capstone project specifically included studies on various societal values, including religion, gender roles, and premarital cohabitation. The researcher must be sensitive to the sample's culture, be non-judgmental toward participants who have different values than their own and be

sure not to influence the participant based on their own intersectionality (Turliuc & Candel, 2019).

Researchers must also ensure that all activities benefit the participants while managing and reporting any possible risks as needed (CAP, 2017). Therefore, researchers need to be aware of any instances of intimate partner violence (IPV) when researching relationships. Some studies chose to exclude participants who reported any signs of feeling physically or emotionally unsafe in their relationship, as this would impact the validity of the results (Wischkaemper et al., 2020). However, all the other studies did not discuss whether this risk factor was screened for or managed. Especially in instances where relationship distress was measured/discussed or if participants reported having children in the home and exposure, accounting for IPV is critical (Hubbard & Anderson, 2022; Hubbard & Anderson, 2021; Soylu & Kabasakal, 2020; Turliuc & Candel, 2019). Due to the sensitive and emotional nature of discussing relationship distress, potential problems, and help-seeking, offering participants support during and after the study is wise. Only one study reported providing their sample with a list of service providers for counselling due to the emotional risks of their participation (Moeti, 2019).

Findings

The research findings of the ten peer-reviewed research studies were summarized and analyzed. The process of thematic analysis began with reading each study thoroughly to understand the critical results and their relevance to this capstone project's topic. After notes were made on each study's findings, a table was created to allow for the connection and overall synthesis of major themes that arose from the findings. Several studies utilized the Health Belief Model to frame their research question and categorize their results, and this model is the theoretical framework for this capstone. It became clear that the studies' findings could be

organized as sub-themes under the primary constructs proposed by this model. While some studies did not explicitly reference the Health Belief Model, their findings fell quickly into one or more of the theoretical constructs. For example, one study showed that cohabitating couples reported premarital counselling as significantly less critical, identifying relationship status as a relevant sociodemographic factor under the Health Belief Model (McGhee et al., 2021). Other studies used this model, but the findings only focused on one construct, such as perceived barriers. The studies' literature reviews provided additional information on other sub-themes, including logistical, attitudinal, and relational barriers/benefits (Hubbard & Anderson, 2022). This additional information helped make sense of the other findings' sub-themes to provide accurate labels informed by the research.

This discussion focuses on the three main themes that emerged supporting the Health Belief Model: sociodemographic characteristics, perceived threats, and perceived expectations. From this framework, nine sub-themes with subsequent variables have been presented and synthesized as barriers and promoters of relationship help-seeking behavior. The studies explored a variety of help-seeking services, including general relationship help-seeking, relationship education (RE), couples' therapy (CT), marital interventions (pre- and post-marriage), post-marital counselling (PMC) and premarital preparation, including premarital education and premarital counselling.

This literature review seeks to inform a better understanding of how social perception impacts participation in premarital preparation in contemporary couples and demonstrates that the Health Belief Model is a helpful framework for making sense of preventative behaviors. Table 6 summarizes the findings' themes and subthemes discussed in the next section.

Table 6

Summary of Article Findings Themes and Subthemes framed by the Health Belief Model

Sociodemographic Characteristics	Perceived Threats	Perceived Expectations
• Gender • Religion • Race/Ethnicity • Education and Income Level • Relationship Status and Length	• Perceived Severity: Relationship Satisfaction and Stability • Perceived Susceptibility: Social Comparison and Personal Characteristics	• Perceived Barriers: Logistical (cost, time, scheduling awareness, service characteristic), Attitudinal (Masculinity and Stigma), and Relational (partner willingness) • Perceived Benefit: Logistical (service characteristics), Attitudinal (view of marriage and marriage preparation), and Relational (social support)

Sociodemographic Characteristics

This theme is the first primary construct of the Health Belief Model. It explains how an individual's various sociodemographic characteristics may be predictive factors and impact an individual's social perception of relationship help-seeking behaviours such as premarital preparation (Borowski & Tambling, 2015; Hubbard & Anderson, 2021). Sociodemographic factors that appeared significant within the findings include gender, religion, race/ethnicity, education and income level, and relationship status and length.

Gender. The variable of gender was discussed in four of the ten research studies and appeared to be an essential factor in an individual's perception and participation in relationship help-seeking. At baseline and post-intervention participation in a brief relationship intervention, women reported more positive attitudes towards help-seeking than men (Wischkaemper et al., 2020). Similarly, when asked about relationship help-seeking behaviour in general, women were more likely to have better attitudes (Hubbard & Anderson, 2021) and find marital classes more

helpful following participation (White et al., 2020). However, while women were more likely to report experiencing relationship instability, men with unstable relationships sought any form of help (formal, informal, and online), and women sought more informal help (Hubbard & Anderson, 2021). While women were reported to find marital classes more helpful, men reported experiencing more positive change (White et al., 2020). Therefore, post-intervention men have more to gain from the experience and less preference for what type of service. However, some findings suggested that men may be more concerned about the time and financial investment required. Regarding relationship education, men reported a lower time preference while requesting higher financial incentives to participate (Burr, Hubler, & Kuns, 2017).

These findings suggest that women may have a more positive perception of services and a more negative view of their relationship, resulting in the service being more helpful. Women may also care more about the form of support. Since women were found to have a positive attitude towards help-seeking (Hubbard & Anderson, 2021), this may explain their reported ability to invest more time and money into services (Burr, Hubler, & Kuns, 2017). These studies investigated relationship help-seeking behaviours more broadly, including couples' therapy and relationship education. Since marital preparation is a broad term and can be provided through relationship education (workshop/class) and couples' therapy, these findings can inform the current understanding of its social perception and how gender may impact this view.

Religion. With marriage's traditional and religious roots, religion can impact an individual's view on premarital preparation (Killawi et al., 2018). Religion must be included in a conversation about marriage preparation, as religious leaders and churches often require couples to participate in some form of premarital counselling (Killawi et al., 2018). Due to this affiliation, premarital counselling often occurs in religious settings (McGhee et al., 2021). This

connection is supported by the findings because individuals with more religiosity reported a greater sense of perceived helpfulness and change from marital intervention participation (White et al., 2020). Additionally, regarding premarital counselling specifically, the degree of religiosity was positively associated with an intention to participate in young adults (Borowski & Tambling, 2015). However, being religious does not ensure participation in marital preparation. When exploring Muslim couples/individuals in the United States, it was reported that marital preparation is rare. When it does occur, it is provided by imams and generally seen as unhelpful (Killawi et al., 2018). Sessions in this population typically consisted of one session about spousal/gender roles while dealing with in-laws and finances from a religious scripture lens with no standard curriculum (Killawi et al., 2018). While most imams believed their services to be helpful, participants felt tit was too generic, conservative, with not enough sessions, and offered too close to the marriage date or even after (Killawi et al., 2018). These findings suggest that religious couples likely perceive marital preparation differently. If they participate, they will access these services through their religious institutions and receive unstandardized care.

Additionally, cohabitating couples reported viewing premarital counselling as less critical than groups of singles, married, and divorced/separated individuals (McGhee et al., 2021). Since cohabiting couples tended to have less connection to religious instructions and beliefs, and considering the usual religious setting of premarital services, religion may be an underlying factor for why this population has a different perception (McGhee et al., 2021). However, when other factors, such as perceived threats and expectations, were accounted for, these were more predictive of premarital counselling over and beyond religiosity (Borowski & Tambling, 2015). Therefore, while an individual or couple's religion impacts their perception of marriage preparation, other factors may be more significant and require attention (Borowski & Tambling,

2015). These findings indicate that religion is closely tied to other relevant factors, such as relationship status and attitudinal benefits/barriers to relationship help-seeking.

Race/Ethnicity. While limited information was presented, two studies identified race/ethnicity as relevant in their findings. First, in a longitudinal example, people of colour reported a significantly greater change in attitude from baseline to post-intervention following a brief relationship service (Wischkaemper et al., 2020). Furthermore, being a man of colour was associated with greater online help-seeking behaviour (White et al., 2020). As people of colour showed significant change over time after experiencing a relationship intervention, this population may start with a more negative view of relationship help-seeking but be in great need and receive many benefits from participation (Wischkaemper et al., 2020). However, only one study presented an ethnically diverse sample limited to the Muslim religion, suggesting that more comparative data is needed to draw conclusions about this population (Killawi et al., 2018). Findings indicate that even with a more diverse sample, participation and perceived value of premarital counselling were quite low (Killawi et al., 2018). However, the value of parental and social support in courtship and marriage preparation was very high (Killawi et al., 2018). This information means that for some cultural groups, if premarital preparation is perceived to be socially promoted and valuable to their family and community, this may inform the couple's perception and participation. These findings highlight that race and ethnicity might present different logistical and attitudinal barriers impacting social perception and participation in premarital preparation. However, since many of the studies included in this capstone project reported diversity as a limitation of their populations, this area is an inherent weakness in the research findings (Hubbard & Anderson, 2022; Hubbard & Anderson, 2021; McGhee et al., 2021; White et al., 2020; Wischkaemper et al., 2020).

Education and Income. While education and income level were not the primary focus of the research articles, two studies reported interesting findings related to these factors. From a sample of individuals that had participated in some form of marital intervention, higher education was associated with more perceived positive change and helpfulness in marital classes (White et al., 2020). Similarly, higher income was positively related to attitudes towards help-seeking (Hubbard & Anderson, 2021). These findings suggest that those with higher education and income are in a life stage where they may perceive relationship help-seeking more positively and benefit more from it (Hubbard & Anderson, 2021; White et al., 2020). This data is connected to the logistical barriers of cost and time associated with marriage preparation services. However, of the selected studies that collected data on participants' income and education, all samples appeared not to be representative of those with lower levels (Burr, Hubler, & Kuns, 2017; McGhee et al., 2021; Soylu & Kabasakal, 2020; White et al., 2020; Wischkaemper et al., 2020). Additionally, studies that recruited participants from a convenience sample of university students will have skewed data regarding education level (Borowski & Tambling, 2015; Burr, Hubler, & Kuns, 2017; McGhee et al., 2021; Soylu & Kabasakal, 2020).

Relationship Status and Length. Two of the ten studies outlined that the different characteristics of couples' relationships may impact their perception of couples' help seeking and, therefore, potentially marriage preparation. One study specifically investigated the connection between relationship status and the reported importance of premarital counselling participation (McGhee et al., 2021). These research findings confirm a significant relationship in that cohabitating couples reported premarital counselling as less critical than single, married, or divorced/separated (McGhee et al., 2021). As previously discussed, this relationship was thought to be related to cohabiting couples being less religious and premarital counselling primarily

taking place in religious settings (McGhee et al., 2021). However, there may be a further connection to socioeconomic status as cohabiting couples tended to be younger, less educated, and have less income (McGhee et al., 2021). Here, it is evident that relationship status, religiosity, and socioeconomic status can impact a couple's perception of help-seeking and be a factor in their predicted participation in marriage preparation.

The length of a couple's relationship also appeared to be a significant factor. When exploring relationship help-seeking behaviour, a longer relationship length was negatively associated with online help-seeking but was positively related to formal help-seeking in men (Hubbard & White, 2021). This information suggests that those in shorter relationships, such as engaged or premarital couples, may be reluctant to seek a formal relationship service such as marriage preparation. Additionally, a connection between gender and types of help-seeking appears in the data; specifically, men were more unlikely to seek formal help until later in the relationship (Hubbard & White, 2021). These findings combine to inform the possibility that both men and women may perceive marriage preparation as unappealing or unnecessary in the early stages of their relationship. A logistical barrier may exist if women in shorter relationships cannot convince their male partners to participate. The factor of shorter relationship length being tied to online or informal help-seeking may also be related to the notion that in a shorter relationship, there may be fewer present issues and, therefore, the less perceived threat of future marital problems motivating participation. This data proposed an inherent barrier in marital preparation as it attempts to recruit couples in the early stages, who may be in shorter, non-distressed relationships.

Perceived Threats

This theme is outlined by the second construct of the Health Belief Model: perceived threat. The relational adaption of this construct focuses on individuals' perceived threats, specifically to their relationship, not themselves (Hubbard & Anderson, 2021). Therefore, research suggests that if an individual perceives a higher threat to their relationship (marital problems and divorce), they may be more inclined to participate in preventative help-seeking behaviour, such as premarital preparation (Borowski & Tambling, 2015). The sub-themes discussed under the theme of perceived threat include the perceived severity of marital problems and divorce related to relationship satisfaction/distress and relationship instability, as well as perceived susceptibility to marital problems and divorce related to social comparison and personal characteristics (Borowski & Tambling, 2015; Hubbard & Anderson, 2021; Soylu & Kabasakal, 2020).

Perceived Severity. When the Health Belief Model is applied to preventative relationship help-seeking behaviours such as premarital preparation, the construct of perceived severity of marital problems and divorce is a relational threat, impacting their social perception and participation in the service (Borowski & Tambling, 2015).

Relationship Satisfaction and Stability. The research findings outlined that the variables of relationship satisfaction and stability can be used to understand a person's perceived threat of marital problems to their relationship as well as a significant correlation between the two variables (Hubbard & Anderson, 2021). Regarding relationship satisfaction, individuals scored as relationally non-distressed showed a significantly greater change in attitudes towards help-seeking from baseline to post-intervention (Wischkaemper et al., 2020). Similarly, another study discovered that greater relationship instability was associated with worse attitudes towards help-

seeking and greater forms of all help-seeking behaviours across genders, specifically online-help-seeking (Hubbard & Anderson, 2021). Additionally, when exploring young adults' attitudes towards premarital counselling, perceived threats were significantly associated with the intention to participate (Borowski & Tambling, 2015). Together these findings outline the connection between satisfaction and stability and support the theory that perceived threats are associated with relationship help-seeking. Differing perspectives regarding these findings may indicate the type of relationship help-seeking that was researched. While some studied relationship help-seeking generally (formal, informal, and online) (Hubbard & Anderson, 2021) or a specific brief relationship intervention (Wischkaemper et al., 2020), others studied merely the intention to participate in premarital counselling specifically (Borowski & Tambling, 2015). Since those reporting relationship instability were associated with online help-seeking, those with relationship threats may have perceived different forms of help as more approachable, even with more negative attitudes (Hubbard & Anderson, 2021). In combination, the findings support the notion that if a couple has perceived threats to the relationship (instability and distress), they are more likely to seek help. However, more information is needed to understand the motivating factors for formal vs. informal services (Hubbard & Anderson, 2021).

Perceived Susceptibility. When individuals assess the perceived threat of marital problems to their relationship, the sub-theme of perceived susceptibility arises. Perceived susceptibility refers to the individual's belief about how susceptible their relationship is to marital problems and subsequent divorce (Borowski & Tambling, 2015).

***Social Comparison*.** Humans determine their relationship quality and susceptibility to marital problems through social comparison. Social comparison is a process by which individuals compare themselves to others (Mojtabai, 2008, as cited in Hubbard & Anderson,

2021). The Health Belief Model suggests that if someone perceived their relationship distress higher than their peers, they would be more likely to display relationship help-seeking behaviour (Hubbard & Anderson, 2021). This finding supports the premise that a greater endorsement of social comparison was negatively associated with attitudes toward help-seeking but positively associated with online help-seeking toward women (Hubbard & Anderson, 2021). Similar to the findings related to relationship stability, while individuals with increased levels of social comparison had worse attitudes towards help-seeking, the behaviour of help-seeking was still present (Hubbard & Anderson, 2021). Given that high social comparison occurs online on social media today, this may explain the connection between comparison and online help-seeking behaviour. However, more research is needed in this area (Hubbard & Anderson, 2021).

***Personal Characteristics*.** Individuals may also evaluate their personal characteristics to determine their relational susceptibility to marital problems when considering marriage preparation. One study reported that graduate students believe that there are specific skills one should have before marriage, including but not limited to respect for others, responsibility, awareness, understanding, creativity, patience, self-confidence, sensitivity, and more (Soylu & Kabasakal, 2020). This finding suggests that when an individual makes a threat assessment for susceptibility to future marital problems, they may consider personal and relational skills they presently possess, impacting their perception of the value/necessity of premarital preparation.

Perceived Expectations

Perceived expectations, the third and final construct of the Health Belief Model, proposes that an individual's beneficial or harmful expectations toward relationship services (such as premarital preparation) could affect their perception and participation (Hubbard & Anderson, 2021). As expectations can be positive or negative, the related sub-themes include perceived

barriers and perceived benefits to seeking relationship support. Barriers and benefits will be categorized as logistical, attitudinal, and relational.

Perceived Barriers. The sub-theme of perceived barriers can be defined as an expectation of an action that is inconvenient, expensive, unpleasant, or upsetting (Borowski & Tambling, 2015). From this understanding, the Health Belief model assumes that if perceived barriers are few, an individual is more likely to act (Borowski & Tambling, 2015). The findings in this section inform this capstone project by demonstrating what may prevent participation in premarital services. The findings are categorized as logistical, attitudinal, and relational barriers that individuals, couples, and service providers proposed.

***Logistical Barriers*.** Several studies reported various logistical barriers that both partners in a couple need to overcome to participate in premarital preparation. The most obvious barrier was the cost of services. A common suggestion among participants was the hope for couples' services to be lower cost, increased insurance, and government coverage, and even free (Hubbard & Anderson, 2022; Moeti, 2019). Some service providers in the Muslim community shared that they believe couples do not yet see the value in spending money on a service like marriage preparation (Killawi et al., 2018). However, findings on post-marital counselling conveyed how participants felt this service was essential and valuable, but not everyone could afford the high fees (Moeti, 2019). Findings on cost preference for relationship education report only wanting to spend $25-$100, with incentive preferences ranging from $25-100 for four hours of relationship education (Burr, Hubler, & Kuns, 2017).

Similarly, young adults suggested that an appropriate cost for premarital counselling would be between $51–$150, with time spent in sessions also important (Borowski & Tambling, 2015). For premarital counselling, young adults preferred one to three sessions with a max of six

(Borowski & Tambling, 2015). The same was reported for relationship education, with individuals preferring one to three hours (Burr, Hubler, & Kuns, 2017). These findings suggested that couples may not see relationship services like premarital counselling as something worth investing time and money into. If they do, the investment needs to be small with a short time commitment.

Other logistical concerns can arise for couples accessing relationship services. When considering premarital counselling, young adults factored in the proximity of the service provider to their home and work (Borowski & Tambling, 2015). The proximity of the therapist was also reported to be a concern regarding couples' therapy (Hubbard & Anderson, 2022). Scheduling barriers were also reported, including ease of finding a therapist, finding convenient times (weekends, evenings, and walk-in hours), fitting it into both partners' schedules, and childcare (Hubbard & Anderson, 2022). Participants further discussed their concern for lack of availability by citing limited services in their location (Killawi et al., 2018; Moeti, 2019). The lack of availability was matched by a general lack of awareness of what services exist (Killawi et al., 2018; Moeti, 2019). Specifically, in the sample with Muslim individuals, participants shared that premarital preparation never occurred to them or did not seem necessary; however, if family or community members had encouraged them to attend, they would have (Killawi et al., 2018). Therefore, for services to appear logistically convenient to couples, services should be highly promoted to increase awareness, be close by, and be flexible.

Logistical barriers also included the couples' ability to find suitable services. Regarding the service provider for premarital counselling, young adults reported wanting someone trustworthy, professional, and experienced (Borowski & Tambling, 2015). This consideration may be a barrier, as other findings suggest that service providers lacked specialized training and

offer substandard services (Moeti, 2019). This barrier aligns with data on couples' therapy that highlights individuals questioning the efficacy of the treatment (Hubbard & Anderson, 2022). After couples leap and overcome other barriers in their path, finding an inadequate service would indeed be discouraging.

Additionally, couples were concerned about the provider's qualities and the sessions' content and format. Young adults reported a preference for premarital counselling that was educational and insight-oriented and covered topics of communication and conflict resolution (Borowski & Tambling, 2015). Similarly, concerns arose regarding couple therapy, with reports of needing a variety of treatment modalities online and in-home options, trial sessions before committing, and the option for partners to attend individual sessions (both partners seeing the same therapist at different times) (Hubbard & Anderson, 2022). Participants' concerns about the characteristics of the services are closely tied to stigma, as study results also showed that people are concerned about the awkwardness involved in seeing a counsellor and a desire for couples' therapy to be comfortable and inclusive (Hubbard & Anderson, 2022). These study's findings suggest that when people consider accessing relationship services like premarital preparation, their perception of the provider and the treatment format, content, and efficacy will impact their decision.

Attitudinal Barriers. Attitudinal barriers included conscious or unconscious beliefs that one or both partners may endorse that negatively impact their perception and participation in relationship help-seeking, including premarital preparation. One attitudinal barrier in the findings was the endorsement of stereotypical masculinity (Hubbard & Anderson, 2021). Attitudes of masculinity were measured through the subscales of success and dedication, restrictive emotionality inhibited affection, and exaggerated self-reliance and control (Hubbard &

Anderson, 2021). A correlation was discovered between restricted emotionality and attitudes towards help-seeking across genders (Hubbard & Anderson, 2021). A greater endorsement of restrictive emotionality had a negative association with attitudes towards help-seeking and lower rates of informal help-seeking (Hubbard & Anderson, 2021). This research reinforces that some masculine attitudes and behaviours hinder relationship-help-seeking.

A significant attitudinal barrier in couples' relationship help-seeking, and help-seeking in general, is stigma. When researching relationship help-seeking, it was discovered that those reporting greater self-stigma were negatively associated with attitudes towards help-seeking and were less likely to seek help (Hubbard & Anderson, 2021). Additionally, young adults who viewed premarital counselling in a stigmatizing way (in terms of the relationship having problems) were correlated with higher perceived barriers which may impact future participation (Borowski & Tambling, 2015). Other studies reported findings related to privacy being indirectly associated with stigma attitudes. Participants shared barriers to couples' therapy, not wanting to be seen going to therapy or being concerned that others would find out they were attending it (Hubbard & Anderson, 2021). Service providers also supported that stigma may impact participation in premarital counselling as the term counselling may be associated with pathology/failure (Killawi et al., 2018).

Additionally, stigma towards attending counselling may also be rooted in cultural norms such as uneasiness in disclosing confidential matters to strangers (Moeti, 2019) and an assumption that couples should figure out their problems privately (Killawi et al., 2018). Stigma may also be present in the family views of marriage. It was reported that Muslim parents do not value premarital preparation as it could prevent the marriage from going forward. They also saw it negatively reflecting their parenting skills and children's intelligence (Killawi et al., 2018).

Overall, service providers and couples shared that there was a stigma and, therefore, a negative attitude towards counselling (Moeti, 2019). These findings demonstrate that stigma at the individual, dyadic, community, and cultural levels impact the perception of therapy and may be a barrier to participation.

***Relational Barriers*.** Relationship and couples' services inherently contain an added complexity as both partners must overcome a series of barriers individually and attend together. One study highlighted relational barriers that may prevent couples from attending couples' therapy. Individuals reported that these barriers included perceiving their partner as unwilling to attend, convincing them to attend, and feeling unsure if their partner would participate actively (Hubbard & Anderson, 2022). These findings introduce an attentional level of consideration. They suggest that while one partner may want to attend, the other partner may introduce barriers and prevent the couple from seeking help.

Perceived Benefits. Under the major theme of perceived expectations, perceived benefits can be understood as a beneficial expectation or a more positive attitude towards relationship help-seeking, including premarital preparation (Hubbard & Anderson, 2021). Therefore, perceived benefits refer to how beneficial relationship help-seeking would be for their relationship, and they are more likely to participate if perceived benefits are high (Borowski & Tambling, 2015). This section discusses factors that may encourage participation in premarital services. Like barriers, findings are categorized as logistical, attitudinal, and relational benefits.

Logistical Benefits. The available service characteristics may promote participation when evaluating the possible benefits of relationship help-seeking. From couples who participated in some form of marital intervention, research shows that counselling was viewed as the most helpful and change-producing, followed by a workshop, self-directed options, and classes (White

et al., 2020). Depending on the individual's sociodemographic factors and other perceived threats and expectations, having their preferred type of service available would likely increase their likelihood of participation. Additionally, the service providers' traits could also be a perceived benefit. Service providers have suggested that the best way to prepare for marriage is with a trained therapist that collaborates with the community's religious leaders and organizations (Killawi et al., 2018; Moeti, 2019). Although this type of training and collaboration appeared to be rare, if these enhancements were made, it would likely promote the benefit and participation in marriage preparation.

Attitudinal Benefits. One possible factor affecting individuals' perception of premarital preparation is their view of marriage. If a couple does not value marriage, then it would make sense that they do not see the value in preparation. It is possible that contemporary couples in this generation do not value marriage as other generations have. However, from a sample of graduate students, definitions of marriage varied from contextual (being legal, merging lives, sharing a home) to emotional (respect, love, trust, responsibility), but generally, all views of marriage were positive (Soylu & Kabasakal, 2020). Therefore, the institution of marriage is still essential, and premarital preparation services are highly valuable, even in younger generations. Having a positive view of marriage itself could be an attitudinal benefit that promotes the benefit of premarital preparation. This idea is supported as that same sample had a favourable view of premarital counselling, noting it would be helpful to gain actuate information, self-evaluated, and suggested that both partner's parents should also participate. It should be more widespread and even required (Soylu & Kabasakal, 2020).

Additionally, some forms of masculinity could be an attitudinal benefit for relationship-help-seeking. Results showed that a greater endorsement of success and dedication was

positively associated with informal relationship help-seeking (Hubbard & Anderson, 2021). While some may assume that masculinity would negatively impact help-seeking in men, these findings suggest that breaking down the different characteristics of masculinity in both genders is informative. It appears that some forms of masculinity could have a negative impact on an individual's attitudes towards relationship services. In contrast, positive impacts can be seen if they are driven for success and dedicated to having a successful relationship. However, this finding also suggests that informal or online relationship help-seeking may be a more accessible option for those with masculine ideals.

Another perceived attitudinal benefit for relationship help-seeking may be previous attendance. Studies reported that individuals who had previously attended some form of relationship education preferred investing more time and money with fewer incentives (Burr, Hubler, & Kuns, 2017). This finding suggests that if an individual or couple has participated in relationship help-seeking in the past, they may see more benefits and be more likely to participate in the future.

Relational Benefits. Another aspect of perceived benefits for relationship help-seeking is the amount of perceived social support and promotion by community members. Young adults shared that if provided information on previous attendees' success in premarital counselling, they would consider this in their evaluation of future participation (Borowski & Tambling, 2015). Service providers also suggested that if couples' parents were supportive and encouraged their children to participate in premarital counselling and if it was highly encouraged by the church, couples would likely be more motivated to attend (Killawi et al., 2018). These findings indicate that if couples perceive relational support from their partners, families, communities, and

previous attendees, this could improve their perception of benefits and participation in services like premarital preparation.

Summary of Findings

The research findings in this literature review presented three main themes framed by the Health Belief Model: sociodemographic characteristics, perceived threats, and perceived expectations. These constructs synthesize a wide range of variables reported to impact an individual's social perception of participating in various relationship help-seeking services, including but not limited to premarital preparation. The findings in this literature review inform the relevant perceived barriers and benefits that individuals and couples must process prior to relationship help-seeking. As theorized by the Health Belief Model, an increase in perceived barriers will decrease the likelihood of participation, while an increase in benefits will increase it. These findings frame the discussion on how service providers and program developers can lower barriers in premarital preparation that are relevant for contemporary couples to increase the efficacy of the services and promote healthy and happy marriages.

Chapter Four: Clinical Applications

One of the main takeaways of this capstone project is that the Health Belief Model (HBM) is a useful framework for conceptualizing how people perceive participation in relationship help-seeking services such as premarital preparation (Borowski & Tambling, 2015; Hubbard & Anderson, 2022; Hubbard & Anderson, 2021). Furthermore, the HBM and research findings can be used to consider how the social perception of premarital preparation can be positively impacted to increase participation in contemporary couples. The following section outlines ways in which practitioners in the counselling field can increase participation and engagement in this population by accounting for sociodemographic factors, reducing commonly perceived barriers, and promoting the benefits of premarital preparation. Applying these constructs will impact a couple's perceived susceptibility and severity of marital problems, making premarital preparation more attractive and increasing participation (Borowski & Tambling, 2015).

These recommendations for clinical practice are limited to the sociocultural context in which the service is provided. One of the major contracts of the HBM presents that sociodemographic factors will impact perception and participation in relationship help-seeking. Most of the research findings are set in a North American context that lacks intersectional diversity. Practitioners should consider how their local cultural and societal norms will impact the couple's perception of premarital preparation (American Psychological Association, 2017). There may also be legislation or initiatives in various locations that promote and impact premarital participation. While not a focus of the literature review, several American states have implemented policies to promote premarital education and counselling. One of the most well-known examples is the federal Healthy Marriage and Relationship Education initiative, which consists of a set of policies under the federal welfare policy to promote healthy marriages and

relationships in America (Clyde, Wikle, Hawkins, & James, 2020). However, they have been reported to be widely unsuccessful at reducing divorce rates (Clyde, Wikle, Hawkins, & James, 2020). Local and federal government policymakers may find the clinical applications of this capstone project helpful in creating and improving initiatives aimed at increasing participation in premarital preparation and other preventative relationship services.

Sociodemographic Considerations

The research findings suggest that various sociodemographic characteristics are relevant to how people perceive and participate in relationship help-seeking. This data informs several clinical applications for clinicians seeking to offer and improve participation in premarital preparation. As gender significantly impacts participants' attitudes towards help-seeking and service preferences, adapting marketing strategies to consider gender may help improve engagement. Branding that uses masculine language and stereotypical male images (Hubbard & Anderson, 2021), or even "sexifys" marketing (Killawi et al., 2018), possibly appeal more to men who would usually be less interested. Furthermore, tangible incentives may also be more important to men, and services should consider these offerings when promoting programs (Burr, Hubler, & Kuns, 2017). Options, including web-based care, also appear to be more accessible for men and people of colour and should be a consideration for clinicians (Hubbard & Anderson, 2021). Based on the participants' varying beliefs regarding what characteristics men and women should have for a successful marriage, practitioners should also consider incorporating content related to gender roles in premarital education (Soylu & Kabasakal, 2020).

The study population's religion also appeared to be essential for increasing participation in premarital preparation. Findings indicate that those who identified as more religious experienced significantly greater positive change and helpfulness across marital interventions (White et al.,

2020). This information suggests that service providers should familiarize themselves with how religion influences outcomes in marriage and increase their clinical skills in working with couples from various religious backgrounds. Furthermore, a reported concern was the lack of professional training when premarital counselling is offered in religious settings (Killawi et al., 2018). Collaboration between religious leaders and mental health service providers is encouraged to increase trustworthiness, efficacy, and professionalism in the field (Killawi et al., 2018).

Practitioners should also be aware of the relationship characteristics of their target population, such as relationship status. Research on relationship status highlight that cohabiting couples experienced less social support and viewed premarital counselling as less critical (McGhee et al., 2021). It would be helpful for providers to be aware of their client's values and beliefs so they can include information in premarital sessions related to coping with a lack of social support or family disapproval due to cohabitation or other non-traditional practices such as those in 2S+LGBTQ relationships (McGhee et al., 2021). As cohabitating couples also tended to have less connection to religious institutions and have lower income, marketing services for this group in cost-effective and secular ways would be beneficial (McGhee et al., 2021).

Increasing efforts must be made to reach couples of all sociodemographic backgrounds. Government and organizational policymakers hoping to create marriage preparation initiatives should consider couples in their systemic context, implementing various interventions to meet the needs of men, people of colour, and people in different relationship statuses and levels of distress to ensure premarital preparation reaches a broader population (Wischkaemper et al., 2020).

Reducing Barriers

In support of the Health Belief Model (HBM), the findings inform the recommendation that when perceived barriers are reduced, the social perception of attending premarital counselling will be more positive, and participation will increase (Borowski & Tambling, 2015). The literature highlighted several logistical barriers that increase cost, time investment, scheduling, and service characteristics. The findings recommend that providers offer sliding scale fee options to consider their client's income, report information on transportation options, and policies for children in the office on their website and advertisements (Hubbard & Anderson, 2021). Furthermore, communicating information on brief therapy options, trial sessions including free consultations, and evening/weekend hours will reduce perceived barriers for couples (Hubbard & Anderson, 2022). Organizations should also investigate resources for offering incentives to reduce cost barriers (Burr, Hubler, & Kuns, 2017). However, governments should promote marital services and explore ways to provide free or minimal-cost counselling to increase awareness and accessibility (Moeti, 2019).

Convenience was discovered to be one of the most substantial barriers preventing participation, and findings recommended keeping sessions to a maximum of six in a variety of formats, including online and home visitation options (Borowski & Tambling, 2015; Hubbard & Anderson, 2021; Wischkaemper et al., 2020). When services were offered in the home or online, it also addressed attitudinal barriers such as masculinity and stigma by integrating providers into the community in a non-stigmatizing manner (Wischkaemper et al., 2020). Online resources such as blog posts, worksheets, and resource links were also considered helpful additions (Hubbard & Anderson, 2021). Other online relationship programs, including OurRelationship, an eight-hour empirically based program based on in-person couple therapy, can be recommended to provide

couples with low-cost options that address logistical and attitudinal barriers while improving the relationship and individual functioning (Doss et al., 2016; Hubbard & Anderson, 2021).

Logistical and attitudinal barriers also included individuals not being able to find services or clinicians that meet their needs. The lack of professional training affected the reputation negatively, leaving participants to question the efficacy of premarital counselling (Killawi et al., 2018). All providers, including religious leaders, should gain research-based training such as in the PREP program, utilize premarital inventories, and adapt sessions to address relevant topics, including communication, conflict resolution, and resolving differences to improve the quality and helpfulness of sessions (Borowski & Tambling, 2015; Killawi et al., 2018). Increased training of professionals will also increase the availability of services offered (Killawi et al., 2018; Moeti, 2019; Soylu & Kabasakal, 2020). Some widely used and empirically supported inventories and questionnaires that clinicians should consider include the Relationship Evaluation Questionnaire (RELATE), Premarital Preparation and Relationship Enhancement – PREPARE, Facilitating Open Couple Communication Understanding and Study – FOCCUS, and Prevention and Relationship Enhancement Program – PREP (Madison & Madison, 2013, as cited in Killawi et al., 2018). Using such tools that have been shown to improve marital outcomes will address efficacy concerns with premarital preparation and, therefore, reduce attitudinal barriers to participation. However, while evidence-based programs such as PREP and PREPARE were discovered to produce short- and long-term benefits for participants, first, considering logistical barriers is critical so couples can attend (Borowski & Tambling, 2015).

Stigma is a primary attitudinal barrier that prevents individuals from seeking help and could be attributed to a decline in patriation in early married couples (Hubbard & Anderson, 2021; White et al., 2020). Clinicians can work to reduce stigma in their marketing by addressing

misconceptions about premarital preparation, such as it means one's relationship needs fixing early on (Hubbard & Anderson, 2021; White et al., 2020). Advertisements and websites can also use less pathological and more approachable language, such as premarital preparation or advising rather than counselling (Killawi et al., 2018). This information and adaptations in language can also be promoted to normalize premarital preparation by community and religious leaders, mental health providers, parents, and previous attendees in awareness campaigns (Killawi et al., 2018).

Promoting Benefits

In combination with reducing barriers, promoting the benefits in various ways will increase the likelihood of a couple participating in premarital preparation (Borowski & Tambling, 2015). Logistical benefits include suggestions for ways to make services more approachable and accessible. Research supports that short-term, flexible relationship interventions such as the Relationship Check-Up (as opposed to the Marriage Check-Up), which are designed to attract non-traditional couples and bridge a gap in services for cohabiting couples and people of colour (Wischkaemper et al., 2020). Service providers should consider adopting a similar treatment model as the Relationship Check-Up to reduce logistical and attitudinal barriers and attract non-traditional populations such as cohabitating, non-religious couples (McGhee et al., 2021; Wischkaemper et al., 2020). Although the Relationship Check-Up is not considered a premarital intervention, it is regarded as a preventative, approachable measure that may be more approachable and reach those who do not wish to marry. Creating more adaptive services with these populations in mind will promote the benefits of participating to couples less likely to attend relationship services marketed toward more traditional couples (Wischkaemper et al., 2020).

Additionally, having various types of interventions available will increase the likelihood that couples will find one that appears beneficial. The findings indicate that counselling was viewed as the most significantly helpful and change-producing service; however, all interventions reported a positive impact (White et al., 2020). Therefore, practitioners should consider offering various interventions within their competencies, increasing service availability, and promoting logistical and altitudinal benefits.

Many couples also reported concerns about the efficacy of couples' therapy, the therapeutic process, and what to expect, reiterating that clinicians may also find using assessment tools helpful in reporting and building trust (Hubbard & Anderson, 2022). Regarding couples' therapy, it was reported that modalities such Emotionally-Focused Therapy, Behavioural Couple Therapy, and Integrative Behavioural Couple Therapy had been validated by research (Hubbard & Anderson, 2022). Therapists should consider gaining training in these modalities and promoting the efficacy of these models to improve attitudes toward relationship-help-seeking and promote benefits. Providers can also include information in their marketing on the mental and physical benefits of relationship services, the efficacy of couples' therapy, success rates, and professional qualifications (Borowski & Tambling, 2015; Hubbard & Anderson, 2021; White et al., 2020). These benefits will encourage couples to consider what they can gain from participating and combat any misconceptions or barriers they perceive. Furthermore, combining evidence-based couples' therapy modalities with supported premarital assessments, questionnaires, and inventories could be helpful for couples who attend premarital preparation in a therapeutic setting. Still, this mix of interventions requires further investigation. Additionally, as stigma and lack of parental support contributed to why couples did not participate in premarital counselling, religious leaders and therapists should play a more active role in

educating their communities about premarital services and encouraging early participation (Killawi et al., 2018).

Similarly, it was reported that those with previous experience attending relationship education were willing to spend more time and money with fewer incentives (Burr, Hubler, & Kuns, 2017). This information supports the recommendation that word-of-mouth and having former participants speak firsthand, promote the benefits they experienced, which is one of the best ways to reach future couples (Burr, Hubler, & Kuns, 2017). Furthermore, offering other perspectives, such as from divorced individuals who wish they attended premarital counselling, may promote the benefits of attending (Killawi et al., 2017).). Considering the potential of divorce will also increase a couple's perceived severity and susceptibility of marital problems through social comparison, likely increasing their interest in premarital preparation.

Summary of the Clinical Applications

Stemming from the research findings, the provided clinical applications of this capstone project are framed by the Health Belief Model (HBM). First, providers should be aware of the sociodemographic characteristics of their target population and educate themselves on how this will impact social perception and participation in premarital services. It is also recommended that when clinicians take an active role in reducing various barriers to participation, such as a reduction in cost and format flexibility, while promoting the benefits of attending, couples' social perception of participation will improve. Reducing barriers and recognizing benefits will indirectly impact couples' perceived susceptibility and severity of marital problems, moving them toward behaviour change (Borowski & Tambling, 2015).

Chapter Five: Conclusions

This capstone research paper explored factors that impact the social perception of premarital preparation and the subsequent participation of contemporary couples. An analysis of ten peer-reviewed studies on the subject area revealed findings of three significant themes. These themes were framed by the Health Belief Model and have outlined variables that impact the perception of participating in couples' help-seeking and apply to premarital preparation: sociodemographic factors, perceived threats, and perceived expectations. Sociodemographic factors that are presented as relevant in the perception of premarital preparation include gender, religion, race/ethnicity, education, income level, and relationship status and length (Borowski & Tambling, 2015; Burr, Hubler, & Kuns2017; Hubbard & Anderson 2022; Hubbard & Anderson, 2021; Killawi et al., 2018; McGhee et al., 2021; White et al., 2020; Wischkaemper et al., 2020). The theme of perceived threats, further understood as perceived severity and susceptibility, demonstrated that variables including relationship satisfaction and stability, as well as social comparison and personal characteristics inform how an individual perceived their relationship to be treated by future marital problems and divorce (Borowski & Tambling, 2015; Hubbard & Anderson, 2021; Soylu & Kabasakal, 2020; Wischkaemper et al., 2020). Therefore, the more threatened an individual perceives their relationship, the more likely they are to participate in premarital preparation.

The final theme of perceived expectations displayed perceived logistical, attitudinal, and relational barriers. These barriers included cost, time, scheduling awareness, service characteristics, masculinity, stigma, and partner willingness, which would decrease a couple's likelihood of participating in premarital preparation (Borowski & Tambling, 2015; Burr, Hubler, & Kuns, 2017; Hubbard & Anderson, 2022; Hubbard & Anderson, 2021; Killawi et al., 2018;

Moeti, 2019). However, perceived expectations in the form of perceived logistical, attitudinal, and relational benefits, including service characteristics, view of marriage and marriage preparation, and social support, would likely increase a couple's participation in premarital preparation (Borowski & Tambling, 2015; Burr, Hubler, & Kuns, 2017; Hubbard & Anderson, 2021; Killawi et al., 2018; Moeti, 2019; Soylu & Kabasakal, 2020; White et al., 2020).

Additionally, research confirms that participation in premarital and marital services is presently low (Clyde, Hawkins, & Willoughby, 2020; Killawi et al., 2018; White et al., 2020). These findings address the research problem and suggest that a delicate balance of numerous variables impacts the social perception of premarital preparation to inform how accessible and beneficial the service might seem, framed by perceived threats and expectations. However, modern societal shifts placed upon the contemporary couple, such as reduced religiosity, premarital cohabitation, complex sexual histories, social media, etc., may also present as barriers to participation (Clyde, Hawkins, & Willoughby, 2020; McGhee et al., 2021).

Given these social trends, combined with the findings, contemporary couples may perceive premarital preparation as having too many barriers and not enough benefits, leading to reduced participation. The main conclusion of this project is that program creators and service providers of all types would benefit from taking a holistic approach to promoting services informed by the Health Belief Model rather than addressing singular barriers alone; further, they should consider the social climate of the modern couple and adapt premarital preparation to being relevant and applicable to a broader population of couples (Clyde, Hawkins, & Willoughby, 2020; McGhee et al., 2021). Clinical applications that were suggested based on the findings in this capstone project have included a call for clinicians to increase the consideration of their target populations sociodemographic factors and actively work to reduce barriers to

services by increasing cost and format options. These should include online services while promoting the many benefits of premarital preparation. Promoting benefits of premarital preparation was considered to be closely tied to the efficacy of services, which can be increased by utilizing reliable inventories and questionnaires, including the Relationship Evaluation Questionnaire (RELATE), Premarital Preparation and Relationship Enhancement – PREPARE, Facilitating Open Couple Communication Understanding and Study – FOCCUS, and Prevention and Relationship Enhancement Program – PREP (Madison & Madison, 2013, as cited in Killawi et al., 2018), premarital education programs like PREP and PREPARE (Borowski & Tambling, 2015), and offering evidence-based, counselling using approachable interventions such as the Relationship Check-Up (Wischkaemper et al., 2020), Emotionally-Focused Therapy, Behavioural Couple Therapy, and Integrative Behavioural Couple Therapy that have been validated by research (Hubbard & Anderson, 2022).

Recommendations for Future Research

While this capstone project addressed a gap in premarital preparation literature, future research can improve the knowledge in this subject area in several ways. Only four of the ten studies focused on premarital preparation specifically, with other studies exploring other relationship help-seeking services (Borowski & Tambling, 2015; McGhee et al., 2021; Killawi et al., 2018; Soylu & Kabasakal, 2020). Future researchers should seek to reenergize the field, explore premarital preparation more precisely, and differentiate between the various types of premarital education or counselling. Additionally, no studies directly explored the perception of premarital preparation in a population of contemporary couples, either long-term couples considering marriage or engaged couples. Future research study questions might include "How does the social perception of premarital preparation impact participation in engaged cohabitating couples?"

Religion was a significant factor, as most premarital services are offered in a religious setting (McGhee et al., 2021). Therefore, non-traditional couples with decreased religiosity may feel that premarital preparation does not apply to them (Borowski & Tambling, 2015; Killawi et al., 2018; McGhee et al., 2021; White et al., 2020). Another research question could be, "How do non-religious, engaged couples perceive premarital preparation?" Exploring more specific variables related to contemporary couples using dyadic measures and data would provide a more comprehensive understanding of aspects of premarital preparation that may be unappealing and inform modern revisions. Furthermore, there is a need for more studies to adopt a longitudinal design as this would display how social perception, at one point in time, could be predictive of behaviour and the outcome of premarital preparation afterward (Borowski & Tambling, 2015; Hubbard & Anderson, 2021).

Individual and relational diversity was a significant limitation of all the study populations in the literature review. Contemporary couples include partners of all sexual orientations and gender identities who deserve relationship support and representation in the research. Focusing only on heteronormative and cisgender marriages dramatically limits the reach and effectiveness of premarital preparation and upholds systemic discrimination against 2S+LGBTQ relationships. Future studies should seek to explore premarital preparation participation in these diverse relationship orientations to better understand and address the specific perceived barriers and benefits in this population (Casquarelli & Fallon, 2011; Green & Miller, 2013). Finally, while the studies in this project were international, no Canadian studies have been completed in the last several decades. Research exploring premarital preparation preferences, effectiveness, and participation is relatively non-existent (Green & Miller, 2013). Increasing Canadian studies in this area will be essential and innovative. Overall, research in this area should continue to shift towards learning more about preventative relationship help-seeking in hopes of becoming the new norm as opposed to the present, where couples rarely seek preventative or even reactionary help before dissolving their relationships and marriages (Hubbard & Anderson, 2021; White et al., 2020).

Researcher Reflections

Throughout this capstone project, I have learned much from a clinical and research perspective. It appeared that premarital preparation was a helpful service with positive and cascading impacts on marriages, families, and child development, yet it was underutilized and offered in unstandardized, ineffective ways. During my review of the current literature, my assumption that premarital preparation had low participation and a lack of standardized training and facilitation was confirmed (Killawi et al., 2018; McGhee et al., 2021; White et al., 2020).

However, I was humbled by discovering the complexity of the various factors that assist or prevent couples from participating. The findings and subsequent applications and recommendations provide a clear path forward in the professional practice of premarital preparation. In completing this research review, I have learned there needs to be more clarity around the various types of premarital preparation, both with professionals and clients. I hope this capstone leads to further consistency in terms usage and future studies. As previously discussed, this research area should be significantly expanded to a wider variety of couples, especially in 2S+LGBTQ and Canadian contexts.

Service providers can utilize this project as inspiration and evidence-based support for improving the training and creation of premarital preparation and beginning to modernize the essential service for all couples in today's society. From a research perspective, the Health Belief Model provides a framework for how and why couples perceive preventative relationship help-seeking behaviour (Borowski & Tambling, 2015; Hubbard & Anderson, 2021; Hubbard & Anderson, 2022). It is also clear that the traditional understanding of premarital preparation is outdated and cannot reach contemporary couples with new and evolving relational challenges (Clyde, Hawkins, & Willoughby, 2020). Premarital preparation must continue to evolve alongside couples and encourage research-based interventions and standardized facilitation to promote happy and healthy marriages for all.

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